

LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

# OPIOID ANTAGONIST ACCESS: SUMMARY OF STATE LAWS

OCTOBER 2023



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# OPIOID ANTAGONIST ACCESS: SUMMARY OF STATE LAWS

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## SUMMARY

Many opioid overdose deaths are preventable with the timely administration of an emergency opioid antagonist, like naloxone, a U.S. Food and Drug Administration (FDA) approved opioid overdose reversal medication, and the provision of emergency medical care. In an effort to save lives, states have implemented laws to make it easier for first responders and the general public to obtain opioid antagonists. Additionally, to encourage people to assist an individual who is, or may be suffering an overdose, many states have also enacted laws which protect laypeople who administer an opioid antagonist, in good faith, in an emergency from civil and/or criminal liability.

In 2020, the Legislative Analysis and Public Policy Association (LAPPA) undertook an extensive research project to determine the characteristics of opioid antagonist access laws throughout the United States, including the District of Columbia and all U.S. territories. In the three years since then, LAPPA updated its research several times. This October 2023 edition of the summary sets forth state opioid antagonist access laws as of September 2023. As of that date, all 50 states and the District of Columbia have some form of an opioid antagonist access law. The laws vary significantly by jurisdiction. The results of this research project are presented in this document. Starting on page 15, LAPPA provides jurisdiction-by-jurisdiction tables describing many aspects of each opioid antagonist access law currently in effect. This research looked at traditional opioid antagonist access laws, such as which individuals or entities can prescribe, dispense, or administer opioid antagonist and what forms of immunity, if any, the individual was provided for doing so. Additionally, the research identified the next generation of opioid antagonist access laws including co-prescription requirements, requirements placed on insurers, and opioid antagonist in schools. The detailed aspects of these laws include:

- Statutory or regulatory citation(s) and effective date(s);<sup>1</sup>
- Date and content of subsequent substantive amendment(s), if any;
- Term(s) used to describe emergency opioid antagonists;<sup>2</sup>
- Standing order provisions, if any;
- People who can (1) prescribe, (2) dispense, and/or (3) administer opioid antagonists;
- Scope of immunity provided to people who (1) prescribe, (2) dispense, and/or (3) administer opioid antagonists;
- Training and education requirements;
- Co-prescription requirements;
- Requirements placed on insurers;
- Provisions addressing the storage and use of opioid antagonists in schools or by school personnel;

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<sup>1</sup> In a few instances, there is no state authority in statute, but it can be found in state regulation.

<sup>2</sup> Many state laws refer to the drug in terms other than “naloxone” or “naloxone hydrochloride.” Such terms include, “opioid antagonist,” “opiate antagonist,” “opioid antidote,” “opioid overdose drug,” “opioid overdose medication,” and “overdose intervention drug.”

- Reporting opioid antagonist dispensing and/or administration to prescription drug monitoring programs (PDMPs);
- Other provisions of note; and
- Recently introduced, but not enacted, legislation (as of the October 2023 update, all recently introduced legislation is in one section at the end of the document).

LAPPA designed this document to: (1) provide a singular resource for each jurisdiction's laws; (2) allow for a comparison of these laws between jurisdictions; and (3) identify and highlight interesting provisions. The primary conclusions from the research and analysis are set forth in bullet points below, accompanied by maps showing many of the results in graphic form.<sup>3</sup>

- Traditionally, opioid antagonist access laws provided immunity for individuals prescribing, dispensing, and/or administering opioid antagonists. In general, states adopted these immunity provisions in the early 2010s. A few laws, such as those in California and Connecticut, date back several years earlier (2007 and 2003, respectively). Over time, many states amended these traditional laws to expand the immunity protections.
- Around 2018, states started enacting statutes concerning opioid antagonists in schools, insurance requirements, and co-prescription requirements. These laws can be thought of as the “next generation” of opioid antagonist access laws and some variation of these laws continue to be added by states.
- Nearly all opioid antagonist access laws in place as of September 2023 first took effect before the FDA granted non-prescription status to certain naloxone formulations beginning in March 2023. Although the pre-2023 laws serve a variety of purposes, one overarching purpose is to authorize, on a general level, the possession and use of prescription opioid antagonists by groups of individuals who otherwise could not access a prescription drug intended for use on a third party. Certainly, there are unanswered questions about the need for—or even applicability of—some “prescription-based” opioid antagonist access laws in cases where individuals possess, or seek to possess, non-prescription products. Nevertheless, so long as prescription opioid antagonist formulations remain available for use, prescription-based access laws still serve an important purpose.
- In terms of the individuals that jurisdictions authorize to prescribe, dispense, and/or administer opioid antagonists, there is a core group that are authorized almost everywhere. This group includes physicians, advanced practice nurses, pharmacists, individuals at risk of experiencing an opioid-related overdose, and family and friends of those individuals. Laws vary significantly in terms of who else is authorized to distribute and/or receive opioid antagonists. Additionally, many jurisdictions require individuals to complete an

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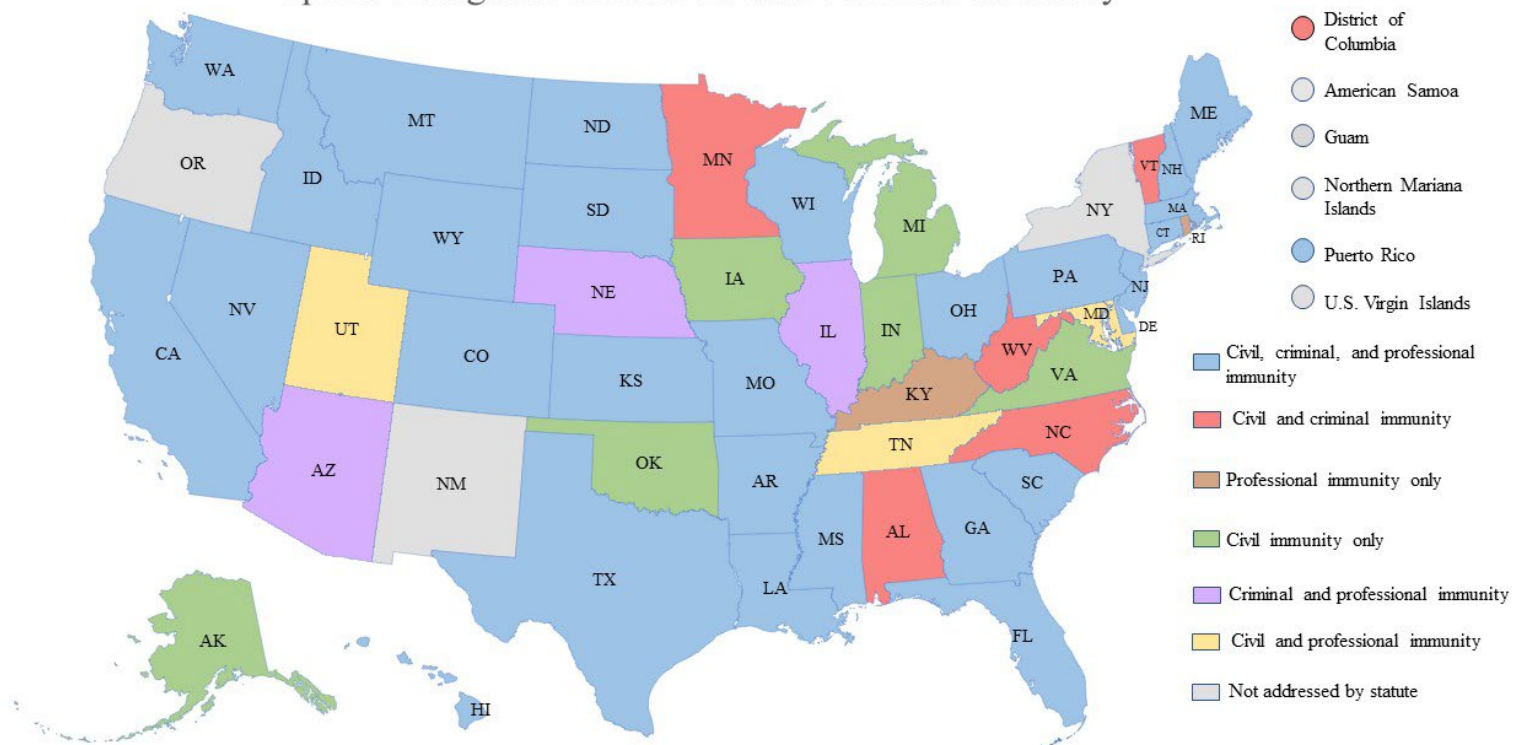
<sup>3</sup> The goal of this research document is to provide accurate and complete information that is free of omissions or errors. If you believe that this document contains misinformation, omissions, or errors, please email LAPPA at [info@thelappa.org](mailto:info@thelappa.org).



opioid antagonist training program before legally prescribing, dispensing, distributing, and/or administering an opioid antagonist.

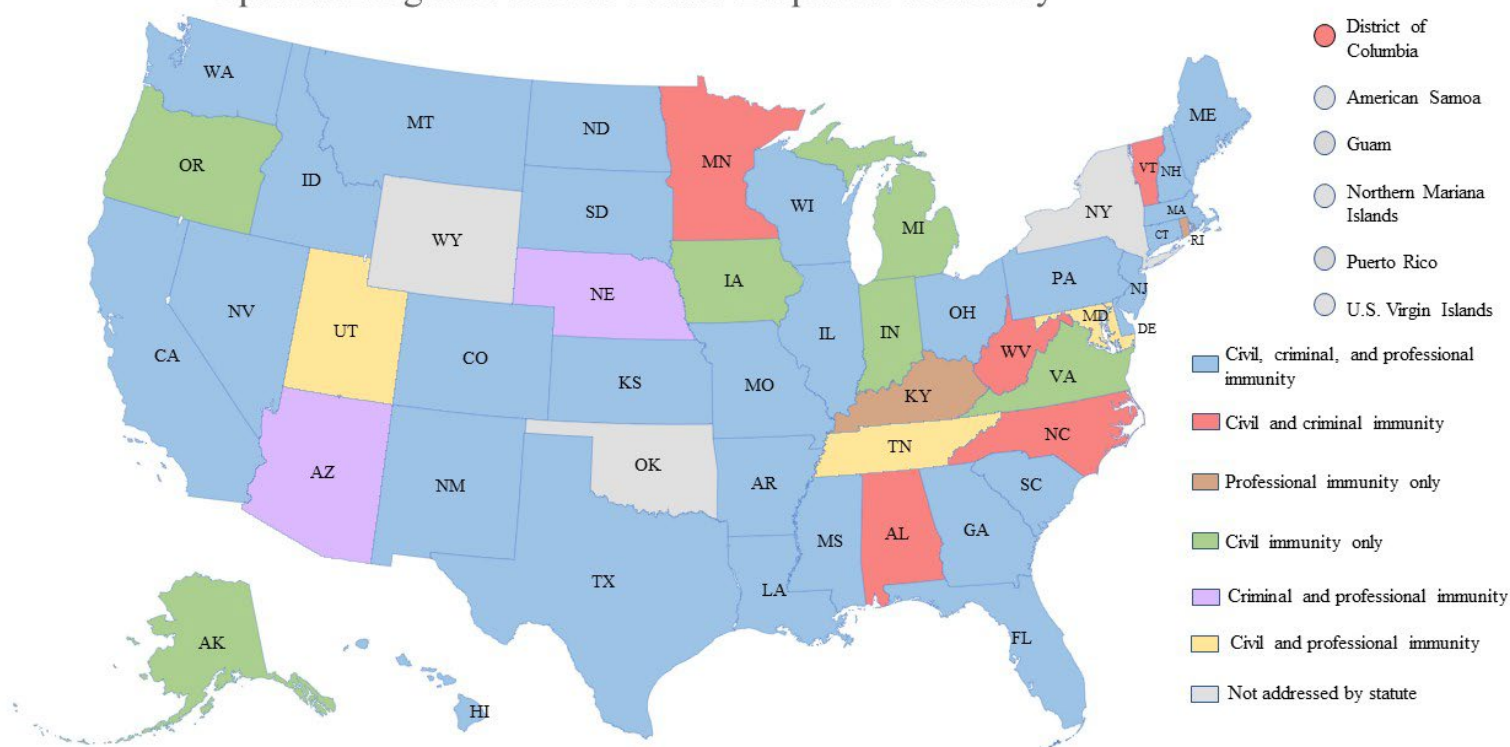
- Laws also vary in the level of immunity provided to opioid antagonist prescribers for any acts or omissions performed in good faith related to the prescribing of naloxone or the eventual administration of an opioid antagonist. Most states (28) offer immunity from civil liability, criminal liability, and professional disciplinary actions. Puerto Rico also offers immunity from civil, criminal, and professional liability. Five states and the District of Columbia only provide prescribers with immunity from civil and criminal liability, while six states only provide prescribers with immunity from civil liability. The remaining states offer immunity from criminal and professional liability (three states), immunity from professional disciplinary liability only (two states), and immunity from civil and professional liability (three states). Finally, in three states and the remainder of U.S. territories, the jurisdiction's laws do not address prescriber immunity in statute.

### Opioid Antagonist Access Laws: Prescriber Immunity



- Similar to the immunity provided to opioid antagonist prescribers, the level of immunity provided to opioid antagonist dispensers for any acts or omissions performed in good faith related to the dispensing of an opioid antagonist or the eventual administration of opioid antagonist varies by state. Here again, most states (29) provide dispensers with immunity from civil liability, criminal liability, and professional disciplinary actions. Five states and the District of Columbia only provide dispensers with immunity from criminal and civil liability, and six states provide only civil immunity. The remaining states offer criminal and professional immunity (two states), professional disciplinary immunity only (three states), and civil and professional immunity (two states). Finally, three states and the U.S. territories do not address dispenser immunity in statute. Five states—Illinois, New Mexico, Oklahoma, Oregon, and Wyoming—and Puerto Rico treat prescribers differently than dispensers, as evidenced by the jurisdiction appearing in different colors on the map just below versus the map on page 5.

### Opioid Antagonist Access Laws: Dispenser Immunity



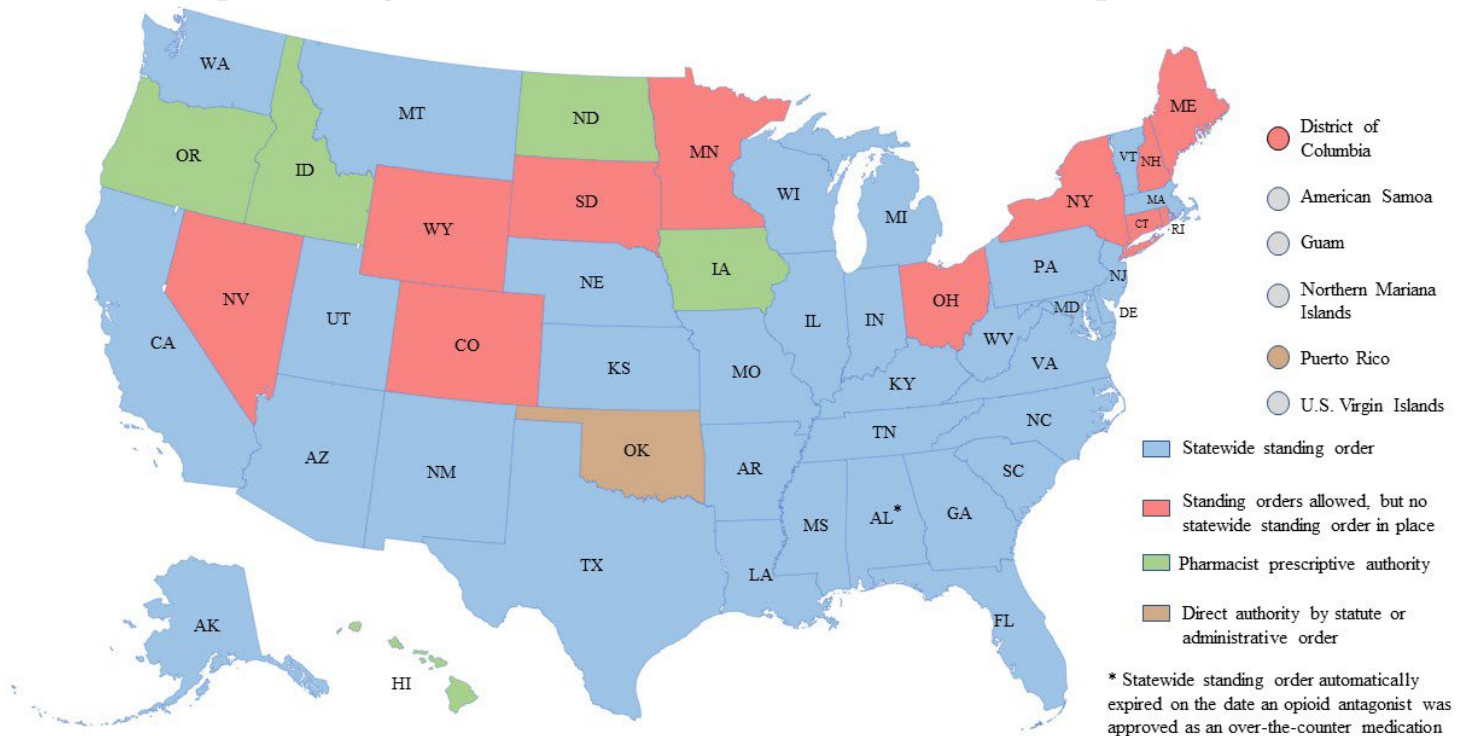


- ## Opioid Antagonist Access Laws: Layperson Immunity

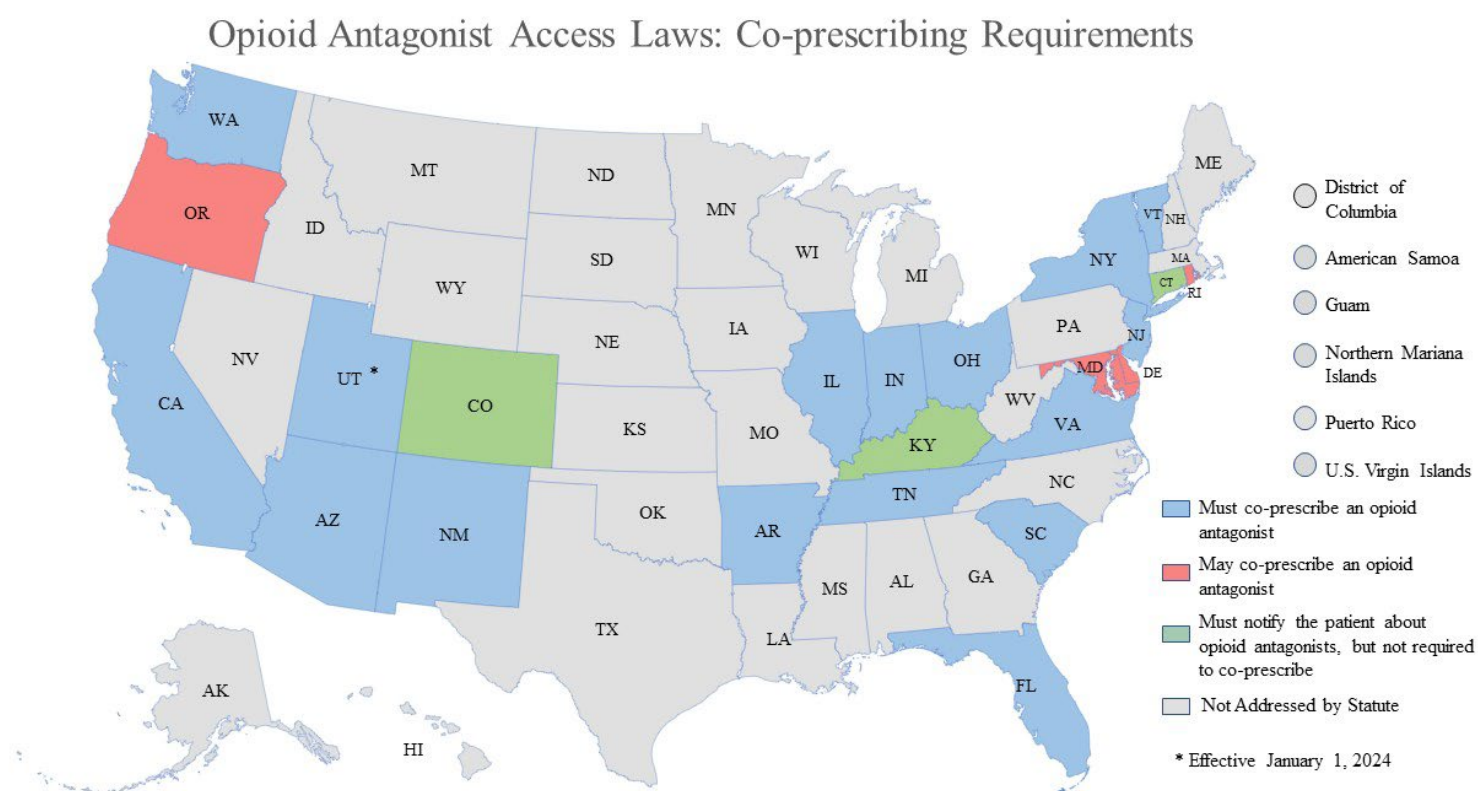


- All 50 states, the District of Columbia, and Puerto Rico allow an individual to obtain a prescription opioid antagonist without an individual prescription. Thirty-three states have a statewide standing order for opioid antagonists. The statewide standing order in Alabama expired upon the approval of an over-the-counter opioid antagonist product. Iowa. In 11 states and the District of Columbia, a prescriber and a pharmacist can enter into a standing order agreement for opioid antagonist but must do so on their own terms, as there is no statewide standing order. In five states (Hawaii, Idaho, Iowa, North Dakota, and Oregon), pharmacists have authority to prescribe and dispense opioid antagonists to individuals who do not otherwise have a prescription. Oklahoma law directly authorizes pharmacists to dispense opioid antagonists without a prescription. Additionally, in March 2019, the Puerto Rico Department of Health announced that opioid antagonists could be sold without a prescription.

### Opioid Antagonist Access Laws: Access Without a Prescription



- A total of 23 states have a provision related to the co-prescribing of an opioid antagonist with an opioid. In 16 of these states, co-prescribing an opioid antagonist is required in certain situations. These situations vary by state and include, but are not limited to, prescribing an opioid over a certain morphine milligram equivalent, concurrent benzodiazepine use, and/or patient history of opioid use disorder or overdose. In four states, co-prescribing an opioid antagonist with an opioid is statutorily recommended, but not required. Additionally, in three states, the prescriber must notify the patient about opioid antagonists, but a prescription is not required. In Kentucky, if a pharmacy offers hypodermic needles for sale, the pharmacist must offer a prescription for an opioid antagonist, as well.



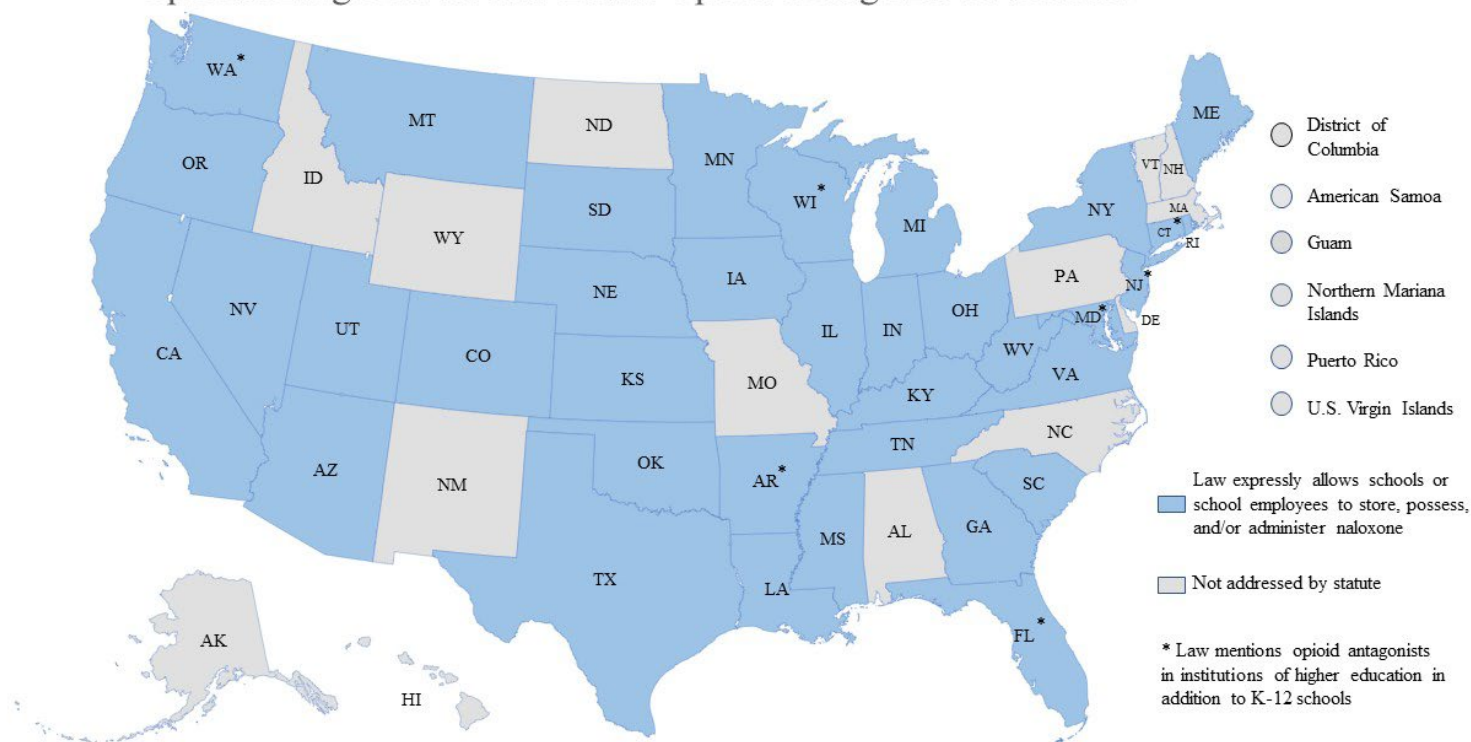
## Opioid Antagonist Access Laws: Requirements Placed on Insurers

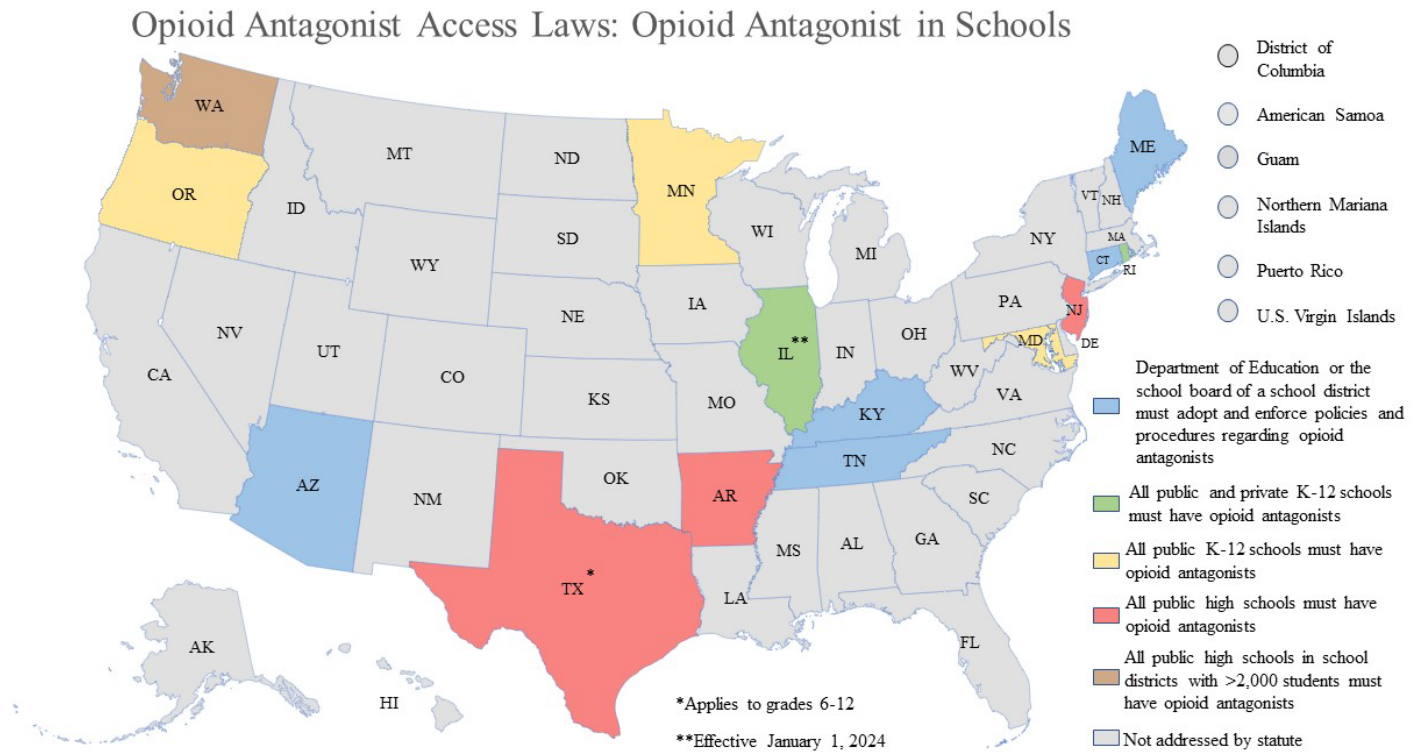




- Thirty-six states have statutory language that expressly allow K-12 schools or school employees to store, possess, and/or administer opioid antagonists. Seven states (Arkansas, Connecticut, Florida, Maryland, New Jersey, Washington, and Wisconsin) also expressly mention the storage, possession, and/or administration of opioid antagonists at institutions of higher education. Of the 36 states, five states require the state Department of Education or a school board of a school district to adopt and enforce policies and procedures regarding opioid antagonists. Illinois and Rhode Island require all public and private K-12 schools to have opioid antagonists, while Maryland, Minnesota, and Oregon only require public K-12 to have opioid antagonists. Arkansas and New Jersey require opioid antagonists in all public high schools. Washington requires all public high school districts with more than 2,000 students to have opioid antagonists. Texas requires opioid antagonists in public schools with grades 6-12.

### Opioid Antagonist Access Laws: Opioid Antagonist in Schools





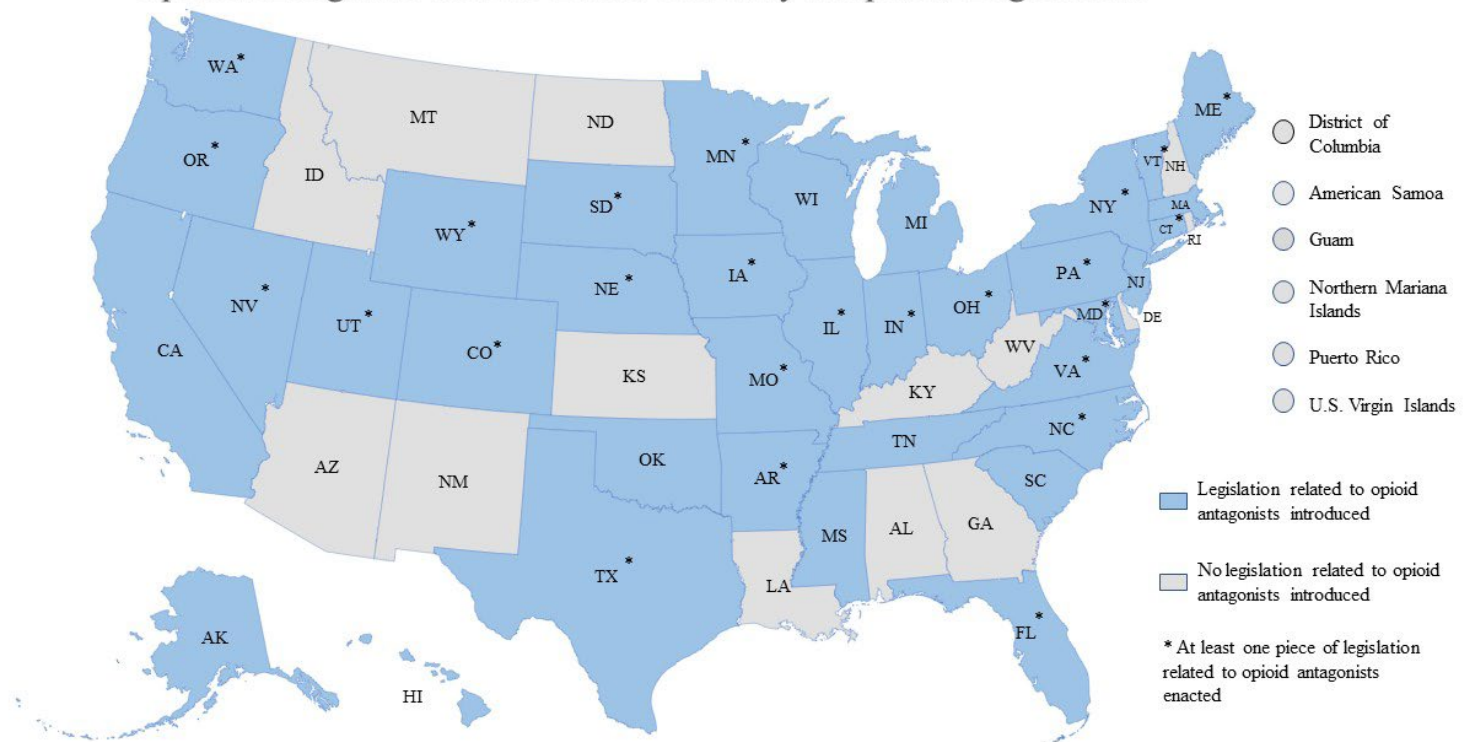


- ## Opioid Antagonist Access Laws: Authority to Report to PDMP\*



- In 2023, 36 states introduced legislation related to opioid antagonists. In 26 of the 36 states, at least one piece of legislation was enacted.

### Opioid Antagonist Access Laws: Recently Proposed Legislation



<b><u>ALABAMA</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	ALA. CODE §§ 20-2-280 to 284 (West 2023) (eff. June 5, 2015).
<b>Term(s) used</b>	Opioid antagonist; naloxone.
<b>Substantive amendment(s) to law(s)</b>	May 10, 2016 amendments allow for: <ul style="list-style-type: none"> <li>• Registered nurse in the employment of the state health department or a county health department to dispense naloxone;</li> <li>• Member of a fire department, rescue squad, or volunteer fire department personnel to receive a third-party prescription for naloxone; and</li> <li>• State Health Officer (SHO) or the respective county health officers to publish a standing order.</li> </ul>
<b>Standing order</b>	The SHO or the respective county health officers have authority to publish a standing order. The SHO issued a statewide standing order on March 8, 2018 as a prescription to obtain naloxone from a pharmacy. The state issued its most recent standing order on July 12, 2023 <sup>6</sup> The standing order states that it automatically expires on the date naloxone is approved as an over-the-counter (OTC) medication. The state included this language in prior versions of the standing order, however, the FDA approved OTC Narcan in March 2023. It is possible that the state means the standing order will expire when all forms of naloxone become approved for OTC use.
<b>Persons who can prescribe</b>	<ul style="list-style-type: none"> <li>• Licensed physician acting in good faith.</li> <li>• Licensed dentist acting in good faith.</li> </ul>
<b>Prescriber immunity</b>	The following prescribers are immune from any civil or criminal liability for actions authorized under ALA. CODE §§ 20-2-280 to - 284 (West 2023): <ul style="list-style-type: none"> <li>• Licensed physician or dentist acting in good faith with no managerial authority over the individuals administering the opioid antagonist; and</li> <li>• SHO or any county health officer who issues a standing order.</li> </ul>
<b>Persons who can dispense or distribute<sup>7</sup></b>	<ul style="list-style-type: none"> <li>• Licensed pharmacist.</li> <li>• Registered nurse in the state’s health department.</li> <li>• Registered nurse in a county’s health department.</li> </ul>
<b>Dispenser/distributor immunity</b>	Authorized dispensers are immune from any civil or criminal liability for actions authorized under ALA. CODE §§ 20-2-280 to - 284 (West 2023).

<sup>6</sup> “Standing Order of the State Health Officer Naloxone Distribution for Overdose Prevention,” Alabama Dept. of Public Health, accessed October 2023 <https://www.alabamapublichealth.gov/pharmacy/assets/standingorder.pdf>

<sup>7</sup> In some jurisdictions, “dispense” is a term of art that applies only to pharmacists or dispensing practitioners. To the extent that naloxone may be provided by other individuals, LAPPa uses the terms “distribute” or “provide” in this document.

<b><u>ALABAMA</u></b>	
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Individual at risk of experiencing an opiate-related overdose.</li> <li>• Person in a position to assist an individual at risk of an opioid-related overdose who is: <ul style="list-style-type: none"> <li>○ A family member or friend;</li> </ul> </li> </ul>
<b>Persons who can receive or administer (“laypersons”) (continued)</b>	<ul style="list-style-type: none"> <li>○ A member of a fire department, rescue squad, or volunteer fire department personnel; or</li> <li>○ Other individual, including law enforcement.</li> </ul> <p>As “an indicator of good faith,” the prescribing physician or dentist may require the layperson receiving the prescription to provide, in writing, the factual basis for how he or she meets the requirements to receive the prescription. The standing order requires the layperson to provide such information in writing (and includes a template form).</p>
<b>Layperson possession without a prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Layperson who receives naloxone prescribed pursuant to law may administer naloxone to an individual if the layperson has a good faith belief that the other individual is experiencing an opiate-related overdose and the layperson exercises reasonable care in administering the opioid antagonist.
<b>Layperson immunity</b>	Laypersons who administer naloxone pursuant to the law are immune from any civil or criminal liability for actions authorized under Article 13.
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Evidence of exercising reasonable care in administering the opioid antagonist includes receipt of basic instruction and information on how to administer the opioid antagonist.</li> <li>• Standing order requires the layperson to receive basic instruction and information on how to recognize and respond to a possible opioid overdose and how to administer naloxone.</li> <li>• Law enforcement officers who elect to carry and administer opioid antagonists must complete a specific training curriculum approved by the Alabama Department of Public Health.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed in statute.
<b>Requirements placed on insurers</b>	Not addressed in statute.
<b>Opioid antagonists in schools</b>	Not addressed in statute.
<b>Dispensing or administration reported to PDMP</b>	No.

<b><u>ALABAMA</u></b>	
<b>Other provisions of note</b>	According to the standing order, naloxone may be dispensed in bulk quantities to law enforcement agencies, fire departments (both paid and volunteer), and rescue squads.
<b>Recently proposed legislation</b>	None.

<b><u>ALASKA</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• ALASKA STAT. ANN. § 08.80.168 (West 2023) (eff. March 15, 2016) (pharmacist prescribing and administration).</li> <li>• ALASKA STAT. ANN. § 09.65.340 (West 2023) (eff. March 15, 2016) (immunity).</li> <li>• ALASKA STAT. ANN. § 17.20.085 (West 2023) (eff. March 15, 2016) (prescribing and dispensing generally).</li> </ul>
<b>Term(s) used</b>	Opioid overdose drug.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• March 22, 2017 amendment to § 17.20.085 allows the Chief Medical Officer (CMO) of the Department of Health and Social Services to issue a standing order, including a statewide standing order, for the prescription of an opioid overdose drug.</li> <li>• June 2021 amendment to § 17.20.085 removes the expiration date from the state's standing order.</li> <li>• September 28, 2022 amendment to § 08.80.168 allows a pharmacist to independently prescribe and administer an opioid overdose drug as oppose to just dispense.</li> </ul>
<b>Standing order(s)</b>	The CMO issued a statewide standing order on September 30, 2019 in conjunction with the development of a state initiative called "Project HOPE." <sup>8</sup> Initially, ALASKA STAT. ANN. § 17.20.085 (West 2023) provided that the state's standing order would initially expire on or before June 30, 2021. The expiration date for the standing order was removed by statutory amendment in 2021. The most recent standing order was issued on February 15, 2022.
<b>Persons who can prescribe</b>	<p>"Health care provider," is defined as one of the following licensed individuals operating within the scope of their authority:</p> <ul style="list-style-type: none"> <li>• Physician;</li> <li>• Osteopath;</li> <li>• Dentist;</li> <li>• Advanced nurse practitioner;</li> <li>• Physician assistant;</li> <li>• Nurse;</li> <li>• Village health aide; and</li> <li>• Pharmacist.</li> </ul>

<sup>8</sup> "Statewide Medical Standing Order to Distribute, Dispense, and Administer Opioid/Heroin Overdose Rescue Kits," Dept. of Health and Social Services, Div. of Public Health, accessed July 2023, [http://dhss.alaska.gov/dph/Director/Documents/opioids/StandingOrder\\_September30.pdf](http://dhss.alaska.gov/dph/Director/Documents/opioids/StandingOrder_September30.pdf).



<b><u>ALASKA</u></b>	
<b>Prescriber immunity</b>	A health care provider is not liable for civil damages resulting from an act or omission in prescribing or providing an opioid overdose drug if each person to whom the drug is prescribed has been educated and trained in the proper emergency use and administration of the opioid overdose drug. The law does not preclude liability for civil damages that are the result of gross negligence or reckless or intentional misconduct.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Health care provider.</li> <li>• Employee or volunteer of an opioid overdose program acting under a standing order or protocol.</li> </ul>
<b>Dispenser immunity</b>	<ul style="list-style-type: none"> <li>• Health care provider is not liable for civil damages resulting from an act or omission in providing an opioid overdose drug if each person to whom the drug is prescribed has been educated and trained in the proper emergency use and administration of the opioid overdose drug.</li> <li>• Employee or volunteer of an opioid overdose program is not liable for civil damages resulting from an act or omission in providing an opioid overdose drug if each person to whom the drug is provided has been educated and trained in the proper emergency use and administration of the opioid overdose drug.</li> <li>• Law does not preclude liability for civil damages that are the result of gross negligence or reckless or intentional misconduct.</li> </ul>
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid overdose.</li> <li>• Family member, friend, caregiver, or other person in a position to administer an opioid overdose drug to a person at risk of experiencing an opioid overdose.</li> <li>• Employee or volunteer of an opioid overdose program acting under a standing order or protocol.</li> </ul>
<b>Layperson possession without prescription</b>	Employee or volunteer of an opioid overdose program acting under a standing order or protocol may receive a supply of, possess, and provide to others, opioid overdose drugs.
<b>Layperson administration</b>	Layperson may administer an opioid overdose drug to another person who the layperson reasonably believes is experiencing an opioid overdose.
<b>Layperson immunity</b>	Layperson is not liable for civil damages resulting from an act or omission in the emergency administration of the opioid overdose drug. The law does not preclude liability for civil damages that are the result of gross negligence or reckless or intentional misconduct.

<b><u>ALASKA</u></b>	
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Pharmacist may independently dispense an opioid overdose drug if the pharmacist has completed an opioid overdose drug training program approved by the state Board of Pharmacy and otherwise complies with the standards established by the Board.</li> <li>• Education and training required for an individual to receive the opioid overdose drug may be provided by any reasonable means, including through the use of electronic, video, or automated education or training resources.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	According to information from the Prescription Drug Monitoring Program Training and Technical Assistance Center (PDMP/TTAC), Alaska tracks naloxone administration within the state PDMP. <sup>9</sup> LAPP did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	None.
<b>Recently Proposed legislation</b>	Yes. See <a href="#">Recent State Legislation</a> .

<sup>9</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed July 2023, [https://www.pdmpassist.org/pdf/state\\_summaries/Alaska\\_Summary\\_Profile.pdf](https://www.pdmpassist.org/pdf/state_summaries/Alaska_Summary_Profile.pdf).

<b><u>ARIZONA</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• ARIZ. REV. STAT. ANN. § 36-2228 (West 2023) (eff. July 3, 2015) (administration by emergency medical care technician, peace officer, or ancillary law enforcement employee).</li> <li>• ARIZ. REV. STAT. ANN. § 15-341(A)(43) (West 2023) (eff. August 6, 2016) (naloxone in educational settings).</li> <li>• ARIZ. REV. STAT. ANN. § 32-1979 (West 2023) (eff. August 6, 2016) (pharmacist dispensing).</li> <li>• ARIZ. REV. STAT. ANN. § 36-2266 to 2267 (West 2023) (August 6, 2016) (immunity provisions).</li> <li>• ARIZ. REV. STAT. ANN. § 36-2608 (West 2023) (September 29, 2021) (PDMP reporting).</li> <li>• ARIZ. REV. STAT. ANN. § 32-3248.01(D) (West 2023) (eff. April 16, 2018) (co-prescription requirement).</li> <li>• ARIZ. REV. STAT. ANN. § 36-192 (West 2023) (eff. April 26, 2018) (county health department).</li> <li>• ARIZ. REV. STAT. ANN. § 36-798.51 (West 2023) (eff. September 29, 2021) (overdose prevention programs).</li> </ul>
<b>Term(s) used</b>	Naloxone hydrochloride; opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• August 8, 2017 amendment to § 36-2266 removed the provision allowing a physician, nurse practitioner, or other health professional to require the person receiving the prescription, as an indicator of good faith, to provide in writing the factual basis for a reasonable conclusion that the person or entity meets the description of a person or entity who is able to receive an opioid antagonist.</li> <li>• April 26, 2018 amendment to § 36-2228 adds ancillary law enforcement employees.</li> </ul>
<b>Standing order(s)</b>	A statewide standing order took effect on November 7, 2018 that authorizes any Arizona-licensed pharmacist to dispense naloxone without a prescription. The current standing order took effect on August 23, 2023 and will expire on August 22, 2024. <sup>10</sup>
<b>Persons who can prescribe</b>	<ul style="list-style-type: none"> <li>• Licensed physician.</li> <li>• Licensed nurse practitioner with prescribing authority.</li> <li>• Any other health professional who has prescribing authority and who is acting within the health professional's scope of practice.</li> </ul>

<sup>10</sup> Arizona naloxone standing order, last accessed July 2023, <https://www.azdhs.gov/opioid/documents/naloxone-standing-order.pdf?v=20210915>.

<b><u>ARIZONA</u></b>	
<b>Prescriber immunity</b>	<ul style="list-style-type: none"> <li>• Except in cases of gross negligence, willful misconduct, or intentional wrongdoing, a prescriber is immune from professional liability and criminal prosecution for any decision made, act or omission, or injury that results from the act, if he or she acts with reasonable care and in good faith.</li> <li>• Prescribers are required to instruct the individual to whom the opioid antagonist is dispensed to summon emergency services as soon as practicable after administering the opioid antagonist, although it is not a requirement for the immunity to apply.</li> </ul>
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Pharmacist.</li> <li>• Arizona Department of Health Services.</li> <li>• Arizona Health Care Cost Containment System (state Medicaid agency).</li> <li>• County health department.</li> <li>• City, town, county, or nongovernmental organization that promotes scientifically proven ways of mitigating health risks.</li> </ul>
<b>Dispenser immunity</b>	<p>Except in cases of wanton or willful neglect, a pharmacist is immune from professional liability and criminal prosecution for any decision made, act or omission, or injury that results from that act, if the pharmacist:</p> <ul style="list-style-type: none"> <li>• Acts with reasonable care and in good faith;</li> <li>• Documents the dispensing consistent with the state's Board of Pharmacy rules; and</li> <li>• Instructs the individual to whom the opioid antagonist is dispensed to summon emergency services as soon as practicable after administering the opioid antagonist.</li> </ul>
<b>Persons who can receive or administer ("laypersons")</b>	<ul style="list-style-type: none"> <li>• Person who is at risk of experiencing an opioid-related overdose.</li> <li>• Family member or other person in a position to assist a person at risk of experiencing an opioid-related overdose.</li> <li>• Employee of a school district or charter school who is acting in the person's official capacity.</li> <li>• Community organization that provides services to persons who are at risk of an opioid-related overdose.</li> <li>• Emergency medical care technician.</li> <li>• Peace officer.</li> <li>• Ancillary law enforcement employee.</li> </ul>
<b>Layperson possession without a prescription</b>	Not directly addressed by statute.

<b><u>ARIZONA</u></b>	
<b>Layperson administration</b>	<ul style="list-style-type: none"> <li>• Emergency medical care technician, peace officer, ancillary law enforcement employee who is trained in the administration of naloxone may administer it to a person he or she believes is suffering from an opioid-related drug overdose.</li> <li>• Law does not create a duty to act or standard of care for peace officers or ancillary law enforcement employees to administer.</li> <li>• Other laypersons acting in good faith and without compensation may administer the opioid antagonist prescribed or dispensed pursuant to law to a person who is experiencing an opioid-related overdose.</li> </ul>
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• Emergency medical care technician, peace officer, or ancillary law enforcement employee is immune from professional liability and criminal prosecution for any decision made, act or omission, or injury that results from that act, if those persons act with reasonable care and in good faith, except in cases of wanton or willful neglect.</li> <li>• Any other layperson is not liable for any civil or other damages as the result of any act or omission by the person rendering the care or as the result of any act or failure to act to arrange for further medical treatment or care for the person experiencing the overdose, unless the person, while rendering the care, acts with gross negligence, willful misconduct, or intentional wrongdoing.</li> </ul>
<b>Training and education requirements</b>	The Arizona Department of Public Health, in coordination with the state peace officer standards and training board, must develop a training module for emergency medical care technicians, peace officers and ancillary law enforcement employees that provides training regarding the identification of a person suffering from an opioid-related drug overdose and the use of naloxone hydrochloride or another opioid antagonist.
<b>Co-prescription requirements</b>	If a patient is prescribed an amount of a Schedule II controlled substance that is an opioid that is more than 90 morphine milligram equivalents per day, the prescribing health professional must also prescribe for the patient naloxone or another opioid antagonist.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	The governing board of a school district must adopt and enforce policies and procedures for the emergency administration of naloxone or any other opioid antagonist by an employee.

<b><u>ARIZONA</u></b>	
<b>Dispensing or administration reported to PDMP</b>	<ul style="list-style-type: none"><li>• Pharmacists must document the dispensing of an opioid antagonist; and</li><li>• Healthcare providers, administrators of a health care institution or correctional facility, EMS/ambulance personnel, medical examiners, pharmacists, and others, including law enforcement agencies, are required to report to the Arizona Department of Health, among other things, naloxone doses administered in response to a suspected overdose and naloxone doses dispensed; this information is shared with the Arizona Board of Pharmacy PDMP.</li></ul>
<b>Other provisions of note</b>	None.
<b>Recently proposed legislation</b>	None.



<b><u>ARKANSAS</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• ARK. CODE ANN. §§20-13-1801 to 1804 (West 2023) (eff. July 22, 2015) (immunity).</li> <li>• ARK. CODE ANN. § 23-99-1119 (West 2023) (eff. April 12, 2019) (health insurance requirements).</li> <li>• ARK. CODE ANN. § 12-9-122 (West 2023) (eff. July 24, 2019) (training).</li> <li>• ARK. CODE ANN. § 20-13-1805 (West 2023) (eff. July 28, 2021) (co-prescription requirements).</li> <li>• ARK. CODE ANN. § 20-13-217 (West 2023) (eff. July 28, 2021) (injured police dogs).</li> <li>• ARK. CODE ANN. § 6-18-720 (West 2023) (eff. August 1, 2023) (opioid antagonists in elementary and secondary education).</li> <li>• ARK. CODE ANN. § 6-60-119 (West 2023) (eff. August 1, 2023) (opioid antagonist in higher education).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist; naloxone.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• August 1, 2017 amendment to § 20-13-1804 allows an employee of the Arkansas' state crime lab to receive naloxone.</li> <li>• April 11, 2023 amendment to § 20-13-1804 added additional individuals and entities who can receive or administer an opioid antagonist. Adds provision to require any individual who has been supplied an opioid antagonist to follow the manufacturers instructions for storage, replacement, and disposal of the product.</li> </ul>
<b>Standing order</b>	A statewide standing protocol took effect on September 6, 2017. <sup>11</sup> The protocol allows licensed pharmacists to order, dispense, and administer naloxone, along with any necessary supplies for administration.
<b>Persons who can prescribe</b>	“Health care professional” acting in good faith. A health care professional is a person or entity that is licensed, certified, or otherwise authorized to administer health care in the ordinary course of the practice of his or her profession or as a function of an entity’s administration of the practice of medicine.
<b>Prescriber immunity</b>	Health care professional is immune from civil liability, criminal liability, or professional sanctions for prescribing an opioid antagonist pursuant to the law.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Health care professional acting in good faith.</li> <li>• Pharmacist.</li> </ul>

<sup>11</sup> Arkansas naloxone standing order, accessed July 2023, <https://www.healthy.arkansas.gov/images/uploads/pdf/AR-Naloxone-Protocol-Dr-Balamurugan.pdf>.

<b><u>ARKANSAS</u></b>	
<b>Dispenser immunity</b>	Health care professional or pharmacist who acts in good faith and in compliance with the standard of care dispenses or supplies an opioid antagonist pursuant to the law is immune from civil liability, criminal liability, or professional sanctions.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related overdose.</li> <li>• Family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.</li> <li>• An individual who is employed or contracted by a public or private organization, including without limitation: (1) a state, municipal, or county entity; (2) hospital or clinical; (3) law enforcement agency; (4) harm reduction organization; (5) shelter or homeless services organization; (6) educational institution; (7) building manager; or (8) pain management center).</li> <li>• Emergency medical services technician.</li> <li>• First responder.</li> <li>• Law enforcement officer or agency.</li> <li>• Employee of the state crime laboratory.</li> </ul>
<b>Layperson possession without a prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Layperson acting in good faith may administer an opioid antagonist that was prescribed, dispensed, or supplied to a person who he or she reasonably believes is experiencing an opioid-related drug overdose.
<b>Layperson immunity</b>	Layperson is immune from civil liability, criminal liability, or professional liability for administering an opioid antagonist pursuant to the law.
<b>Training and education requirements</b>	The Arkansas Commission on Law Enforcement Standards and Training in conjunction with the Arkansas Drug Director and the Criminal Justice Institute must develop a curriculum for law enforcement training relating to identifying the signs that a person is experiencing an overdose of a controlled substance and the ways in which a law enforcement officer can safely use naloxone in certain opioid overdose situations.
<b>Co-prescription requirements</b>	<p>A healthcare professional must co-prescribe an opioid antagonist to a patient who does not have an existing prescription for an opioid antagonist, if:</p> <ul style="list-style-type: none"> <li>• The opioid dosage prescribed or dispensed is equal to or in excess of fifty morphine milligram equivalents (50 MME) per day;</li> <li>• A benzodiazepine has been prescribed or dispensed for the patient in the past or will be prescribed or dispensed at the same time as the opioid; or</li> <li>• The patient has a history of opioid use disorder or drug overdose</li> </ul>

<b><u>ARKANSAS</u></b>	
<b>Requirements placed on insurers</b>	<p>A health care insurer, including Medicaid:</p> <ul style="list-style-type: none"> <li>• Cannot require prior authorization for a patient to obtain coverage for naloxone;</li> <li>• Cannot impose any other requirement other than a valid prescription and compliance with guidelines issued by SAMSHA for a patient to obtain coverage for naloxone; and</li> <li>• If utilizing a tiered drug formulary, must place at least one naloxone product on the lowest-cost benefit tier.</li> </ul>
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• The Division of Elementary and Secondary Education shall consult and collaborate with the Criminal Justice Institute and the office of the Arkansas Drug Director to ensure that, no later than January 1, 2024, each public high school campus in the State of Arkansas has an opioid overdose rescue kit that is clearly visible and labeled with the words “Overdose Rescue Kit—Naloxone Nasal Spray” or other language approved by the division. The location of each opioid overdose rescue kit must be registered with the school nurse and school resource officer. A school nurse and a school resource officer must carry naloxone or another approved opioid antagonist on their person at all times. An opioid overdose rescue kit must (1) be located where it is readily available for public use and placed within all storage locations that currently contain and automated external defibrillator for public use; (2) be visually free of advertisement; and (3) include naloxone or another approved opioid antagonist. A school nurse or school resource officer is required to report through the Criminal Justice Institute to the office of the Arkansas Drug Director within the Department of Human Services immediately following the use of an opioid overdose rescue kit.</li> </ul>

<b><u>ARKANSAS</u></b>	
<b>Opioid antagonists in schools (continued)</b>	<ul style="list-style-type: none"> <li>The Division of Higher Education shall consult and collaborate with the Arkansas Drug Director within the Department of Human Services to implement requirements related to ensuring that each campus of each institution in the State of Arkansas, by January 1, 2024, has an opioid overdose rescue kit in a clearly visible location that is labeled with the words “Opioid Overdose Rescue Kit —Naloxone Nasal Spray” or other language approved by the division. The opioid overdose rescue kits are required to be (1) visually free of advertisements; (2) be located where it is readily available for public use; and (3) include naloxone or another approved opioid antagonist. The location of each opioid overdose rescue kit is required to be registered with the campus police of the institution. An opioid overdose rescue kit should be located within the storage locations that currently contain automated external defibrillators in each of the following on each campus of each institution without limitation: (1) educational building; (2) dormitory; (3) student union; (4) sporting venue; (5) on-campus, free-standing, institution-owned sorority or fraternity house; (6) campus health center; and (7) other locations as necessary. In the event that an automated external defibrillator is not available in a location, an opioid overdose rescue kit should be on an affixed wall mount that is clearly visible and located by the nearest fire extinguisher. Each institution is required to perform inspections during the first month of each academic semester to determine if an opioid overdose rescue kit is in the required location. The administering institution official or other appropriate individual as designated shall report the use of an opioid overdose rescue kit required under this section to the Arkansas Drug Director within the Department of Human Services. Each institution is required to provide training regarding the use and location of each opioid overdose rescue kit during a freshman student orientation program sponsored by the institution.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Arkansas tracks naloxone administration within the state PDMP. <sup>12</sup> LAPP did not locate a statute or regulation directing this reporting.

<sup>12</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed July 2023, [https://www.pdmpassist.org/pdf/state\\_summaries/Arkansas\\_Summary\\_Profile.pdf](https://www.pdmpassist.org/pdf/state_summaries/Arkansas_Summary_Profile.pdf).

<b><u>ARKANSAS</u></b>	
<b>Other provisions of note</b>	<ul style="list-style-type: none"><li>• Notwithstanding any other law, an individual that has been prescribed, dispensed, or supplied with an opioid antagonist must follow the manufacturer's instructions for storage, replacement, and disposal of the opioid antagonist.</li><li>• During transport to the veterinary hospital or clinic, an emergency medical services personnel can administer naloxone hydrochloride to a police dog, if administering naloxone hydrochloride has been authorized in accordance with a written protocol established and provided by a veterinarian or in consultation with a veterinarian.</li></ul>
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2023.

<b><u>CALIFORNIA</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• CAL. CIV. CODE § 1714.22 (West 2023) (eff. October 11, 2007) (immunity provisions).</li> <li>• CAL. BUS. &amp; PROF. CODE § 4052.01 (West 2023) (eff. January 1, 2015) (pharmacist furnishing).</li> <li>• CAL. HEALTH &amp; SAFETY CODE § 1179.80 (West 2023) (eff. June 27, 2016) (funding for programs).</li> <li>• CAL. HEALTH &amp; SAFETY CODE § 11834.26 (West 2023) (eff. January 1, 2022) (maintaining opioid antagonist on premises).</li> <li>• CAL. WELF. &amp; INST. CODE § 14132.968 (West 2023) (eff. September 25, 2016) (Medi-Cal naloxone requirement).</li> <li>• CAL. EDUC. CODE § 49414.3 (West 2023) (eff. January 1, 2017) (Opioid antagonists in schools).</li> <li>• CAL. BUS. &amp; PROF. CODE § 4119.8 (West 2023) (eff. January 1, 2017) (Opioid antagonists in schools).</li> <li>• CAL. BUS. &amp; PROF. CODE § 741 (West 2023) (eff. January 1, 2019) (co-prescribing requirement).</li> <li>• CAL. BUS. &amp; PROF. CODE § 4119.9 (West 2023) (eff. January 1, 2019) (furnishing naloxone to law enforcement agencies).</li> <li>• CAL. HEALTH &amp; SAFETY CODE § 1799.113 (eff. January 1, 2024) (liability for opioid antagonist administration).</li> <li>• CAL. EDUC. CODE § 49414.8 (West 2023) (eff. July 10, 2023) (emergency opioid antagonist to county offices of education; appropriations).</li> <li>• CAL. HEALTH &amp; SAFETY CODE § 11870 to 11872 (eff. January 1, 2024) (opioid antagonists in stadiums, concert venues, and amusement parks).</li> <li>• CAL. HEALTH &amp; SAFETY CODE § 1179.805 (eff. January 1, 2024) (provision of opioid antagonists to tribal governments)</li> </ul>
<b>Term(s) used</b>	Opioid antagonist; naloxone.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• January 1, 2014 amendment to CAL. CIV. CODE § 1714.22:             <ul style="list-style-type: none"> <li>○ Allows for a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose to receive a third-party prescription for naloxone;</li> <li>○ Adds a requirement that a person who is prescribed naloxone pursuant to a standing order receive training provided by an opioid overdose prevention and treatment training program;</li> <li>○ Expands the provision to all counties; and</li> <li>○ Removes the statute's expiration date.</li> </ul> </li> </ul>



<b><u>CALIFORNIA</u></b>	
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• January 1, 2022 amendment to CAL. HEALTH &amp; SAFETY CODE § 1179.80 revises the language used in statute regarding programs that provide emergency opioid antagonist from “naloxone” to “naloxone, or any other opioid antagonist that is approved by the United States Food and Drug Administration for the treatment of an opioid overdose.”</li> <li>• January 1, 2022 amendment to Cal. Civ. Code § 1714.22 revises the language used in statute to include “or any other opioid antagonist.”</li> <li>• January 1, 2022 amendment to Cal. Health &amp; Safety Code § 11834.26 requires that a licensee who provides recovery, treatment, or detoxification services must keep at least two unexpired doses of naloxone hydrochloride or another opioid antagonist on the premises at all times.</li> </ul>
<b>Standing order</b>	California’s Public Health Officer issued a statewide standing order on June 22, 2018. <sup>13</sup> The standing order allows: (1) community organizations and other state entities that are not working with a physician to receive and distribute naloxone; and (2) individuals that receive naloxone to administer it.
<b>Persons who can prescribe</b>	Licensed health care provider who is authorized by law to prescribe an opioid antagonist.
<b>Prescriber immunity</b>	Prescriber who acts with reasonable care will not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for issuing a prescription or order for naloxone.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Licensed health care provider who is authorized by law to prescribe an opioid antagonist.</li> <li>• Pharmacist.</li> <li>• School districts.</li> <li>• County offices of education.</li> <li>• Charter schools.</li> <li>• Public health departments.</li> <li>• Harm reduction/syringe exchange programs.</li> <li>• Substance use disorder treatment providers.</li> <li>• Homeless programs.</li> <li>• Jails.</li> <li>• Emergency services providers.</li> <li>• Law enforcement.</li> </ul> <p>The last seven entities (public health departments to law enforcement) must apply to the California Department of Public Health to use the statewide standing order to distribute.</p>

<sup>13</sup> “California statewide naloxone standing order,” *California Medical Association*, last accessed September 2023, <https://www.cdph.ca.gov/Programs/CCDPHP/sapb/Pages/Naloxone-Standing-Order.aspx>.

<b><u>CALIFORNIA</u></b>	
<b>Dispenser immunity</b>	Person who possesses or distributes an opioid antagonist pursuant to a prescription or standing order will not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for the possession or distribution.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of an opioid-related overdose.</li> <li>• Family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose.</li> <li>• School district.</li> <li>• County office of education.</li> <li>• Charter school.</li> <li>• Law enforcement agency.</li> <li>• School nurses.</li> <li>• Volunteers at schools who have been trained on the administration of naloxone.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	<ul style="list-style-type: none"> <li>• Layperson who is trained as required for receiving a prescription under a standing order, and who acts with reasonable care in administering an opioid antagonist, in good faith, and not for compensation, may administer the drug to a person who is experiencing or is suspected of experiencing an overdose.</li> <li>• School nurse or trained volunteer may administer naloxone hydrochloride or another opioid antagonist to a person exhibiting potentially life-threatening symptoms of an opioid overdose at school or a school activity when a physician is not immediately available.</li> </ul>
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• Layperson administering naloxone pursuant to the law will not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this administration, except in cases of gross negligence or willful and wanton misconduct.</li> <li>• School district, county office of education, or charter school electing to use an opioid antagonist for emergency aid must ensure that each employee who volunteers to be trained in administering the drug will be provided defense and indemnification by the school district, county office of education, or charter school for any and all civil liability.</li> <li>• A trained staff person of a facility that offers treatment, recovery, or detoxification services is not liable for the administration of naloxone hydrochloride or another opioid antagonist if it is administered in good faith to a person appearing to have an overdose.</li> </ul>

<b><u>CALIFORNIA</u></b>	
<b>Layperson immunity (continued)</b>	<ul style="list-style-type: none"> <li>• A person who, in good faith and not for compensation, renders emergency treatment at the scene of an opioid overdose or suspected opioid overdose by administering an opioid antagonist will not be liable for civil damages resulting from an act or omission related to the rendering of the emergency treatment.</li> <li>• A person who, in good faith and not for compensation, furnishes an opioid antagonist to a person for use at the scene of an opioid overdose or suspected opioid overdose will not be liable for civil damages resulting from an act or omission related to the furnishing of the opioid antagonist.</li> </ul>
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Pharmacy, wholesaler, or manufacturer can only furnish naloxone to a law enforcement agency if employees of the law enforcement agency have completed training provided by the law enforcement agency in administering naloxone.</li> <li>• Person who is prescribed or possesses an opioid antagonist pursuant to a standing order must receive training provided by an opioid overdose prevention and treatment training program.</li> <li>• Each public and private elementary and secondary school in the state may designate one or more volunteers to receive initial and annual refresher training regarding the storage and emergency use of naloxone hydrochloride or another opioid antagonist from the school nurse or other qualified person designated by an authorizing physician and surgeon.</li> <li>• School superintendents must establish minimum standards of training for the administration of naloxone hydrochloride or another opioid antagonist that satisfies legal requirements and review these standards at least every five years.</li> <li>• Staff of community organizations and other entities distributing naloxone under the statewide standing order are required to receive opioid overdose prevention and treatment training and are also required to train individuals who receive naloxone.</li> </ul>
<b>Co-prescription requirements</b>	<p>Subject to a few exceptions, when prescribing an opioid or benzodiazepine to a patient, a prescriber must offer the patient a prescription for naloxone if one or more are present:</p> <ul style="list-style-type: none"> <li>• Prescription dosage is 90 or more morphine milligram equivalents of an opioid medication per day;</li> <li>• Opioid medication is prescribed within a year from the date a prescription for benzodiazepine was dispensed; or</li> <li>• Patient presents with an increased risk for opioid overdose, including a history of opioid overdose, a history of opioid use disorder, or at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant.</li> </ul>

<b><u>CALIFORNIA</u></b>	
<b>Requirements placed on insurers</b>	Furnishing of naloxone by a pharmacist under CAL. BUS. & PROF. CODE § 4052.01 (West 2023) is a covered pharmacist services benefit that may be provided to a Medi-Cal beneficiary.
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• School districts, county offices of education, and charter schools may provide emergency naloxone hydrochloride or another opioid antagonist to school nurses or trained personnel who have volunteered, and such persons may use the drugs to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose.</li> <li>• Pharmacies may furnish naloxone hydrochloride or another opioid antagonist to a school district, county office of education, or charter school if the following conditions are met: (1) the naloxone hydrochloride or another opioid antagonist is furnished exclusively for use at a school district school site, county office of education school site, or charter school; and (2) a physician provides a written order that specifies the quantity of naloxone hydrochloride or another opioid antagonist to be furnished.</li> <li>• If naloxone hydrochloride or another opioid antagonist is administered in an educational setting, the supply must be restocked as soon as reasonably possible, but no later than two weeks after it is used. In addition, the supply must be restocked before its expiration date.</li> <li>• Commencing with the 2023-24 fiscal year, and for each fiscal year thereafter, \$3,500,000 shall be appropriated from the General Fund to the Department of Education to allocate to county offices of education for the purpose of purchasing and maintaining a sufficient stock of emergency opioid antagonists for local educational agencies within its jurisdiction. County offices of education must purchase a minimum of two units for each middle school, junior high school, high school, and adult school site within their jurisdiction</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	Not addressed in statute.

<b><u>CALIFORNIA</u></b>	
<b>Other provisions of note</b>	<ul style="list-style-type: none"><li>• California's Department of Public Health must award funding to local health departments, local government agencies, or on a competitive basis to community-based organizations, regional opioid prevention coalitions, or both, to support or establish programs that provide naloxone to first responders and to at-risk opioid users through programs that serve at-risk drug users, including, but not limited to, syringe exchange and disposal programs, homeless programs, and substance use disorder treatment providers.</li><li>• A licensee who provides recovery, treatment, or detoxification services must keep at least two unexpired doses of naloxone hydrochloride or another opioid antagonist on the premises at all times.</li><li>• Each stadium, concert venue, and amusement park must, at all times, maintain unexpired doses of naloxone hydrochloride or any other opioid antagonist on its premises and ensure that at least two employees are aware of the location of the naloxone hydrochloride or other opioid antagonist.</li><li>• The State Department of Health Care Services is required to conduct outreach to each of the tribal governments in California for the purpose of advising them of the availability of naloxone hydrochloride or another opioid antagonist through the department's Naloxone Distribution Project (NDP). The department shall provide technical assistance on the application process to the tribal entities applying for naloxone kits through the NDP if requested to do so by the tribal government.</li></ul>
<b>Recently proposed legislation</b>	Yes. See <a href="#">Recent State Legislation</a> .

<b><u>COLORADO</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• COLO. REV. STAT. ANN. § 13-21-108.7 (West 2023) (eff. May 10, 2013) (civil immunity).</li> <li>• COLO. REV. STAT. ANN. § 17-1-113.4 (West 2023) (eff. June 28, 2021) (opioid treatment for persons in custody).</li> <li>• COLO. REV. STAT. ANN. § 18-1-712 (West 2023) (eff. May 10, 2012) (criminal immunity).</li> <li>• COLO. REV. STAT. ANN. § 25-1.5-115 (West 2023) (eff. May 23, 2019) (bulk purchase fund).</li> <li>• COLO. REV. STAT. ANN. § 22-1-119.1 (West 2023) (eff. May 23, 2019) (Opioid antagonists in schools).</li> <li>• COLO. REV. STAT. ANN. § 25-20.5-1101 (West 2023) (August 2, 2019) (harm reduction grant program).</li> <li>• COLO. REV. STAT. ANN. § 12-30-110 (West 2023) (eff. October 1, 2019) (third-party prescriptions and standing orders).</li> <li>• COLO. REV. STAT. ANN. § 12-280-123 (West 2023) (eff. October 1, 2019) (co-prescribing).</li> <li>• COLO. REV. STAT. ANN. § 10-16-153 (West 2023) (eff. September 14, 2020) (provision by hospital).</li> </ul>
<b>Term(s) used</b>	Opiate antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• May 23, 2019 amendments to §§ 13-21-108.7 and 18-1-712: <ul style="list-style-type: none"> <li>○ Adds additional criminal and civil immunity for any act or omission made if the opiate antagonist is stolen; and</li> <li>○ Expands immunity protections to law enforcement agencies and a school district, school, or employee or agent of a school.</li> </ul> </li> <li>• July 14, 2020 amendments to §§ 12-30-110 and 13-21-108.7 add mental health professionals to the list of authorized recipients for naloxone and provide them with certain civil liability immunity.</li> <li>• September 14, 2020 amendment to §§ 12-280-123, 13-21-108.7 and 18-1-71: <ul style="list-style-type: none"> <li>○ A pharmacist who dispenses a prescription order for an opioid must notify the patient about the availability of an opioid antagonist; and</li> <li>○ Grants civil and criminal immunity to a layperson who in good faith furnishes or administers an opiate antagonist, even if the opiate antagonist is expired.</li> </ul> </li> </ul>



<b><u>COLORADO</u></b>	
<b>Substantive amendment(s) to law(s) (continued)</b>	<ul style="list-style-type: none"> <li>• April 15, 2021 amendment to § 25-1.5-115 which allows for the:             <ul style="list-style-type: none"> <li>• Prioritization of the purchase of emergency opiate antagonist by eligible entities based on the need of the entity and the availability of the opiate antagonists; and</li> <li>• Expansion of entities that are eligible to receive funds for the purchase of emergency opiate antagonists to include a harm reduction organization, a law enforcement agency, or a first responder.</li> </ul> </li> <li>• September 7, 2021 amendment to § 12-280-123 added specific situations where a pharmacist must notify the patient about the availability of an opioid antagonist.</li> <li>• May 20, 2022 amendment to § 12-30-110 which:             <ul style="list-style-type: none"> <li>○ Expands persons who can prescribe and dispense emergency opioid antagonist to include mental health professionals; and</li> <li>○ Clarifies that a mental health professional will not be civilly or criminally liable for prescribing or dispensing an emergency opioid antagonist.</li> </ul> </li> <li>• May 26, 2022 amendment to § 25.5-5-509 provides that a hospital or emergency department operating within the state must receive reimbursement under the state's medical assistance program for the cost of an opiate antagonist if a prescriber dispenses an opiate antagonist upon discharge to a medical assistance recipient who is at risk of experiencing an opiate-related drug overdose event or to a family member, friend, or other person in a position to assist a medical assistance recipient who is at risk of experiencing an opiate-related drug overdose event.</li> <li>• May 25, 2023 amendment to § 12-30-110 added a certified midwife with prescriptive authority to the list of persons who can prescribe or dispense an opioid antagonist.</li> <li>• August 7, 2023 amendment to § 12-30-110 removed mental health professionals from the list of persons who can prescribe or dispense an opiate antagonist.</li> </ul>

<b><u>COLORADO</u></b>	
<b>Standing order</b>	Any medical professional with prescriptive authority may write a standing order for naloxone. The Chief Medical Officer of the Colorado Department of Public Health and Environment may issue standing orders for naloxone if an entity does not have a medical provider with prescriptive authority on staff to create its own standing order. Entities that can request a standing order are: (1) a pharmacy; (2) a law enforcement agency; (3) a harm reduction agency; (4) a school; or (5) a local public health agency. <sup>14</sup>
<b>Persons who can prescribe</b>	<ul style="list-style-type: none"> <li>• Licensed physician or physician assistant.</li> <li>• Advanced practice registered nurse with prescriptive authority.</li> <li>• Certified midwife with prescriptive authority.</li> </ul>
<b>Prescriber immunity</b>	<ul style="list-style-type: none"> <li>• Authorized prescriber is not liable for any civil damages and is immune from criminal prosecution resulting from prescribing an opiate antagonist in accordance with applicable law or any outcomes resulting from the eventual administration of the opiate antagonist by a layperson.</li> <li>• Prescriber does not engage in unprofessional conduct if the prescriber issues a standing order regarding opiate antagonists or prescribes or dispenses an opiate antagonist in a good-faith effort.</li> <li>• Law does not establish a duty or standard of care for prescribers regarding the prescribing, dispensing, or administering of an opiate antagonist.</li> </ul>
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Licensed physician or physician assistant.</li> <li>• Advanced practice registered nurse with prescriptive authority.</li> <li>• Pharmacist.</li> <li>• Certified midwife with prescriptive authority.</li> </ul>
<b>Dispenser immunity</b>	<ul style="list-style-type: none"> <li>• Authorized dispenser is not liable for any civil damages and is immune from criminal prosecution resulting from dispensing an opiate antagonist in accordance with applicable law or any outcomes resulting from the eventual administration of the opiate antagonist by a layperson.</li> <li>• Prescriber or pharmacist does not engage in unprofessional conduct if he or she dispenses an opiate antagonist in a good-faith effort.</li> </ul>
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Individual at risk of experiencing an opiate-related drug overdose event.</li> <li>• Family member, friend, or other person in a position to assist an individual at risk of experiencing an opiate-related drug overdose event.</li> <li>• Law enforcement agency or first responder.</li> </ul>

<sup>14</sup> “Naloxone standing orders,” *Colorado Department of Public Health and Environment*, last accessed July 2023, <https://www.colorado.gov/pacific/cdphe/naloxoneorders>.

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<b>Persons who can receive or administer (“laypersons”) (continued)</b>	<ul style="list-style-type: none"> <li>• Employee or volunteer of a harm reduction organization.</li> <li>• School district, school, or employee or agent of a school.</li> <li>• Mental health professional.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Layperson may administer an opiate antagonist to an individual experiencing, or who a reasonable person would believe is experiencing, an opiate-related drug overdose event.
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• A person other than a health care provider or a health care facility who acts in good faith to furnish or administer an opiate antagonist, including an expired opiate antagonist, is immune from criminal prosecution and not liable for any civil damages for acts or omissions made as a result of the act or for any act or omission made if the opiate antagonist is stolen, defected, or produces an unintended result</li> <li>• State law enforcement agency or law enforcement officer is not criminally or civilly liable for the administration of an opioid reversal medication if ordinary care is used.</li> </ul>
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Prescriber who prescribes or dispenses, or a pharmacist who dispenses, is strongly encouraged to educate persons receiving the opiate antagonist on the use of the drug for overdose, including instructions concerning risk factors for overdose, recognizing an overdose, calling emergency medical services, rescue breathing, and administering an opiate antagonist.</li> <li>• Law enforcement agency, first responder, harm reduction organization, or a mental health professional is strongly encouraged to educate employees and volunteers, as well as persons receiving an opiate antagonist, on the use of the drug for overdose, including instructions concerning risk factors for overdose, recognizing an overdose, calling emergency medical services, rescue breathing, and administering an opiate antagonist.</li> <li>• School employee or agent of the school may administer an opioid antagonist after receiving appropriate training.</li> </ul>
<b>Co-prescription requirements</b>	The law does not have a co-prescription requirement, but a pharmacist who dispenses a prescription for an opioid must notify the patient receiving it about the availability of an opiate antagonist when (1) the individual is at the same time, prescribed a benzodiazepine, a sedative hypnotic drug carisoprodol, tramadol, or gabapentin; or (2) the opioid prescription is at or in excess of 90 morphine milligram equivalent.

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<b>Requirements placed on insurers</b>	Insurance carrier that provides coverage for an opiate antagonist pursuant to the terms of a health care coverage plan must reimburse a hospital for the cost of an opiate antagonist if the hospital gives the drug to a covered person upon discharge.
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• The school district, board of education of a public school, the state charter school, or the governing board of a nonpublic school may adopt and implement a policy whereby: (1) a school under its jurisdiction may acquire and maintain a stock supply of opiate antagonists; and (2) an employee or agent of the school may, after receiving appropriate training, administer an opiate antagonist on school grounds to assist an individual who is at risk of experiencing an opiate-related drug overdose event.</li> <li>• Employee or agent of a school acting in accordance with a policy adopted pursuant to this section is not subject to civil liability or criminal prosecution.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• Colorado has an opiate antagonist bulk purchase fund that consists of payments made to the Colorado Department of Public Health and Environment by participating eligible entities for the purchase of opiate antagonists. Eligible entities may purchase opiate antagonists from the department.</li> <li>• Colorado's Department of Public Health and Environment must develop and implement a harm reduction grant program to prevent overdose deaths and reduce health risks associated with drug use. Permissible uses of funding include, but are not limited to, trainings and public education and outreach, on the topics of overdose prevention and access to and administration of opiate antagonist.</li> <li>• An individual is immune from civil damages and criminal prosecution for any act or omission made if the drug is stolen.</li> <li>• A hospital or emergency department must receive reimbursement under the state's medical assistance program for the cost of an opiate antagonist if a prescriber dispenses an opiate antagonist upon discharge to a medical assistance recipient who is at risk of experiencing an opiate-related drug overdose event or to a family member, friend, or other person in a position to assist a medical assistance recipient who is at risk of experiencing an opiate-related drug overdose event.</li> </ul>

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<b>Other provisions of note (continued)</b>	<ul style="list-style-type: none"><li>• Correctional facilities may make available opioid antagonists to a person in custody with an opioid use disorder. As funding allows a correctional facility must offer the person, upon release, at least two doses of an opioid reversal medication.</li></ul>
<b>Recently proposed legislation</b>	Yes. See <a href="#">Recent State Legislation</a> .

<b><u>CONNECTICUT</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• CONN. GEN. STAT. ANN. § 17a-714a (West 2023) (eff. October 1, 2003) (immunity provisions).</li> <li>• CONN. GEN. STAT. ANN. § 20-633c (West 2023) (eff. June 30, 2015) (prescribing by pharmacists).</li> <li>• CONN. GEN. STAT. ANN. § 20-14o (West 2023) (July 1, 2017) (opioid prescription requirements).</li> <li>• CONN. GEN. STAT. ANN. § 20-633d (West 2023) (eff. October 1, 2017) (standing order).</li> <li>• CONN. GEN. STAT. ANN. § 21a-286 (West 2023) (eff. July 1, 2018) (agreements to provide naloxone to law enforcement agencies and others).</li> <li>• CONN. GEN. STAT. ANN. § 17a-716 (West 2023) (eff. October 1, 2018) (sober living homes).</li> <li>• CONN. GEN. STAT. ANN. § 10a-55t (West 2023) (eff. July 1, 2019) (college campuses).</li> <li>• CONN. GEN. STAT. ANN. § 17a-673a (West 2023) (eff. October 1, 2019) (opioid use disorder treatment program requirements).</li> <li>• CONN. GEN. STAT. ANN. § 38a-447a (West 2023) (eff. October 1, 2019) (life insurance provisions).</li> <li>• CONN. GEN. STAT. ANN. § 7-294u (West 2023) (eff. June 30, 2021) (law enforcement requirements).</li> <li>• CONN. GEN. STAT. ANN. § 17a-484f (West 2023) (eff. May 24, 2022) (regional behavioral health action organization requirements).</li> <li>• CONN. GEN. STAT. ANN. § 10-212a (West 2023) (eff. May 24, 2022) (school requirements).</li> <li>• 2023 Conn. Act. 23-97 § 5 (eff. October 1, 2023) (opioid antagonist bulk purchase fund).</li> <li>• 2023 Conn. Act. 23-19 § 3 (eff. July 1, 2023) (mobile pharmacy).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist; naloxone.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• May 28, 2014 amendment to §17a-714a adds immunity protections for layperson administration of naloxone.</li> <li>• June 30, 2015 amendment to §17a-714a adds immunity for health care professionals from professional sanctions.</li> <li>• May 27, 2016 amendment to §17a-714a adds a provision that requires each municipality to ensure at least one emergency responder is equipped with naloxone.</li> <li>• June 13, 2023 amendment to § 21a-286 adds provisions allowing a prescribing practitioner or pharmacist to enter into an agreement with a host agency to install a secure box or vending machine containing an opioid antagonist.</li> </ul>



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<b>Substantive amendment(s) to law(s) (continued)</b>	<ul style="list-style-type: none"> <li>• May 24, 2022 repealed and replaced § 10-212a with language that requires the Department of Education in conjunction with other state agencies to develop and adopt regulations for the storage and administration of emergency opioid antagonists by school personnel. The law also requires that if a school elects to keep a supply of emergency opioid antagonists on premises, that a school nurse or other qualified employee must maintain the supply of emergency opioid antagonists for use in an emergency.</li> <li>• October 1, 2023 amendment to § 20-14o requires a prescribing practitioner when issuing a prescription for an opioid to an adult or minor patient to encourage the e patient and, if applicable, the custodial parent, guardian or other person having legal custody of the minor patient if such parent, guardian or other person is present at the time of issuance of the prescription, to obtain an opioid antagonist.</li> </ul>
<b>Standing order</b>	A prescribing practitioner <sup>15</sup> who is authorized to prescribe an opioid antagonist and a pharmacy may enter into an agreement for a medical protocol standing order at such pharmacy allowing a pharmacist to dispense an opioid antagonist.
<b>Persons who can prescribe</b>	<ul style="list-style-type: none"> <li>• Licensed health care professional who is permitted by law to prescribe an opioid antagonist.</li> <li>• Licensed pharmacist trained and certified by a program approved by the Commissioner of Consumer Protection.</li> </ul>
<b>Prescriber immunity</b>	Authorized prescriber may prescribe an opioid antagonist to any individual to treat or prevent a drug overdose without being liable for damages in a civil action, subject to criminal prosecution, or subject to professional sanctions for prescribing or dispensing such opioid antagonist or for any subsequent use of such opioid antagonist.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Licensed health care professional who is permitted by law to prescribe an opioid antagonist.</li> <li>• Pharmacist.</li> </ul>
<b>Dispenser immunity</b>	Licensed health care professional who is permitted by law to dispense an opioid antagonist may dispense an opioid antagonist to any individual to treat or prevent a drug overdose without being liable for damages in a civil action, subject to criminal prosecution, or subject to professional sanctions for dispensing such opioid antagonist or for any subsequent use of such opioid antagonist.

<sup>15</sup> A “prescribing practitioner” is defined as a physician, dentist, podiatrist, optometrist, physician assistant, advance practice registered nurse, nurse-midwife, or veterinarian. CONN. GEN. STAT. ANN. § 20-14c.

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<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Any person.</li> <li>• Law enforcement agency.</li> <li>• Emergency medical services provider.</li> <li>• Government agency or community health organization.</li> <li>• Students and employees at institutions of higher education.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Layperson can administer an opioid antagonist to another person when he or she in good faith believes that another person is experiencing an opioid-related drug overdose.
<b>Layperson immunity</b>	Any person, other than a licensed health care professional acting in the ordinary course of such person’s employment, who administers an opioid antagonist in accordance with the law is not liable for damages in a civil action or subject to criminal prosecution with respect to the administration of such opioid antagonist.
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Pharmacist may prescribe an opioid antagonist or dispense it pursuant to a medical protocol standing order only if the pharmacist is trained and certified as part of a program approved by the Commissioner of Consumer Protection.</li> <li>• Persons other than the prescribing practitioner or pharmacist must receive training in the distribution or administration of opioid antagonists prior to distributing or administering an opioid antagonist.</li> <li>• State and local law enforcement must receive training in the use of opioid antagonists and maintain a supply of opioid antagonists for use by officers when responding to an emergency.</li> </ul>
<b>Co-prescription requirements</b>	While co-prescribing is not a requirement, prescribing practitioners issuing a prescription for an opioid are required to encourage the patient and, if applicable, the custodial parent, guardian or other person that has legal custody of the minor patient if such parent, guardian or other person is present at the time of issuance of the prescription, to obtain an opioid antagonist.
<b>Requirements placed on insurers</b>	No life insurance or annuity policy or contract can be delivered, issued for delivery, renewed or continued in the state that excludes coverage solely on the basis of receipt of a prescription for naloxone or any naloxone biosimilar or naloxone generic, nor can any application, rider or endorsement to such policy or contract be used in connection therewith that excludes coverage solely on the basis of receipt of such a prescription, biosimilar, or generic.
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• The president of each institution of higher education must: (1) develop and implement a policy concerning the availability and use of opioid antagonists by students and employees of the</li> </ul>

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	institution; (2) submit such policy to the Department of Consumer Protection for approval; and (3) upon approval by the department, post such policy on the institution's web site.
<b>Opioid antagonists in schools (continued)</b>	<ul style="list-style-type: none"> <li>• Each institution of higher education's policy concerning the availability and use of opioid antagonists must: (1) designate a medical professional or public safety professional to oversee the purchase, storage, and distribution of opioid antagonists on each of its campuses; (2) identify the location or locations on each of its campuses where the opioid antagonists are stored and which location(s) will be made known and accessible to students and employees of such institution; (3) require maintenance of the supply of opioid antagonists in accordance with the manufacturer's guidelines; and (4) require a representative of the institution to call 9-1-1 or notify a local emergency medical services provider prior to, during, or as soon as practicable after each use of an opioid antagonist on the institution's campus.</li> <li>• The Department of Education in conjunction with other state agencies must develop and adopt regulations for the storage and administration of emergency opioid antagonists by school personnel.</li> <li>• A school nurse or other qualified employee may maintain emergency opioid antagonists for use in an emergency. If the school elects to keep an emergency opioid antagonist on the premises, there must a qualified employee on the grounds of the school during regular school hours if the school nurse is absent.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	While not specifically required by statute, the Drug Control Division of the Department of Consumer Protection has promulgated regulations that require naloxone dispensations to be included in the prescription monitoring program. Additional information about this requirement can be found, <a href="#">here</a> .
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• Each municipality must ensure that at least one emergency medical services provider who is likely to be the first person to arrive on the scene of a medical emergency is equipped with an opioid antagonist and such person has received training approved by the Commissioner of Public Health.</li> <li>• Treatment programs that provide treatment or detoxification services to any person with an opioid use disorder must: (1) educate such person regarding opioid antagonists and the administration thereof at the time such person is admitted to or first receives services from such program; (2) offer similar education to the relatives and significant other of such person if identified; and (3) if there is a prescribing practitioner affiliated</li> </ul>

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<b>Other provisions of note</b>	<p>With such program who determines that such person would benefit from access to an opioid antagonist, issue a prescription for or deliver to such person at least one dose of an opioid antagonist at the time such person is admitted to or first receives treatment services from such program.</p> <ul style="list-style-type: none"> <li>• The operator of a sober living home that is certified as a recovery residence in the state may report the sober living home's certified status to the Department of Mental Health and Addiction Services, provided such operator maintains at least two doses of opioid antagonists on the premises and provides training to all of its residents in the administration of an opioid antagonist when the home is occupied by at least one resident who has been diagnosed with opioid use disorder.</li> <li>• State and local law enforcement must receive training in the use of an opioid antagonist and maintain a supply of opioid antagonists for use by officers when responding to an emergency.</li> <li>• Regional behavioral health organizations must, in addition to other responsibilities, provide training on the administration of an opioid antagonist and distribute supplies of an opioid antagonist to communities.</li> <li>• A prescribing practitioner, or a pharmacist who is certified to prescribe an opioid antagonist, may enter into an agreement with a host agency to provide an intranasally or orally administered opioid antagonist, or permit a host agency to install on the host agency's premises a secure box containing an intranasally or orally administered opioid antagonist. The agreement must address the environmental controls necessary to store such opioid antagonist, establish procedures for replenishment of such opioid antagonist, establish a process for monitoring the expiration dates of such opioid antagonist and disposing of any expired opioid antagonist, and require that signs be posted disclosing the presence of such opioid antagonist, and usage directions for such opioid antagonist, in the language or languages spoken in the community in which the secure box is installed. The secure box must not contain an amount of the opioid antagonist that is greater than the amount necessary to serve the community in which such secure box is installed. If the host agency is unable to maintain the secure box, or the supplies necessary to maintain the secure box are unavailable, such host agency must remove such secure box, and all signs required under this subdivision concerning such secure box, as soon as practicable but in no event later than five days after such host agency discovers that such host agency is unable to</li> </ul>

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<b>Other provisions of note (continued)</b>	<p>maintain such secure box or the supplies necessary to maintain such secure box.</p> <ul style="list-style-type: none"> <li>• A prescribing practitioner, or a pharmacist who is certified to prescribe an opioid antagonist, may enter into an agreement with a host agency to operate a vending machine for the purpose of distributing an opioid antagonist for nasal administration. The vending machine must be in a location that maintains a temperature that is at all times consistent with the manufacturer's package insert for the opioid antagonist, or have the ability to maintain an environment, independent of the external environment, that is appropriate for the opioid antagonist based on such package insert. The following must be clearly and conspicuously displayed on the outside of the vending machine, adjacent to the vending machine or upon distribution of an opioid antagonist contained in such vending machine: (1) Information concerning the signs and symptoms of an overdose; (2) instructions for the use of the opioid antagonist; (3) information about the services that are offered in this state to treat opioid use disorder; and (4) an Internet web site address that contains, or a quick response code that directs an individual to an Internet web site that contains, information concerning the signs and symptoms of an overdose, overdose response and instructions for the use of the opioid antagonist.</li> <li>• A prescribing practitioner, or a pharmacist who is certified to prescribe an opioid antagonist, may enter into an agreement with a syringe services program to permit the syringe services program to include an opioid antagonist in such syringe services program's secured machine. The agreement must address the environmental controls necessary to store such opioid antagonist, establish procedures for replenishment of such opioid antagonist, establish a process for monitoring the expiration dates of such opioid antagonist and disposing of any expired opioid antagonist, and require that signs be posted disclosing the presence of such opioid antagonist, and usage directions for such opioid antagonist, in the language or languages spoken in the community in which such secured machine is installed.</li> <li>• Within the General Fund there is a separate, non-lapsing account entitled the Opioid Antagonist Bulk Purchase Fund. Not later than January 1, 2024 the Department of Mental Health and Addiction Services, in collaboration with the Department of Public Health, shall use the Opioid Antagonist Bulk Purchase Fund for the provision of opioid antagonists to eligible entities and by emergency medical services personnel to certain members of the</li> </ul>

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<b>Other provisions of note (continued)</b>	<p>public. "Eligible entity" means (1) a municipality, (2) a local or regional board of education, (3) a similar body governing one or more nonpublic schools, (4) a district department of health, (5) a municipal health department, (6) a law enforcement agency, or (7) an emergency medical services organization. The Commissioner of Mental Health and Addiction Services shall include in the state substance use disorder plan the following information: (1) the amount of funds used to purchase and distribute opioid antagonists, (2) the number of eligible entities that received opioid antagonists under this section, (3) the amount of opioid antagonists purchased under this section, (4) the use of the opioid antagonists purchased by each such eligible entity, if known by the commissioner, and (5) any recommendations regarding the Opioid Antagonist Bulk Purchase Fund, including any proposed legislation to facilitate the purposes of this section.</p> <ul style="list-style-type: none"><li>• A pharmacy may apply to operate a mobile pharmacy in a temporary location for the purpose of, among other things, conducting an opioid antagonist training and prescribing event.</li></ul>
<b>Recently proposed legislation</b>	Yes. See <a href="#">Recent State Legislation</a> .



<b><u>DELAWARE</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• DEL. CODE ANN. tit. 16 § 138 (West 2023) (eff. June 25, 2014) (community-based access).</li> <li>• DEL. CODE ANN. tit. 16 §§ 3002G through 3006G. (West 2023) (eff. November 2, 2022) (opioid antagonist access program) .</li> <li>• DEL. CODE ANN. tit. 18 § 3571X (West 2023) (eff. August 13, 2019) (health insurance requirements).</li> </ul>
<b>Term(s) used</b>	Naloxone.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 20, 2017 amendment to DEL. CODE ANN. TIT. 16 § 3001G adds immunity protections for pharmacists who dispense naloxone.</li> <li>• June 3, 2021 amendment to DEL. CODE ANN. TIT. 16 § 3001G provides that lay individual who administers naloxone to an individual under the Community–Based Naloxone Access Program is considered to have provided emergency care.</li> <li>• November 2, 2022 amended repealed DEL. CODE ANN. tit. 16 § 3001G (eff. August 4, 2014) and replaced it with DEL. CODE ANN. tit. 16 §§ 3002G through 3006G.</li> </ul>
<b>Standing order</b>	A statewide standing order for naloxone took effect June 27, 2018. The standing order authorizes approved community-based training programs and participating pharmacies to distribute nasal naloxone kits to persons who have completed opioid overdose responder training. <sup>16</sup>
<b>Persons who can prescribe</b>	Health care practitioner, who is defined as a(n): <ul style="list-style-type: none"> <li>• Physician;</li> <li>• Advanced practice registered nurse; or</li> <li>• Physician assistant.</li> </ul>
<b>Prescriber immunity</b>	Unless it is established that the health-care practitioner caused injuries or death as a result of unreasonable care, willfully, wantonly, or by gross negligence, a health-care practitioner is not subject to any of the following as a result of prescribing or dispensing an opioid antagonist: (1) disciplinary or other adverse action under the professional licensing laws of the state; (2) criminal liability; or (3) liability for damages for injuries or death.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Health care practitioner.</li> <li>• Pharmacists.</li> </ul>
<b>Dispenser immunity</b>	Unless it is established that a pharmacist caused injuries or death as a result of unreasonable care, willfully, wantonly, or by gross negligence, a pharmacist is not subject to any of the following as a result of dispensing naloxone: (1) disciplinary or other adverse

<sup>16</sup> Delaware standing order available at: <https://www.dhss.delaware.gov/dhss/dph/files/naloxonestandingorders.pdf>.

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<b>Dispenser immunity (continued)</b>	action under the professional licensing laws of the state; (2) criminal liability; or (3) liability for damages for injuries or death.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>Any person who has completed a training at a community-based naloxone access program.</li> <li>“Public safety personnel,” who are defined as:               <ul style="list-style-type: none"> <li>Law enforcement officers;</li> <li>Lifeguards;</li> <li>Park rangers;</li> <li>Firefighters;</li> <li>Ambulance and rescue personnel;</li> <li>Communications and dispatch specialists; and</li> <li>Other public employees and emergency services providers charged with maintaining the public safety.</li> </ul> </li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Layperson who has completed a Department of Health and Social Services approved training course can administer naloxone to an individual who the layperson reasonably believes is undergoing an opioid-related drug overdose.
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>Public safety personnel who, acting in good faith, administers an opioid antagonist, is not liable for damages for injuries or death sustained to the individual in connection with administering an opioid antagonist, unless it is established that such injuries or death were caused willfully, wantonly, recklessly, or by gross negligence on the part of the public safety personnel who administered the opioid antagonist.</li> <li>A layperson who administers an opioid antagonist is rendering emergency care and is exempt from liability under DEL. CODE ANN. tit. 16 § 6801 (West 2023).</li> </ul>
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>Delaware’s Department of Health and Social Services is required to establish a community-based naloxone access program that requires participants to complete an approved training and education program prior to receiving doses of naloxone and/or administering naloxone.</li> </ul>
<b>Co-prescription requirements</b>	There is no statutory co-prescription requirement, but the statewide standing order suggests that pharmacists should consider offering training and naloxone kits to patients who have been prescribed 50 or more morphine milligram equivalents per day.
<b>Requirements placed on insurers</b>	<ul style="list-style-type: none"> <li>If group health insurance coverage provides prescription medication benefits for the treatment of mental illness and drug and alcohol dependencies, the health insurer must place at least</li> </ul>

<b><u>DELAWARE</u></b>	
<b>Requirements placed on insurers (continued)</b>	one formulation of naloxone on the lowest tier of the drug formulary developed and maintained by the carrier. <ul style="list-style-type: none"><li>• Health insurer may not impose a prior authorization requirement for naloxone and must authorize coverage of naloxone without imposing a step therapy requirement.</li></ul>
<b>Opioid antagonists in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Delaware tracks naloxone administration in the PDMP. <sup>17</sup> LAPPa did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	None.
<b>Recently proposed legislation</b>	None.

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<sup>17</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed August 2023, [https://www.pdmpassist.org/pdf/state\\_summaries/Delaware\\_Summary\\_Profile.pdf](https://www.pdmpassist.org/pdf/state_summaries/Delaware_Summary_Profile.pdf).

<b><u>DISTRICT OF COLUMBIA</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• D.C. CODE ANN. § 7-403 (West 2023) (eff. March 19, 2013) (layperson immunity).</li> <li>• D.C. CODE ANN. § 7-404 (West 2023) (eff. February 18, 2017) (immunity; third-party prescriptions).</li> <li>• D.C. CODE ANN. § 7-3201 (West 2023) (eff. March 16, 2021) (definition of opioid antagonist).</li> <li>• D.C. CODE ANN. § 7-3204.01 (West 2023) (eff. March 16, 2021) (government use of opioid antagonist).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	March 16, 2021 amendment to D.C. CODE ANN. § 7-403 expands immunity provisions to provide that a person is not criminally liable or eligible for the revocation of a persons' supervision status if the person administers an opioid antagonist.
<b>Standing order</b>	The District of Columbia's Department of Health released a guidance document for pharmacists dispensing naloxone without a prescription on December 4, 2018. According to the guidance, a licensed pharmacist may dispense naloxone without a prescription pursuant to a standing order from a D.C. licensed physician if the pharmacist has completed the proper naloxone training. <sup>18</sup>
<b>Persons who can prescribe</b>	Physician.
<b>Prescriber immunity</b>	A health care professional who prescribes an opioid antagonist in accordance with the law is immune from civil or criminal liability for the subsequent use of the opioid antagonist, unless the health care professional's actions with regard to prescribing the opioid antagonist constitute recklessness, gross negligence, or intentional misconduct.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Pharmacist.</li> <li>• Employee or volunteer of a community-based organization who completes a training conducted by the Department of Health.</li> <li>• District government employees including the Metropolitan Police Department.</li> </ul>

<sup>18</sup> "Guidance document for pharmacists dispensing naloxone without a prescription pursuant to a standing order," DC Health Regulation & Licensing Administration, last modified Dec. 4, 2018, <https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/181204%20DC%20Health%20Naloxone%20Policy%20Statement.pdf>.

<b><u>DISTRICT OF COLUMBIA</u></b>	
<b>Dispenser immunity</b>	<ul style="list-style-type: none"> <li>• Health care professional or an employee or volunteer of a community-based organization who dispenses or distributes an opioid antagonist in accordance with the law is immune from civil or criminal liability for the subsequent use of the opioid antagonist, unless the person's actions with regard to dispensing or distributing the opioid antagonist constitute recklessness, gross negligence, or intentional misconduct.</li> <li>• District government employees who dispense an opioid antagonist in accordance with the law are immune from civil or criminal liability.</li> </ul>
<b>Persons who can receive or administer ("laypersons")</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related overdose.</li> <li>• Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose.</li> <li>• Employee or volunteer of a community-based organization.</li> <li>• Metro police department personnel.</li> <li>• District government employees.</li> </ul>
<b>Layperson possession without prescription</b>	It is not considered a crime for a person to possess an opioid antagonist.
<b>Layperson administration</b>	Layperson can administer an opioid antagonist in good faith to treat a person who he or she reasonably believes is experiencing an overdose if it is done: (1) outside of a hospital or medical office; and (2) without the expectation of receiving or intending to seek compensation for such service and acts.
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• Notwithstanding any other law to the contrary, it is not considered a crime for a person to possess or administer an opioid antagonist, nor must such person be subject to civil liability in the absence of gross negligence.</li> <li>• A person is not considered to have committed certain specific enumerated crimes or have their supervision status revoked if he or she in good faith seeks healthcare or administers an opioid antagonist to themselves or to another person experiencing a drug overdose.</li> <li>• District government employees who administer an opioid antagonist in accordance with the law are immune from civil or criminal liability.</li> </ul>

<b><u>DISTRICT OF COLUMBIA</u></b>	
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• The training provided by the Department of Health for employees or volunteers of community-based organizations who wish to dispense or distribute an opioid antagonist must include: (1) how to screen a patient for being at risk of an opioid-related overdose; (2) how an opioid antagonist operates to stop an opioid-related overdose; (3) when the administration of an opioid antagonist is medically indicated; (4) how to properly administer an opioid antagonist and circumstances under which administration of an opioid antagonist is contraindicated; and (5) precautions, warnings, and potential adverse reactions.</li> <li>• Upon prescribing, dispensing, or distributing an opioid antagonist, a health care professional or employee or volunteer of a community-based organization must provide education and training to the recipient that includes the information in the bullet point above as well as: (1) the importance of seeking medical care for the person experiencing the opioid-related overdose immediately after the opioid antagonist is administered; and (2) information on how to access substance use treatment services.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	None.
<b>Recently proposed legislation</b>	None.



<b><u>FLORIDA</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• FLA. STAT. ANN. § 381.887 (West 2023) (eff. June 10, 2015) (immunity provisions).</li> <li>• FLA. STAT. ANN. § 395.1041 (West 2023) (eff. July 1, 2022) (overdose reporting).</li> <li>• FLA. STAT. ANN. § 456.44 (West 2023) (eff. July 1, 2018) (co-prescribing requirement).</li> <li>• FLA. STAT. ANN. § 1002.20(3)(o) (West 2023) (eff. July 1, 2022) (Opioid antagonists in schools).</li> <li>• FLA. STAT. ANN. § 1004.0971 (West 2023) (eff. July 1, 2023) (emergency opioid antagonist in Florida College System).</li> </ul>
<b>Term(s) used</b>	Emergency opioid antagonist; naloxone.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2016 amendment to § 381.887 allows for naloxone to be dispensed under a standing order.</li> <li>• October 1, 2017 amendment to § 381.887 authorizes emergency responders and crime laboratory personnel for the statewide criminal analysis laboratory system to possess, store, and administer opioid antagonists.</li> <li>• July 1, 2022 amendment to § 381.887 expands who can store and dispense emergency opioid antagonists to include certain specified persons. This amendment also revised the language used from “opioid antagonist” to “emergency opioid antagonist.”</li> <li>• July 1, 2022 amendment to § 1002.20 provides that a public school may purchase a supply of the opioid antagonist naloxone and enter into agreement with a wholesaler for the purchase of naloxone. This amendment also provides that school employees who administer naloxone are immune from civil liability.</li> <li>• July 1, 2022 amendment to § 381.981 amends the language of existing law to require that substance use campaigns include public outreach on emergency opioid antagonists.</li> <li>• July 1, 2023 amendment to § 381.887 modified the definition of “authorized health care practitioner” and adds emergency opioid antagonists that are delivered through a prefilled injection device delivery system to the types of opioid antagonists that may be prescribed, dispensed, and administered.</li> </ul>

<b><u>FLORIDA</u></b>	
<b>Standing order</b>	The Florida Department of Health issued a statewide naloxone standing order on May 3, 2017. <sup>19</sup> The most recent standing order was issued on September 30, 2022. <sup>20</sup> The order authorizes pharmacists who maintain a current active license practicing in a pharmacy located in Florida to dispense naloxone to emergency responders for administration to persons exhibiting signs of opioid overdose.
<b>Persons who can prescribe</b>	<ul style="list-style-type: none"> <li>• An “authorized health care practitioner,” defined as a licensed practitioner authorized by the laws of the state to prescribe drugs.</li> <li>• A pharmacist may order an emergency opioid antagonist with an auto injection delivery system, a prefilled injection device delivery system, or intranasal application delivery system for a patient or caregiver.</li> </ul>
<b>Prescriber immunity</b>	An authorized health care practitioner acting in good faith and exercising reasonable care is not subject to discipline or other adverse action under any professional licensure statute or rule and is immune from any civil or criminal liability as a result of prescribing an emergency opioid antagonist.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Licensed practitioner authorized by the laws of the state to dispense drugs.</li> <li>• Pharmacist.</li> </ul>
<b>Dispenser immunity</b>	Dispensing health care practitioner or pharmacist acting in good faith and exercising reasonable care is not subject to discipline or other adverse action under any professional licensure statute or rule and is immune from any civil or criminal liability as a result of dispensing an emergency opioid antagonist.

<sup>19</sup> Executive Order No. 17-146, Office of the Governor, May 3, 2017, <https://www.flgov.com/wp-content/uploads/2017/05/17146.pdf>.

<sup>20</sup> “Statewide standing order for naloxone,” Department of Health, last accessed August 2023, <https://www.floridahealth.gov/licensing-and-regulation/ems-system/documents/standing-order-naloxone.pdf>.

<b><u>FLORIDA</u></b>	
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid overdose.</li> <li>• Family member, friend, or person in a position to have recurring contact with a person at risk of experiencing an opioid overdose (“caregiver”).</li> <li>• Emergency responders, including, but not limited to: <ul style="list-style-type: none"> <li>○ Law enforcement officers;</li> <li>○ Paramedics; and</li> <li>○ Emergency medical technicians.</li> </ul> </li> <li>• Crime laboratory personnel for the statewide criminal analysis laboratory system, including, but not limited to: <ul style="list-style-type: none"> <li>○ Analysts;</li> <li>○ Evidence intake personnel; and</li> <li>○ Supervisors.</li> </ul> </li> <li>• Personnel of a law enforcement agency or other agency including but not limited to correctional probation officers and child protective investigators.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	In an emergency when a physician is not immediately available, a layperson may administer an emergency opioid antagonist to a person they believe in good faith to be experiencing an opioid overdose, regardless of whether that person has a prescription for an emergency opioid antagonist.
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• A layperson who administers an approved emergency opioid antagonist is afforded civil liability immunity protections under the state’s general Good Samaritan Act (FLA. STAT. ANN. § 768.13 (West 2023)).</li> <li>• A school district employee who administers an approved emergency opioid antagonist to a student in compliance with the law is immune from civil liability.</li> </ul>
<b>Training and education requirements</b>	• Not addressed by statute.
<b>Co-prescription requirements</b>	When treating a patient’s pain related to a traumatic injury with an Injury Severity Score of nine or greater, a prescriber who prescribes a Schedule II controlled substance opioid drug must concurrently prescribe an emergency opioid antagonist.
<b>Requirements placed on insurers</b>	Not addressed by statute.

<b><u>FLORIDA</u></b>	
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• A public school may purchase a supply of the opioid antagonist naloxone and enter into an agreement with a wholesaler for the purchase of naloxone. This amendment also provides that school employees who administer naloxone are immune from civil liability.</li> <li>• Each Florida College System institution or state university must have a supply of emergency opioid antagonist with an auto-injection or intranasal application delivery system in each residence hall or dormitory residence owned or operated by the institution for the administration of emergency opioid antagonists to a person believed to be experiencing an opioid overdose. Any campus law enforcement officer trained in the administration of emergency opioid antagonists who administers or attempts to administer an emergency opioid antagonist and the institution that employs such officer, are immune from civil or criminal liability as a result of such administration or attempted administration of an emergency opioid antagonist.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	A hospital emergency department or an urgent care center that treats someone for a suspected or actual overdose must report the incident to the Department of Health.
<b>Recently proposed legislation</b>	Yes. See <a href="#">Recent State Legislation</a> .

<b><u>GEORGIA</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• GA. CODE ANN. § 26-4-116.2 (West 2023) (eff. April 24, 2014) (immunity provisions).</li> <li>• GA. CODE ANN. § 31-11-55.1 (West 2023) (eff. April 24, 2014) (opioid antagonist training).</li> <li>• GA. CODE ANN. § 31-1-10 (West 2023) (eff. July 1, 2017) (standing order).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	July 1, 2017 amendment to § 26-4-116.2 adds a requirement that each pharmacy in the state retain a copy of the naloxone standing order.
<b>Standing order</b>	The State Health Officer is authorized to issue a standing order prescribing an opioid antagonist on a statewide basis under conditions that he or she determines to be in the best interest of the state. The Officer first issued a statewide standing order on January 12, 2017. The order was renewed on March 6, 2019 by a new officer. The standing order will remain in effect until it is revoked by the Officer or a successor. <sup>21</sup>
<b>Persons who can prescribe</b>	“Practitioner” means a physician licensed to practice medicine in the state.
<b>Prescriber immunity</b>	Any practitioner acting in good faith and in compliance with the standard of care applicable to that practitioner who prescribes an opioid antagonist is immune from civil liability, criminal responsibility, or professional licensing sanctions.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Practitioner.</li> <li>• Pharmacist.</li> </ul>
<b>Dispenser immunity</b>	Any practitioner or pharmacist acting in good faith and in compliance with the standard of care applicable to that practitioner or pharmacist who dispenses an opioid antagonist pursuant to a prescription is immune from civil liability, criminal responsibility, or professional licensing sanctions.

<sup>21</sup> ” Standing order for prescription of naloxone for overdose prevention,” Georgia Dept. of Public Health, last accessed August 2023, <https://dph.georgia.gov/document/document/standing-order/download>.

<b><u>GEORGIA</u></b>	
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid related overdose.</li> <li>• Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid related overdose.</li> <li>• Pain management clinic.</li> <li>• First responder, including, but not limited to:               <ul style="list-style-type: none"> <li>○ Law enforcement agencies;</li> <li>○ Fire departments;</li> <li>○ Emergency medical technicians; and</li> <li>○ Rescue agencies.</li> </ul> </li> <li>• Harm reduction organization.</li> <li>• Schools.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Layperson may administer an opioid antagonist that is prescribed in accordance with the protocol specified by the practitioner or pursuant to the standing order to another person whom he or she believes is experiencing an opioid related overdose.
<b>Layperson immunity</b>	Any person acting in good faith, other than a practitioner, who administers an opioid antagonist is immune from any civil liability or criminal responsibility.
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• All first responders who have access to or maintain an opioid antagonist must obtain appropriate training as set forth in the rules and regulations of the Department of Public Health.</li> <li>• The statewide standing order “strongly advise[s]” all persons and entities eligible to receive naloxone to complete a training program on administration.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	Not addressed by statute. However, the statewide standing order expressly includes schools as an eligible entity to receive naloxone.
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	None.
<b>Recently proposed legislation</b>	None.

<b><u>HAWAII</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• HAW. REV. STAT. ANN. § 329E-1 to -7 (West 2023) (eff. June 16, 2016) (overdose prevention).</li> <li>• HAW. REV. STAT. ANN. § 461-11.8 (West 2023) (eff. July 1, 2018) (pharmacist authority).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	July 5, 2019 amendment to § 461-11.8 adds the requirement that a pharmacist authorized to prescribe and dispense an opioid antagonist must act in good faith and exercise reasonable care. The amendment also expands to whom an opioid antagonist may be dispensed to include an individual requesting the opioid antagonist for an individual at risk for an opioid overdose.
<b>Standing order</b>	The law defines “standing order” as a prescription order for an opioid antagonist issued by a health care professional who is otherwise authorized to prescribe an opioid antagonist that is not specific to and does not identify a particular patient, and which may be applicable to more than one patient. No statewide standing order exists. As noted below, however, pharmacists have prescriptive authority to prescribe/dispense opioid antagonists to individuals without a prescription.
<b>Persons who can prescribe</b>	<ul style="list-style-type: none"> <li>• “Health care professionals,” which are defined to include: <ul style="list-style-type: none"> <li>○ Physicians;</li> <li>○ Physician assistants; and</li> <li>○ Advanced practice registered nurses.</li> </ul> </li> <li>• Pharmacist who completes a training program related to prescribing opioid antagonists.</li> </ul>
<b>Prescriber immunity</b>	Health care professional who, acting in good faith and with reasonable care, prescribes an opioid antagonist is not subject to any criminal or civil liability or any professional disciplinary action for: (1) prescribing, dispensing, or distributing the opioid antagonist; and (2) any outcomes resulting from the eventual administration of the opioid antagonist.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Health care professionals (as defined).</li> <li>• Pharmacists.</li> <li>• Any person or harm reduction organization acting under a standing order may distribute an opioid antagonist, provided that the distribution is done without charge or compensation.</li> </ul>
<b>Dispenser immunity</b>	Health care professional or pharmacist who, acting in good faith and with reasonable care dispenses or distributes an opioid antagonist, will not be subject to any criminal or civil liability or any professional disciplinary action for: (1) prescribing, dispensing, or distributing the opioid antagonist; and (2) any outcomes resulting from the eventual administration of the opioid antagonist.



<b><u>HAWAII</u></b>	
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Individual at risk of experiencing an opioid-related drug overdose.</li> <li>• An individual requesting the opioid antagonist for an individual at risk for an opioid overdose.</li> <li>• Another person in a position to assist an individual at risk of experiencing an opioid-related drug overdose.</li> <li>• Harm reduction organization.</li> <li>• Emergency medical technicians.</li> <li>• Law enforcement officers.</li> <li>• Firefighters.</li> <li>• Lifeguards.</li> </ul>
<b>Layperson possession without prescription</b>	Any person may lawfully possess an opioid antagonist.
<b>Layperson administration</b>	A layperson can administer an opioid antagonist to another person whom he or she believes to be suffering from an opioid-related drug overdose.
<b>Layperson immunity</b>	A person acting in good faith and with reasonable care who administers an opioid antagonist to another person whom the person believes to be suffering an opioid-related drug overdose is immune from criminal prosecution and sanction under any professional licensing law, and civil liability for acts or omissions resulting from the administration.
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Pharmacist who prescribes and dispenses an opioid antagonist must: (1) complete an approved training program (as described in statute); and (2) provide the individual who is receiving the opioid antagonist with information and written educational material on risk factors of opioid overdose, signs of an overdose, overdose response steps, and the use of the opioid antagonist.</li> </ul>
<b>Training and education requirements (continued)</b>	<ul style="list-style-type: none"> <li>• The Hawaii Department of Health must work with community partners to provide or establish any of the following: (1) education on opioid-related drug overdose prevention, recognition, and response, including opioid antagonist administration; (2) training on opioid-related drug overdose prevention, recognition, and response, including opioid antagonist administration, for patients receiving opioids and their families and caregivers; (3) opioid antagonist prescription and distribution projects; and (4) education and training projects on opioid-related drug overdose response and treatment, including opioid antagonist administration, for emergency services and law enforcement personnel, including volunteer firefighters, lifeguards, and emergency services personnel.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.

<b><u>HAWAII</u></b>	
<b>Requirements placed on insurers</b>	The Department of Human Services must ensure that opioid antagonists for outpatient use are covered by the Medicaid prescription drug program on the same basis as other covered drugs.
<b>Opioid antagonists in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	None.
<b>Recently proposed legislation</b>	Yes. See <a href="#">Recent State Legislation</a> .

<b><u>IDAHO</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• IDAHO CODE ANN. § 54-1733B (West 2023) (eff. July 1, 2015) (immunity provisions).</li> <li>• IDAHO CODE ANN. § 37-2726 (West 2023) (eff. July 1, 2018) (reporting naloxone to PDMP).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist; naloxone hydrochloride
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2019 amendment to § 54-1733B allows any health professional licensed or registered in Idaho to prescribe or dispense an opioid antagonist.</li> <li>• July 1, 2022 amendment to § 54-1733B removes references to specific forms of emergency opioid antagonists such as naloxone.</li> <li>• July 1, 2022 amendment to § 54-1733B deletes any requirement for the administration of an opioid antagonist, instead a health professional may prescribe and dispense an opioid antagonist to any person or entity.</li> </ul>
<b>Standing order</b>	Idaho does not have a naloxone standing order, but any licensed health care professional in the state can dispense naloxone without a prescription to anyone with a valid reason to possess naloxone.
<b>Persons who can prescribe</b>	Any health professional licensed or registered under Title 54 of the Idaho Code.
<b>Prescriber immunity</b>	A person who prescribes an opioid antagonist is not liable in a civil or administrative action or subject to criminal prosecution for such acts.
<b>Persons who can dispense or distribute</b>	Any health professional licensed or registered under Title 54 of the Idaho Code.
<b>Dispenser immunity</b>	A person who dispenses an opioid antagonist is not liable in a civil or administrative action or subject to criminal prosecution for such acts.
<b>Persons who can receive or administer (“laypersons”)</b>	Any health professional licensed or registered under this title, acting in good faith and exercising reasonable care, may prescribe and dispense an opioid antagonist to any person or entity.
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Any person acting in good faith and exercising reasonable care may administer an opioid antagonist to another person who appears to be experiencing an opiate-related overdose.
<b>Layperson immunity</b>	Layperson is not liable in a civil or administrative action or subject to criminal prosecution for the good faith and reasonable administration of an opioid antagonist. As soon as possible, the administering person must contact emergency medical services.

<b><u>IDAHO</u></b>	
<b>Training and education requirements</b>	Not addressed by statute.
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	Under state statutory law, the dispensing of opioid antagonists is reportable to the state's PDMP.
<b>Other provisions of note</b>	None.
<b>Recently proposed legislation</b>	None.

<b><u>ILLINOIS</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• 20 ILL. COMP. STAT. ANN. 301/5-23 (West 2023) (eff. January 1, 2010) (immunity provisions).</li> <li>• 105 ILL. COMP. STAT. ANN. 5/22-30 (West 2023) (eff. September 9, 2015) (Opioid antagonists in schools).</li> <li>• 215 ILL. COMP. STAT. ANN. 5/356z.23 (West 2023) (eff. September 9, 2015) (insurance coverage).</li> <li>• 745 ILL. COMP. STAT. ANN. 49/36 (West 2023) (eff. September 9, 2015) (pharmacist exemption).</li> <li>• 50 ILL. COMP. STAT. ANN. 705/10.18 (West 2023) (eff. May 13, 2022) (law enforcement training)</li> <li>• 235 Ill. Comp. Stat. Ann. 5/6-39 (West 2023) (eff. June 1, 2024).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist; naloxone hydrochloride.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• August 9, 2019 amendment to 20 ILL. COMP. STAT. ANN. 301/5-23 (West 2023) allows the Illinois Department of Human Services to support drug overdose prevention, recognition, and response projects.</li> <li>• September 9, 2015 amendment to 20 ILL. COMP. STAT. ANN. 301/5-23 (West 2023) allows a health care professional to prescribe or dispense naloxone, added criminal liability protections for such health care professional, and added civil liability protection for a person who administers naloxone in an emergency who is not otherwise licensed to administer an opioid antagonist.</li> <li>• January 1, 2022 amendment to 20 ILL. COMP. STAT. ANN. 301/5-23 (West 2023) allows hospitals to enroll in the state's overdose prevention program, requires the Department of Human Services to consider certain factors when awarding grants to applicants, including racial disparities in opioid overdose experienced by the communities to be served by grantees.</li> <li>• June 2, 2022 amendment to 215 ILL. COMP. STAT. ANN. 5/356z.23 (West 2023) prohibits an individual or group policy of accident and health insurance amended, delivered, issued, or renewed in the state after the effective date of the law that provides coverage for naloxone hydrochloride from imposing a copayment on the coverage provided. The effective date of the law is January 1, 2023. However, insurance companies are not required to adhere to the law until January 1, 2024.</li> </ul>

<b><u>ILLINOIS</u></b>	
<b>Substantive amendment(s) to law(s) (continued)</b>	<ul style="list-style-type: none"> <li>• June 2, 2022 amendment to 720 ILL. COMP. STAT. ANN. 570/312 (West 2023) provides that a prescriber must offer a prescription for naloxone hydrochloride, or another similar drug approved by the Food and Drug Administration, under specified circumstances.</li> <li>• June 2, 2022 amendment to ILL. COMP. STAT. ANN 225 ILCS 85/19.1 (West 2023) requires pharmacists to inform patients that opioids are addictive and offer to dispense an opioid antagonist.</li> <li>• January 1, 2022 amendment to 20 ILL. COMP. STAT. ANN. 301/5-23 (West 2023) provides that a health care professional or other person acting under the direction of a health care professional may, directly or by standing order, obtain, store, and dispense an opioid antagonist. Further, the amendment provides that a healthcare professional or person acting under the direction of a healthcare profession must not, as a result of his or her acts or omissions, be subject to: (1) any disciplinary or other adverse action under the Medical Practice Act of 1987, the Physician Assistant Practice Act of 1987, the Nurse Practice Act, the Pharmacy Practice Act, or any other professional licensing statute; or (2) any criminal liability, except for willful and wanton misconduct.</li> <li>• January 1, 2023 amendment to 215 ILL. COMP. STAT. ANN. 5/356z.23 (West 2023) added that no individual or group policy of accident and health insurance amended, delivered, issued, or renewed after January 1, 2024 that provides coverage for naloxone hydrochloride can impose a copayment on the coverage provided.</li> <li>• A January 1, 2024 amendment to 105 ILL. COMP. STAT. ANN. 5/22-30 (West 2023) provided that a school district, public school, charter school, or nonpublic school must (instead of may) maintain a supply of an opioid antagonist in any secure location where an individual may have an opioid overdose.</li> </ul>
<b>Standing order</b>	<p>A statewide naloxone standing order took effect on September 7, 2017 and is renewed annually. The last renewal occurred on February 23, 2023. The standing order authorizes trained, licensed pharmacists and overdose education and naloxone distribution programs (OEND), to dispense naloxone to anyone who requests it. OEND programs may include law enforcement agencies, drug treatment programs, local health departments, hospitals, urgent care facilities, or other for-profit or not-for-profit community-based organizations that do not have access to a standing order through their organization.<sup>22</sup></p>

<sup>22</sup> Naloxone FAQ, Ill. Dept. of Public Health, last accessed August 2023, <https://dph.illinois.gov/topics-services/opioids/naloxone.html>.

<b><u>ILLINOIS</u></b>	
<b>Persons who can prescribe</b>	<p>“Health care professional,” which is defined as a:</p> <ul style="list-style-type: none"> <li>• Physician licensed to practice medicine;</li> <li>• Licensed physician assistant with prescriptive authority;</li> <li>• Licensed advanced practice registered nurse with prescriptive authority; and</li> <li>• Advanced practice registered nurse or physician assistant who practices in a hospital, hospital affiliate, or ambulatory surgical treatment center and possesses appropriate clinical privileges.<sup>23</sup></li> </ul>
<b>Prescriber immunity</b>	<p>Health care professional acting in good faith directly or by standing order who prescribes an opioid antagonist is not, as a result of his or her acts or omissions, subject to: (1) any disciplinary or other adverse action under the Medical Practice Act of 1987, the Physician Assistant Practice Act of 1987, the Nurse Practice Act, the Pharmacy Practice Act, or any other professional licensing statute; or (2) any criminal liability, except for willful and wanton misconduct.</p>
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• “Health care professional,” as defined above, including a pharmacist licensed to practice pharmacy under the Pharmacy Practice Act.</li> <li>• A health care professional or other person acting under the direction of a health care professional may, directly or by standing order, obtain, store, and dispense an opioid antagonist to a patient in a facility that includes, but is not limited to, a hospital, a hospital affiliate, or a federally qualified health center.</li> </ul>

<sup>23</sup> The definition also includes a pharmacist, but under the Pharmacy Practice Act, a pharmacist cannot prescribe drugs. (225 Ill. Comp. Stat. Ann. 85/5).



<b><u>ILLINOIS</u></b>	
<b>Dispenser immunity</b>	<ul style="list-style-type: none"> <li>• Health care professional who, acting in good faith, directly or by standing order, dispenses an opioid antagonist will not as a result of his or her acts or omissions, be subject to: (1) any disciplinary or other adverse action under the Medical Practice Act of 1987, the Physician Assistant Practice Act of 1987, the Nurse Practice Act, the Pharmacy Practice Act, or any other professional licensing statute; or (2) any criminal liability, except for willful and wanton misconduct.</li> <li>• Pharmacist who in good faith dispenses an opioid antagonist is not, as a result of his or her acts or omissions, except for willful or wanton misconduct on the part of the person, in dispensing the drug or administering the drug, liable for civil damages.</li> <li>• A health care professional or other person acting under the direction of a health care professional must not, as a result of his or her acts or omissions, be subject to: (1) any disciplinary or other adverse action under the Medical Practice Act of 1987, the Physician Assistant Practice Act of 1987, the Nurse Practice Act, the Pharmacy Practice Act, or any other professional licensing statute; or (2) any criminal liability, except for willful and wanton misconduct.</li> </ul>
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person who, in the judgment of the health care professional, can administer the drug in an emergency.</li> <li>• Person who is not at risk of opioid overdose, but who, in the judgment of the health care professional, may be able to assist another individual during an opioid-related drug overdose.</li> <li>• Law enforcement officer.</li> <li>• Firefighter.</li> <li>• Emergency medical services technician.</li> <li>• School nurse or other trained school personnel.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Person who is not otherwise licensed to administer an opioid antagonist may, in an emergency, administer such drug without fee if the person has received proper training information and believes in good faith that another person is experiencing a drug overdose.
<b>Layperson immunity</b>	As a result of his or her acts or omissions, a layperson who administers an opioid antagonist will not be subject to any criminal prosecution or civil liability, except for willful and wanton misconduct.

<b><u>ILLINOIS</u></b>	
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Health care professional prescribing an opioid antagonist to a patient must ensure that the patient receives information on, among other things: (1) opioid antagonist dosage and administration; (2) the importance of calling 911; and (3) care for the overdose victim after administration of the overdose antagonist.</li> <li>• Information provided to a patient may be done by a health care professional or a community-based organization, substance use disorder program, or other organization with which the health care professional establishes a written agreement that includes a description of how the organization will provide patient information, how employees or volunteers providing information will be trained, and standards for documenting the provision of patient information to patients. Provision of this information must be documented in the patient's medical record.</li> <li>• Every state and local government agency that employs a law enforcement officer or firefighter must possess opioid antagonists and must establish a policy to (1) control the acquisition, storage, transportation, and administration of such opioid antagonists and to (2) provide training in the administration of opioid antagonists.</li> <li>• The Illinois Law Enforcement Training Standards Board is required to conduct or approve an in-service training program for law enforcement officers in the administration of opioid antagonists.</li> </ul>
<b>Co-prescription requirements</b>	A prescriber must offer a prescription for naloxone hydrochloride, or another similar drug approved by the Food and Drug Administration, under specified circumstances.
<b>Requirements placed on insurers</b>	<ul style="list-style-type: none"> <li>• Coverage for prescription drugs must include at least one opioid antagonist, including the medication product, administration devices, and any pharmacy administration fees related to the dispensing of the opioid antagonist. This coverage must include refills for expired or utilized opioid antagonists.</li> <li>• No individual or group policy of accident and health insurance amended, delivered, issued, or renewed after January 1, 2024 that provides coverage for naloxone hydrochloride can impose a copayment on the coverage provided.</li> </ul>

<b><u>ILLINOIS</u></b>	
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• Effective January 1, 2024, school district, public schools, charter schools, and nonpublic schools must authorize a school nurse or trained personnel to administer an opioid antagonist to any person that the school nurse or trained personnel in good faith believes is having an opioid overdose. Prior to January 1, 2024, it was optional.</li> <li>• Administration by school nurse or trained personnel may occur: (1) while in school; (2) while at a school-sponsored activity; (3) while under the supervision of school personnel; or (4) before or after normal school activities.</li> <li>• School nurse or trained personnel may carry an opioid antagonist on his or her person.</li> <li>• School district, public school, charter school, or nonpublic school may maintain a supply of an opioid antagonist in any secure location where an overdose may occur.</li> <li>• Upon any administration of an opioid antagonist, a school district, public school, charter school, or nonpublic school must immediately activate the EMS system and notify the student's parent, guardian, or emergency contact, if known.</li> <li>• Within 24 hours after the administration of an opioid antagonist, a school district, public school, charter school, or nonpublic school must notify the health care professional who provided the prescription for the opioid antagonist of its use.</li> <li>• Within three days after the administration of an opioid antagonist by school nurse or trained personnel, the school must report certain information to the Illinois Board of Education.</li> <li>• School district, public school, charter school, or nonpublic school and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the administration of an opioid antagonist regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's health care provider.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Illinois tracks naloxone dispensing and administration in the PDMP. <sup>24</sup> LAPP did not locate a statute or regulation directing this reporting.

<sup>24</sup> "PDMP Policies and Capabilities," Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed August 2023, [https://www.pdmpassist.org/pdf/state\\_summaries/Illinois\\_Summary\\_Profile.pdf](https://www.pdmpassist.org/pdf/state_summaries/Illinois_Summary_Profile.pdf).

<b><u>ILLINOIS</u></b>	
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• The Illinois Department of Human Services may support overdose prevention, recognition, and response projects by facilitating the acquisition of opioid antagonist medication, providing trainings in overdose prevention best practices, connecting programs to medical resources, establishing a statewide standing order for the acquisition of needed medication, establishing learning collaboratives between localities and programs, and assisting programs in navigating any regulatory requirements for establishing or expanding such programs.</li> <li>• Every publicly or privately owned ambulance, special emergency medical services vehicle, non-transport vehicle, or ambulance assist vehicle that responds to requests for emergency services or transports patients between hospitals in emergency situations must possess opioid antagonists.</li> <li>• The House adopted a resolution urging the Illinois Department of Human Services to review the value of expanding its naloxone tool kit to include all U.S. Food and Drug Administration (FDA) approved versions of naloxone or other FDA-approved products to fight the Illinois opioid epidemic.</li> <li>• Effective June 1, 2024, a licensee that operates as a music venue must ensure that, during its hours of operation as a music venue, it or the music venue operator has opioid antagonists available at the premises and that there is a staff member on the premises who has been sufficiently trained on how to properly administer an opioid antagonist. A licensee or music venue operator and a person who is sufficiently trained and in good faith administers or provides an opioid antagonist, will not, as a result of the person's acts or omissions, except willful or wanton misconduct on the part of the person, in administering or providing the opioid antagonist, be liable for civil damages. "Music venue" is defined as an indoor or outdoor location with a capacity of more than 1,000 persons used as a space to hold a live concert or musical performance for which tickets are purchased for admission to benefit a for-profit entity.</li> </ul>
<b>Recently proposed legislation</b>	Yes. See <a href="#">Recent State Legislation</a> .

<b>INDIANA</b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• IND. CODE ANN. § 16-31-3-23.5 (West 2023) (eff. March 26, 2014) (prescribing, dispensing, administration).</li> <li>• IND. CODE ANN. § 16-42-27-1 to -3 (West 2023) (eff. April 17, 2015) (immunity).</li> <li>• IND. CODE ANN. § 20-34-4.5-0.2 to -6 (West 2023) (eff. July 1, 2017) (Opioid antagonists in schools).</li> <li>• IND. CODE ANN. § 12-23-20-2 (West 2023) (eff. July 1, 2019) (co-prescription requirement).</li> </ul>
<b>Term(s) used</b>	Overdose intervention drug; naloxone.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• April 17, 2015 amendment to § 16-31-3-23.5 allows first responders to receive naloxone through a standing order.</li> <li>• July 1, 2018 amendment to § 16-31-3-23.5 adds probation departments and community corrections programs to the list of entities that can obtain naloxone as well as added training requirements.</li> <li>• July 1, 2023 amendment to § 16-42-27-2 requires a statewide standing order to allow for choice in the purchasing, dispensing, and distributing of any formulation or dosage of a naloxone product that is approved by the federal Food and Drug Administration.</li> <li>• July 1, 2023 amendment to § IND. CODE ANN. § 20-34-4.5-0.2 to -6 allows the state health commissioner or designee to issue a statewide standing order, prescription, or protocol for emergency stock medication for schools.</li> </ul>
<b>Standing order</b>	The statewide naloxone standing order, authorized by IND. CODE ANN. § 16-42-27-2 (West 2023), is renewed each year. Individuals and entities that wish to obtain, administer, or dispense naloxone under the standing order must annually register as naloxone entities, and may include pharmacies, pharmacists, or other non-pharmacy organizations, non-profit entities, or individuals able to assist an individual who is at risk of experiencing an opioid-related overdose. <sup>25</sup> A statewide standing order is to allow for choice in the purchasing, dispensing, and distributing of any formulation or dosage of a naloxone product that is approved by the federal Food and Drug Administration.

<sup>25</sup> “Indiana statewide naloxone standing order toolkit for naloxone entities,” Ind. State Dept. of Health, last accessed August 2023, <https://optin.in.gov/files/Indiana-Statewide-Naloxone-Standing-Order-Toolkit.pdf>.

<b><u>INDIANA</u></b>	
<b>Persons who can prescribe</b>	<ul style="list-style-type: none"> <li>• Physician licensed under IND. CODE ANN. § 25-22.5 (West 2023).</li> <li>• Physician assistant licensed under IND. CODE ANN. § 25-27.5 (West 2023) and granted the authority to prescribe by the physician assistant's collaborating physician and in accordance with IND. CODE ANN. § 25-27.5-5-4 (West 2023)</li> <li>• Advanced practice registered nurse licensed and granted the authority to prescribe drugs under IND. CODE ANN. § 25-23 (West 2023).</li> </ul>
<b>Prescriber immunity</b>	Prescriber who prescribes an overdose intervention drug in compliance with the law is immune from civil liability arising from those actions.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Physician licensed under IND. CODE ANN. § 25-22.5 (West 2023).</li> <li>• Physician assistant licensed under IND. CODE ANN. § 25-27.5 (West 2023) and granted the authority to prescribe by the physician assistant's collaborating physician and in accordance with IND. CODE ANN. § 25-27.5-5-4 (West 2023).</li> <li>• Advanced practice registered nurse licensed and granted the authority to prescribe drugs under IND. CODE ANN. § 25-23 (West 2023).</li> <li>• Pharmacist.</li> </ul>
<b>Dispenser immunity</b>	Prescriber or pharmacist who dispenses an overdose intervention drug in compliance with the law is immune from civil liability arising from those actions.
<b>Persons who can receive or administer ("laypersons")</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related overdose.</li> <li>• Family member, friend, or any other individual or entity in a position to assist an individual who is at risk of experiencing an opioid-related overdose.</li> <li>• Advanced emergency medical technician.</li> <li>• Community corrections officer.</li> <li>• Emergency medical responder.</li> <li>• Emergency medical technician.</li> <li>• Firefighter or volunteer firefighter.</li> <li>• Law enforcement officer.</li> <li>• Paramedic.</li> <li>• Probation officer.</li> <li>• School nurse or other trained school employee.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.

<b><u>INDIANA</u></b>	
<b>Layperson administration</b>	Layperson can, in good faith, administer an overdose intervention drug to an individual who is experiencing an apparent opioid-related overdose. He or she must attempt to summon emergency services either immediately before or immediately after administering the overdose intervention drug.
<b>Layperson immunity</b>	Layperson is immune from civil liability for actions associated with the administration of an overdose intervention drug in good faith.
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Prescriber must provide education and training on overdose response and treatment, including: (1) the administration of an overdose intervention drug; (2) summoning emergency services immediately before or after administering the drug; and (3) information about treatment programs, including programs in the local area and programs that offer medication assisted treatment.</li> <li>• Entity acting under a standing order issued by a prescriber must: (1) provide education and training on overdose response and treatment, including the administration of an overdose intervention drug; and (2) provide information about substance use disorder treatment and referrals to drug treatment programs, including programs in the local area and programs that offer medication assisted treatment.</li> <li>• Certain individuals must receive education and training on drug overdose response and treatment, including the administration of an overdose intervention drug, before he or she may administer an overdose intervention, including: (1) an advanced emergency medical technician; (2) a community corrections officer; (3) an emergency medical responder; (4) an emergency medical technician; (5) a firefighter or volunteer firefighter; (6) a law enforcement officer; (7) a paramedic; and (8) a probation officer.</li> </ul>
<b>Co-prescription requirements</b>	Health care provider that prescribes for a patient in an office-based opioid treatment setting must prescribe an overdose intervention drug and provide education on how to fill the prescription when buprenorphine treatment is initiated.
<b>Requirements placed on insurers</b>	Not addressed by statute.



<b><u>INDIANA</u></b>	
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• School or a school corporation may fill a prescription or statewide standing order for naloxone and store naloxone in the school.</li> <li>• School nurse or a trained school employee may administer naloxone to a student, employee, or visitor if the individual is demonstrating signs or symptoms of an overdose and if the drug is administered in accordance with the manufacturer's guidelines and the law, the person is not liable for civil damages resulting from the administration of naloxone unless the act or omission constitutes gross negligence or willful or wanton misconduct.</li> <li>• School nurse or employee must submit a report when naloxone is administered to the Department of Education no later than 10 school days after the naloxone is administered.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Indiana tracks naloxone dispensing and administration in the PDMP. <sup>26</sup> LAPP did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	None.
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2023.

<sup>26</sup> "PDMP Policies and Capabilities," Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed August 2023, [https://www.pdmpassist.org/pdf/state\\_summaries/Indiana\\_Summary\\_Profile.pdf](https://www.pdmpassist.org/pdf/state_summaries/Indiana_Summary_Profile.pdf).

<b>IOWA</b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• IOWA CODE ANN. § 135.190 (West 2023) (eff. May 27, 2016) (general immunity provisions; opioid antagonist in schools).</li> <li>• IOWA CODE ANN. § 135.190A (West 2023) (eff. June 13, 2022) (opioid antagonist medication fund).</li> <li>• IOWA CODE ANN. § 147A.18 (West 2023) (eff. May 27, 2016) (possession by first responders).</li> <li>• IOWA CODE ANN. § 124.551 (West 2023) (eff. July 1, 2018) (reporting to PDMP).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• June 13, 2022 amendment to § 135.190 provides that a school district may obtain a valid prescription for an opioid antagonist and maintain a supply of opioid antagonists in a secure location at each location where a student may be present.</li> <li>• July 1, 2023 amendment to § 135.190 adds community-based organizations to the definition of “person in a position to assist.” Adds that a “secondary distributor” can dispense an opioid antagonist. Adds that a person in a position to assist may distribute an opioid antagonist to any individual.</li> <li>• July 1, 2023 amendment to § 147A.18 adds provisions related to “secondary distributors.” Adds immunity protections for dispensing pharmacists.</li> </ul>
<b>Standing order</b>	IOWA CODE ANN. §§ 147A.18 and 135.190 (West 2023) permit the possession and administration of opioid antagonist medications by certain eligible recipients and allows the distribution of such medications by pharmacists pursuant to standing order or collaborative agreement. The state medical director most recently reauthorized a statewide standing order October 25, 2022. <sup>27</sup> On July 1, 2023, Iowa implemented a statewide opioid antagonist protocol to give pharmacists prescriptive authority. <sup>28</sup>
<b>Persons who can prescribe</b>	<p>“Licensed health care professional,” which is defined as:</p> <ul style="list-style-type: none"> <li>• Person licensed to practice medicine and surgery or osteopathic medicine and surgery;</li> <li>• Licensed advanced registered nurse practitioner who is registered with the Board of Nursing; and</li> <li>• Physician assistant licensed to practice under the supervision of a physician.</li> </ul>

<sup>27</sup> “Naloxone standing order,” Iowa Dept. of Public Health, last accessed August 2023, <https://pharmacy.iowa.gov/sites/default/files/documents/2022/10/Iowa%20naloxone%20standing%20order%20KRUSE%20Final%20102522.pdf>.

<sup>28</sup> “Opioid antagonist statewide protocol,” Iowa Board of Pharmacy, last accessed October 2023, <https://pharmacy.iowa.gov/sites/default/files/documents/2023/07/Opioid%20Antagonist%20SWP%20070123%20FINAL.pdf>.

<b><u>IOWA</u></b>	
<b>Prescriber immunity</b>	Prescriber of an opioid antagonist who has acted reasonably and in good faith is not liable for any injury arising from the provision, administration, or assistance in the administration of an opioid antagonist.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Pharmacist.</li> <li>• Secondary distributor which is defined as a: <ul style="list-style-type: none"> <li>○ Law enforcement agency;</li> <li>○ Emergency medical services program;</li> <li>○ Fire department;</li> <li>○ School district;</li> <li>○ Health care provider;</li> <li>○ Licensed behavioral health provider;</li> <li>○ County health department; or</li> <li>○ Department of health and human services.</li> </ul> </li> <li>• “Person in a position to assist” which is defined as a: <ul style="list-style-type: none"> <li>○ Family member;</li> <li>○ Friend;</li> <li>○ Caregiver;</li> <li>○ Community based organization;</li> <li>○ Health care provider;</li> <li>○ Employee of a substance use disorder treatment facility;</li> <li>○ School employee;</li> <li>○ First responder; and</li> <li>○ Other person who may be in a place to render aid to a person at risk of experiencing an opioid-related overdose.</li> </ul> </li> </ul>
<b>Dispenser immunity</b>	A pharmacist, a person in a position to assist, or a secondary distributor who has acted reasonably and in good faith will not be liable for any injury arising from the provision, administration, or assistance in the administration of an opioid antagonist
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• “Person in a position to assist” (as defined)</li> <li>• “Secondary distributor” (as defined)</li> <li>• “Community based organization” is defined as a public or private organization that provides health or human services to meet the needs of a community including but not limited to a nonprofit organization, a social service provider, or an organization providing substance abuse disorder prevention, treatment, recovery, or harm reduction services.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.

<b><u>IOWA</u></b>	
<b>Layperson administration</b>	Person in a position to assist may possess and provide or administer an opioid antagonist to an individual if the person in a position to assist reasonably and in good faith believes that such individual is experiencing an opioid-related overdose.
<b>Layperson immunity</b>	Person in a position to assist who has acted reasonably and in good faith while administering an opioid antagonist is not liable for any injury arising from the provision, administration, or assistance in the administration of the opioid antagonist.
<b>Training and education requirements</b>	Pharmacist or secondary distributor who dispenses, furnishes, or otherwise provides an opioid antagonist pursuant to a valid prescription, standing order, or collaborative agreement must provide written instruction, which must include emergency, crisis, and substance use referral contact information to the recipient in accordance with any protocols and instructions developed by the Iowa Department of Public Health.
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	A school district may obtain a valid prescription for an opioid antagonist and maintain a supply of opioid antagonists in a secure location at each location where a student may be present.
<b>Dispensing or administration reported to PDMP</b>	<ul style="list-style-type: none"> <li>• Under state statutory law, the State Board of Pharmacy must adopt rules requiring the following administration information to be provided to the state PDMP: (1) patient identification; (2) person administering; (3) date; and (4) quantity administered.</li> <li>• According to information from PDMP/TTAC, Iowa tracks naloxone dispensing and administration in the PDMP.<sup>29</sup> LAPP did not locate a statute or regulation.</li> </ul>
<b>Other provisions of note</b>	Under state law, an opioid antagonist medication fund for first responders is funded through the state treasury. Money in the fund must be used for the purchase, maintenance, and replacement of opioid antagonist medication administered by first responders to persons experiencing an opioid-related overdose.
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2023.

<sup>29</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed August 2023, [https://www.pdmpassist.org/pdf/state\\_summaries/Iowa\\_Summary\\_Profile.pdf](https://www.pdmpassist.org/pdf/state_summaries/Iowa_Summary_Profile.pdf).

<b><u>KANSAS</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• KAN. STAT. ANN. § 65-16,127 (West 2023) (eff. July 1, 2017) (statewide protocol).</li> <li>• KAN. STAT. ANN. § 65-1683(d) (West 2023) (eff. April 28, 2022) (PDMP).</li> </ul>
<b>Term(s) used</b>	Emergency opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	None.
<b>Standing order</b>	Under § 65-16,127, the Kansas Board of Pharmacy is required to issue a statewide opioid antagonist protocol that establishes requirements for a licensed pharmacist to dispense emergency opioid antagonists to a person. The statewide naloxone protocol took effect on June 28, 2017 and was last revised on July 6, 2023. <sup>30</sup>
<b>Persons who can prescribe</b>	<p>“Health care provider,” which is defined as a:</p> <ul style="list-style-type: none"> <li>• Physician licensed to practice medicine and surgery;</li> <li>• Licensed dentist;</li> <li>• “Mid-level practitioner,” which is defined to include a: <ul style="list-style-type: none"> <li>○ Certified nurse-midwife;</li> <li>○ Licensed advanced practice registered nurse; and</li> <li>○ Licensed physician assistant.</li> </ul> </li> <li>• Any person authorized by law to prescribe medication.</li> </ul>
<b>Prescriber immunity</b>	Healthcare provider who in good faith and with reasonable care prescribes an emergency opioid antagonist is not, by an act or omission, subject to civil liability, criminal prosecution or any disciplinary or other adverse action by a professional licensure entity arising from the healthcare provider prescribing the emergency opioid antagonist.
<b>Persons who can dispense or distribute</b>	Pharmacist.
<b>Dispenser immunity</b>	Pharmacist who in good faith and with reasonable care dispenses an emergency opioid antagonist is not, by an act or omission, subject to civil liability, criminal prosecution or any disciplinary or other adverse action by a professional licensure entity arising from the healthcare provider or pharmacist dispensing the emergency opioid antagonist.

<sup>30</sup> “Protocol for dispensing naloxone to individuals at risk of experiencing, witnessing, or responding to an opioid-related overdose,” Kansas State. Board of Pharmacy, last accessed August 2023, [https://pharmacy.ks.gov/docs/default-source/Naloxone/naloxone-statewide-protocol---official.pdf?sfvrsn=c709a601\\_6](https://pharmacy.ks.gov/docs/default-source/Naloxone/naloxone-statewide-protocol---official.pdf?sfvrsn=c709a601_6).

<b><u>KANSAS</u></b>	
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person believed to be at risk of experiencing an opioid overdose.</li> <li>• Family member, friend, caregiver, or other person in a position to assist a person who experiencing an opioid overdose.</li> <li>• “First responder,” which is defined as a(n):               <ul style="list-style-type: none"> <li>○ Emergency medical service provider;</li> <li>○ Law enforcement officer; and</li> <li>○ Member of any organized fire department.</li> </ul> </li> <li>• Scientist or technician operating under a criminal forensic laboratory.</li> <li>• School nurse.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Layperson can administer an emergency opioid antagonist when he or she believes, in good faith, that an individual is experiencing an opioid overdose.
<b>Layperson immunity</b>	Person who administers an emergency opioid antagonist to a person experiencing a suspected opioid overdose is not, by an act or omission, subject to civil liability or criminal prosecution, unless personal injury results from the gross negligence or willful or wanton misconduct in the administration of the emergency opioid antagonist.
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• First responder, scientist or technician operating under a criminal forensic laboratory, or school nurse is authorized to possess, store and administer emergency opioid antagonists as clinically indicated, provided that all personnel with access to emergency opioid antagonists are trained, at a minimum, on the following: (1) techniques to recognize signs of an opioid overdose; (2) standards and procedures to store and administer an emergency opioid antagonist; (3) emergency follow-up procedures, including the requirement to summon emergency ambulance services either immediately before or immediately after administering an emergency opioid antagonist to a patient; and (4) inventory requirements and reporting any administration of an emergency opioid antagonist to a healthcare provider.</li> </ul>

<b><u>KANSAS</u></b>	
<b>Training and education requirements (continued)</b>	<ul style="list-style-type: none"><li>• The Kansas Board of Pharmacy's opioid antagonist protocol must include procedures to ensure accurate recordkeeping and education of the person to whom the emergency opioid antagonist is furnished, including, but not limited to: (1) opioid overdose prevention, recognition and response; (2) safe administration of an emergency opioid antagonist; (3) potential side effects or adverse events that may occur as a result of administering an emergency opioid antagonist; (4) a requirement that the administering person immediately contact emergency medical services for a patient; and (5) the availability of drug treatment programs.</li></ul>
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	School nurse is authorized to possess, store, and administer emergency opioid antagonists as clinically indicated.
<b>Dispensing or administration reported to PDMP</b>	The Board of Pharmacy may require the inclusion of information to the PDMP including the dispensation or administration of an emergency opioid antagonist.
<b>Other provisions of note</b>	None.
<b>Recently proposed legislation</b>	None.



<b><u>KENTUCKY</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	KY. REV. STAT. ANN. § 217.186 (West 2023) (eff. June 25, 2013) (dispensing naloxone). KY. REV. STAT. ANN. § 15.291 (West 2023) (March 24, 2021) (allocation of funds). KY. REV. STAT. ANN. § 217.177 (West 2023) (June 29, 2021) (prescription).
<b>Term(s) used</b>	Naloxone; opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• March 25, 2015 amendment to § 217.186 allowed for third-party prescriptions and allowed schools to keep naloxone on the premises and administer it in the case of an overdose.</li> <li>• June 27, 2019 amendment to § 217.186 allowed a pharmacist to utilize the naloxone protocol to dispense naloxone to any person or agency who provides training on the administration of naloxone to the public as part of a harm reduction program, regardless of whom the ultimate user of the naloxone may be.</li> <li>• July 14, 2022 amendment to § 217.186 and § 217.177 replaces the word “naloxone” with “opioid antagonist” in existing law.</li> </ul>
<b>Standing order</b>	A physician and a pharmacist may enter into a naloxone protocol. A sample protocol, last updated September 28, 2021, is available on the Kentucky Board of Pharmacy website. <sup>31</sup> There is also a statewide protocol issued by the Department of Public Health for pharmacists that do not have a medical provider to issue a protocol. The most recently available statewide protocol available online was issued July 12, 2023. The statewide protocol must be renewed annually. <sup>32</sup>
<b>Persons who can prescribe</b>	“Licensed health care provider,” which is not defined by the statute.
<b>Prescriber immunity</b>	Licensed health-care provider who, acting in good faith, prescribes naloxone to a person or agency who, in the judgment of the health-care provider, can administer the drug for an emergency opioid overdose, is not, as a result of his or her acts or omissions, subject to disciplinary or other adverse action under professional licensing laws.
<b>Persons who can dispense or distribute</b>	Pharmacist.

<sup>31</sup> “Protocol to initiate dispensing of naloxone for opioid overdose prevention and response,” Ky. Board of Pharmacy, last accessed August 2023, <https://pharmacy.ky.gov/Documents/Sample%20Naloxone%20Protocol%20and%20Education%20Sheets.pdf>.

<sup>32</sup> “Kentucky Statewide Physician Protocol to Initiate Dispensing of Naloxone for Opioid Overdose Prevention and Response,” Ky. Dept. of Public Health, last accessed September 2023, <https://www.chfs.ky.gov/agencies/dph/dehp/hab/Documents/KYNaloxoneRx.pdf>.

<b><u>KENTUCKY</u></b>	
<b>Dispenser immunity</b>	Pharmacist who, acting in good faith, directly or by standing order, dispenses naloxone to a person or agency who, in the judgment of the health-care provider, is capable of administering the drug for an emergency opioid overdose, is not, as a result of his or her acts or omissions, subject to disciplinary or other adverse action under professional licensing laws.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person or agency who is capable of administering naloxone for an emergency opioid overdose.</li> <li>• Peace officer.</li> <li>• Jailer.</li> <li>• Firefighter.</li> <li>• Paramedic or emergency medical technician.</li> <li>• School employee authorized to administer medication.</li> <li>• Any person or agency who provides training on the mechanism and circumstances for the administration of naloxone to the public as part of a harm reduction program.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Prescription for naloxone may include authorization for administration of the drug to the person for whom it is prescribed by a third party if the prescribing instructions indicate the need for the person administering the drug to immediately notify a local public safety answering point of the situation.
<b>Layperson immunity</b>	Person acting in good faith who administers naloxone received under this section is immune from criminal and civil liability for the administration, unless personal injury results from the gross negligence or willful or wanton misconduct of the person administering the drug.
<b>Training and education requirements</b>	The Kentucky Board of Pharmacy, in consultation with the Kentucky Board of Medical Licensure, must promulgate administrative regulations to establish certification, educational, operational, and protocol requirements for naloxone that include a required mandatory education requirement as to the mechanism and circumstances for the administration of naloxone for the person to whom the naloxone is dispensed.
<b>Co-prescription requirements</b>	A pharmacy that offers hypodermic syringes or needles for sale must also make available an offer of a verbal, physical, or electronic offer to provide a naloxone prescription.
<b>Requirements placed on insurers</b>	Not addressed by statute.

<b><u>KENTUCKY</u></b>	
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"><li>• The board of each local public school district and the governing body of each private and parochial school or school district may permit a school to keep naloxone on the premises and regulate the administration of naloxone to any individual suffering from an apparent opiate-related overdose.</li><li>• In collaboration with local health departments, local health providers, and local schools and school districts, the Kentucky Department for Public Health must develop clinical protocols to address supplies of naloxone kept by schools and to advise on the clinical administration of naloxone.</li></ul>
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	The state's Opioid Abatement Advisory Commission statute includes requirements related to allocating funds for opioid use disorder including covering the cost of administering an opioid antagonist.
<b>Recently proposed legislation</b>	None.

<b><u>LOUISIANA</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• LA. STAT. ANN. § 40:978.1 (West 2023) (eff. May 28, 2014) (first responder training).</li> <li>• LA. STAT. ANN. § 40:978.2 (West 2023) (eff. June 23, 2015) (immunity provisions).</li> <li>• LA. STAT. ANN. § 17:436.1 (West 2023) (eff. May 30, 2018) (Opioid antagonists in schools).</li> <li>• La. Admin. Code Tit. 46, Pt. LIII, § 2901 (West 2023) (eff. January 20, 2019) (PDMP reporting).</li> </ul>
<b>Term(s) used</b>	Naloxone.
<b>Substantive amendment(s) to law(s)</b>	June 5, 2016 amendment to § 40:978.2 made it lawful for any person to possess naloxone.
<b>Standing order</b>	The statewide naloxone standing order is issued pursuant to § 40:978.2. The order is valid for one year from the date of issuance. The State issued the 2023 order on January 1, 2023. <sup>33</sup> Any pharmacy licensed by the Louisiana Board of Pharmacy may rely on the order for the distribution or dispensing of naloxone to any Louisiana resident.
<b>Persons who can prescribe</b>	“Licensed medical practitioner,” which is defined as a physician or other healthcare practitioner licensed, certified, registered, or otherwise authorized to perform specified healthcare services consistent with state law.
<b>Prescriber immunity</b>	Licensed medical practitioner who, in good faith, prescribes naloxone or another opioid antagonist is not, as a result of any act or omission, subject to civil liability, criminal prosecution, or disciplinary or other adverse action under any professional licensing statute.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Licensed medical practitioner.</li> <li>• Pharmacist.</li> <li>• Person or organization acting pursuant to a standing order issued by a healthcare professional who is authorized to prescribe naloxone may store and dispense naloxone if such activities are performed without charge or compensation.</li> </ul>
<b>Dispenser immunity</b>	Licensed pharmacist or other licensed medical practitioner who, in good faith, dispenses naloxone or another opioid antagonist is not, as a result of any act or omission, subject to civil liability, criminal prosecution, or disciplinary or other adverse action under any professional licensing statute.

<sup>33</sup> “Standing order for the distribution or dispensing of naloxone or other opioid antagonists,” La. Dept. of Health, last accessed August 2023, <https://ldh.la.gov/assets/HealthyLa/Pharmacy/NaloxoneStandingOrder.pdf>.

<b><u>LOUISIANA</u></b>	
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Any person.</li> <li>• “First responder,” which is defined as including a(n): <ul style="list-style-type: none"> <li>○ Peace officer;</li> <li>○ Firefighter; and</li> <li>○ Emergency medical services practitioner.</li> </ul> </li> <li>• School nurse or other trained school employee.</li> </ul>
<b>Layperson possession without prescription</b>	Any person may lawfully possess naloxone or another opioid antagonist.
<b>Layperson administration</b>	Layperson can administer naloxone or another opioid antagonist to a person he or she reasonably believes to be undergoing an opioid-related drug overdose.
<b>Layperson immunity</b>	Person acting in good faith who administers naloxone or another opioid antagonist pursuant to law is immune from criminal and civil liability for the administration, unless personal injury results from the gross negligence or willful or wanton misconduct in the administration of the drug.
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• At the time the naloxone is prescribed or dispensed, a licensed medical practitioner must provide the individual with all training required by the Louisiana Department of Health for the safe and proper administration of naloxone, which includes at a minimum: (1) techniques on how to recognize signs of an opioid-related drug overdose; (2) standards and procedures for the storage and administration of naloxone or another opioid antagonist; and (3) emergency follow-up procedures including the requirement to summon emergency services either immediately before or immediately after administering the naloxone or other opioid antagonist to an individual apparently experiencing an opioid-related drug overdose.</li> <li>• Louisiana Department of Health must develop and promulgate a set of best practices for use by a licensed medical practitioner, to provide the required education.</li> <li>• Before receiving a prescription for naloxone or another opioid antagonist, a first responder must complete the training necessary to safely and properly administer naloxone or another opioid antagonist that includes, at a minimum: (1) techniques on how to recognize symptoms of an opioid-related overdose; (2) standards</li> </ul>

<b><u>LOUISIANA</u></b>	
<b>Training and education requirements (continued)</b>	<p>and procedures for the storage and administration of naloxone or another opioid antagonist; and (3) emergency follow-up procedures.</p> <ul style="list-style-type: none"> <li>• The Louisiana Department of Public Safety and Corrections must develop and promulgate a set of naloxone best practices for use by a fire department or law enforcement agency, including, but not limited to the same three items as listed in the above bullet point.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• Governing authority of each public and nonpublic elementary and secondary school may adopt a policy that authorizes a school to maintain a supply of naloxone or other opioid antagonists and authorizes a school nurse or other school employee to administer naloxone or another opioid antagonist to any student or other person on school grounds in the event of an actual or perceived opioid emergency.</li> <li>• School policies must require that school employees other than school nurses receive at least six hours of general training, including training on emergency administration, from a registered nurse or a licensed medical physician prior to being authorized to perform such administration.</li> <li>• School governing authority that does not adopt such a policy is not subject to civil liability for failing to authorize such supply or administration.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	Under a state regulation, naloxone is classified as a “drug of concern.” According to state statute and regulation, the state’s PDMP monitors controlled substances and drugs of concern dispensed in the state.
<b>Other provisions of note</b>	None.
<b>Recently proposed legislation</b>	None.

<b><u>MAINE</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• ME. REV. STAT. ANN. tit. 22, § 2353 (2023) (eff. April 29, 2014) (immunity provisions).</li> <li>• ME. REV. STAT. ANN. tit. 24-A, § 2159-E (2023) (eff. September 19, 2019) (life insurance requirements).</li> <li>• ME. REV. STAT. ANN. tit. 20-A, § 6307 (2023) (eff. October 18, 2021) (Opioid antagonists in schools).</li> <li>• ME. REV. STAT. ANN. tit. 32, § 85 (2023) (eff. June 11, 2021) (emergency medical persons).</li> <li>• ME. REV. STAT. ANN. tit. 20-A, § 6307-A (2023) (eff. October 25, 2023) (training for secondary students)</li> </ul>
<b>Term(s) used</b>	Naloxone hydrochloride.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• October 15, 2015 amendment to ME. REV. STAT. ANN. tit. 22, § 2353 (2023) allows: (1) a health care professional to prescribe naloxone either directly or by standing order; and (2) for third-party prescriptions to a friend or any other person that may be able to administer naloxone to an individual, in addition to a family member.</li> <li>• May 2, 2018 amendment to ME. REV. STAT. ANN. tit. 22, § 2353 (2023) allows a pharmacist to prescribe and dispense naloxone to an individual of any age at risk of experiencing an opioid-related drug overdose.</li> <li>• September 19, 2019 amendment to ME. REV. STAT. ANN. tit. 22, § 2353 (2023) added the naloxone requirements for recovery residences.</li> <li>• June 11, 2021 ME. REV. STAT. ANN. Tit. 22, § 2353 (2023) provided that an emergency medical services person, ambulance service or non-transporting emergency medical service licensed under Title 32, chapter 2-B may dispense naloxone hydrochloride.</li> <li>• August 5, 2023 amendment to ME. REV. STAT. ANN. tit. 22, § 2353 (2023) added immunity for overdose prevention programs providing or maintaining naloxone. Added immunity for individuals not authorized to possess, obtain, store, administer, or dispense naloxone.</li> <li>• August 5, 2023 amendment to all statutes adopted the them to apply to naloxone hydrochloride or another opioid overdose-reversing medication.</li> </ul>



<b><u>MAINE</u></b>	
<b>Substantive amendment(s) to law(s) (continued)</b>	<ul style="list-style-type: none"> <li>• January 1, 2024 amendment to ME. REV. STAT. ANN. tit. 22, § 2353 (2023) adds that a law enforcement officer who performs duties as a uniformed patrol officer must carry naloxone hydrochloride at all times when on duty, obtain medical training in accordance with protocols adopted by the Medical Direction and Practices Board and administer or dispense intranasal naloxone hydrochloride as clinically indicated.</li> <li>• July 1, 2024 amendment to ME. REV. STAT. ANN. tit. 32, § 85 (2023) requires all emergency medical services persons to administer and dispense naloxone hydrochloride, as opposed to making it optional.</li> </ul>
<b>Standing order</b>	Maine does not have a statewide naloxone standing order, but a physician can enter into a standing order with a pharmacy to allow the distribution of naloxone hydrochloride or another opioid overdose-reversing medication without a prescription.
<b>Persons who can prescribe</b>	<ul style="list-style-type: none"> <li>• “Health care professional,” which is defined as a person licensed under Title 32 of the Maine Revised Statutes who is authorized to prescribe naloxone hydrochloride.</li> <li>• Pharmacist.</li> </ul>
<b>Prescriber immunity</b>	Health care professional or a pharmacist, acting in good faith and with reasonable care, is immune from criminal and civil liability and is not subject to professional disciplinary action for prescribing naloxone hydrochloride or another opioid overdose-reversing medication in accordance with the law or for any outcome resulting from such actions.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Pharmacist.</li> <li>• Overdose prevention program that dispenses without charge or compensation.</li> <li>• Emergency medical services persons, ambulance service persons, and non-transporting emergency medical services persons.</li> </ul>
<b>Dispenser immunity</b>	Pharmacist acting in good faith and with reasonable care is immune from criminal and civil liability and is not subject to professional disciplinary action for dispensing naloxone hydrochloride or another opioid overdose-reversing medication in accordance with the law or for any outcome resulting from such actions.

<b><u>MAINE</u></b>	
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Individual at risk of experiencing an opioid-related drug overdose.</li> <li>• Member of an individual’s immediate family or a friend of the individual or another person in a position to assist the individual if the individual is at risk of experiencing an opioid-related drug overdose.</li> <li>• Law enforcement agency.</li> <li>• Regional or county jail.</li> <li>• Correctional facility.</li> <li>• Municipal fire department.</li> <li>• Overdose prevention program.</li> </ul>
<b>Layperson possession without prescription</b>	A Person not described in § 2353 as being authorized to possess, obtain, store, administer, or dispense naloxone hydrochloride, acting in good faith and with reasonable care is immune from criminal and civil liability and is not subject to professional disciplinary action for provide to another person naloxone hydrochloride or for administering naloxone hydrochloride to an individual whom the person believes in good faith is experience an opioid-related drug overdose or for any outcome resulting from such actions.
<b>Layperson administration</b>	Layperson may administer naloxone hydrochloride or another opioid overdose-reversing medication to an individual if he or she believes in good faith that the individual is experiencing an opioid-related drug overdose.
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• A person, described in § 2353 as being authorized to possess, obtain, store, administer, or dispense naloxone hydrochloride, acting in good faith and with reasonable care, is immune from criminal and civil liability and is not subject to professional disciplinary action for administering naloxone hydrochloride to an individual whom the person believes in good faith is experiencing an opioid-related drug overdose or for any outcome resulting from such actions.</li> <li>• A person is exempt from arrest or prosecution for a nonviolent offense or for a violation of probation or condition of release a person at the location of a drug-related overdose for which medical assistance was sought or naloxone was administered.</li> <li>• An overdose prevention program is immune from criminal and civil liability for providing or maintaining naloxone hydrochloride containers.</li> </ul>

<b><u>MAINE</u></b>	
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Maine's Medical Direction and Practices Board must establish medical training protocols for law enforcement officers, corrections officers, and municipal firefighters for these individuals to be able to administer naloxone.</li> <li>• An overdose prevention program established under the law may distribute unit-of-use packages of naloxone hydrochloride or another opioid overdose-reversing medication and the medical supplies necessary to administer the naloxone hydrochloride or another opioid overdose-reversing medication to a person who has successfully completed training provided by the overdose prevention program that meets the protocols and criteria established by the Department of Health and Human Services.</li> <li>• An emergency medical services person must be trained to dispense naloxone hydrochloride.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	<p>An insurer authorized to do business in Maine may not:</p> <ul style="list-style-type: none"> <li>• Limit coverage or refuse to issue or renew coverage of an individual under any life insurance policy because the individual has been issued a prescription for naloxone hydrochloride or another opioid overdose-reversing medication or has purchased naloxone hydrochloride or another opioid overdose reversing medication;</li> <li>• Consider the fact that an individual has been issued a prescription for naloxone hydrochloride or another opioid overdose-reversing medication or has purchased naloxone hydrochloride or opioid overdose-reversing medication in determining the premium rate for coverage of that individual under a life insurance policy; or</li> <li>• Otherwise discriminate in the offering, issuance, cancellation, amount of coverage, price, or any other condition of a life insurance policy based solely and without any additional actuarial justification upon the fact that an individual has been issued a prescription for naloxone hydrochloride or another opioid overdose-reversing medication or has purchased naloxone hydrochloride or another opioid overdose-reversing medication.</li> </ul>

<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• A school administrative unit or an approved private school may authorize adoption of a collaborative practice agreement for the purposes of stocking, possessing and administering naloxone hydrochloride or another opioid overdose-reversing medication. A collaborative practice agreement permits a physician licensed in the state or school health advisor to prescribe naloxone hydrochloride or another overdose-reversing medication and direct a school nurse to administer naloxone hydrochloride or another overdose-reversing medication in good faith to any student, staff member or visitor experiencing an apparent opioid overdose during school or a school-sponsored activity or otherwise on school grounds. Pursuant to a collaborative practice agreement, a physician licensed in this State or school health advisor may authorize the school nurse to designate authorized school personnel to administer naloxone hydrochloride or another opioid overdose-reversing medication if the school nurse is not present when a student, staff member or visitor experiences a suspected opioid overdose.</li> <li>• If a collaborative practice agreement has not been adopted, the governing body of a school administrative unit or an approved private school may authorize a school nurse or other licensed health care professional whose scope of practice includes administration of naloxone to: (1) stock and possess naloxone hydrochloride or another opioid overdose-reversing medication prescribed by a legally authorized individual; and (2) administer naloxone hydrochloride or another opioid overdose-reversing medication prescribed by a legally authorized individual to any student, staff member or visitor that the school nurse or other licensed health care professional, based on the school nurse's or other licensed health care professional's professional judgment, suspects to be experiencing an opioid overdose.</li> <li>• The Department of Education in consultation with the Department of Health and Human Services must develop and make available to all schools guidelines for the management of opioid overdose during school or a school-sponsored activity or otherwise on school grounds. The guidelines must include, but are not limited to: (1) education and training for school personnel on recognition of opioid overdose, rescue breathing and the administration of naloxone hydrochloride or another opioid overdose-reversing medication; and (2) procedures for responding to opioid overdose.</li> <li>• Annually, a secondary school must provide students in each grade an age-appropriate instructional program on the use and misuse of drugs and controlled substances, the dangers of substance abuse and substance abuse prevention. The instructional program must include a component on providing</li> </ul>
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<b><u>MAINE</u></b>	
<b>Opioid antagonists in schools (continued)</b>	appropriate assistance to an overdose victim, including information on recognizing the signs of an opioid overdose, the importance of calling 911 for assistance and training in how to administer an opioid antidote, such as naloxone hydrochloride, to an overdose victim in an emergency
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Maine tracks naloxone dispensing in the PDMP. <sup>34</sup> LAPP did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>Recovery residence must store at least two units of naloxone hydrochloride or another opioid overdose-reversing medication for each floor of the recovery residence and must provide training in administration of naloxone hydrochloride or another opioid overdose-reversing medication to all the residents, employees, and any other persons involved in the operation of the recovery residence.</li> <li>A law enforcement officer who performs duties as a uniformed patrol officer must carry naloxone hydrochloride at all times when on duty.</li> </ul>
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2023.

<sup>34</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed April 2022, [https://www.pdmpassist.org/pdf/state\\_summaries/Maine\\_Summary\\_Profile.pdf](https://www.pdmpassist.org/pdf/state_summaries/Maine_Summary_Profile.pdf).

<b><u>MARYLAND</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• MD. CODE ANN., HEALTH – GEN. § 13-3101 to -3109 (West 2023) (eff. October 1, 2013) (immunity).</li> <li>• MD. CODE ANN., HEALTH – GEN. § 13-3502 (West 2023) (eff. June 1, 2017) (co-prescribing).</li> <li>• MD. CODE ANN., EDUC. § 7-426.5 (West 2023) (eff. July 1, 2017) (Opioid antagonists in schools).</li> <li>• MD. CODE ANN., HEALTH – GEN. § 8-408 (West 2023) (eff. July 1, 2022) (naloxone protocols for specific entities).</li> <li>• MD. CODE ANN., EDUC. § 11-1201 to -1204 (West 2023) (eff. July 1, 2017) (higher education).</li> <li>• Md. Code Ann., INS. § 15-850 (West 2023) (eff. January 1, 2018) (health insurance requirements).</li> <li>• MD. CODE REGS. 10.13.03.03 (West 2023) (eff. July 6, 2020) (co-prescribing regulation).</li> <li>• MD. CODE ANN., EDUC. § 13-516(f)(1) (West 2023) (eff. July 1, 2022) (emergency medical services).</li> <li>• MD. CODE ANN., HEALTH – GEN. §21-2A-02 (West 2023) (eff. October 1, 2022) (PDMP)</li> </ul>
<b>Term(s) used</b>	Naloxone; opioid overdose reversal drug.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• June 1, 2017 amendment to MD. CODE ANN., HEALTH – GEN. § 13-3101 to -3109 (West 2023) removed the requirement that an individual receive a certificate before obtaining naloxone. The amendment also allows any health care provider with prescribing authority to prescribe and dispense naloxone.</li> <li>• July 1, 2022 amendment to MD. CODE ANN., HEALTH – GEN. §§ 13-3101 to -3109, 19-310.3 (West 2023), revises existing statutory language from “naloxone” to “opioid overdose reversal drug approved by the Federal Food and Drug Administration.”</li> <li>• July 1, 2023 amendment to MD. CODE ANN., HEALTH – GEN. § 13-3103 added that the Department of Health must, subject to the limitations of the state budget, allow an entity that is provided with opioid overdose reversal drugs to choose the formulation or dosage of opioid overdose reversal drugs it is to be provided.</li> </ul>
<b>Standing order</b>	Under MD. CODE ANN., HEALTH – GEN. § 13-3106 (West 2023), a physician employed by the Maryland Department of Health may prescribe naloxone by issuing a standing order. The Department of Health issued an updated statewide naloxone standing order on March 23, 2023. The order will expire on June 30, 2024. <sup>35</sup> The standing order authorizes any Maryland licensed pharmacist to dispense naloxone to any individual.

<sup>35</sup> “Statewide naloxone standing order,” Md. Dept. of Health, last accessed August 2023, [https://drive.google.com/file/d/1qRRh8f0\\_sfMA9umccUgQ33ppmK3cQRHY/view](https://drive.google.com/file/d/1qRRh8f0_sfMA9umccUgQ33ppmK3cQRHY/view).

<b><u>MARYLAND</u></b>	
<b>Persons who can prescribe</b>	Licensed health care provider with prescribing authority.
<b>Prescriber immunity</b>	<ul style="list-style-type: none"> <li>• Licensed health care provider who prescribes naloxone is not subject to any disciplinary action by the appropriate licensing health occupations board under the Health Occupations Article solely for the act of prescribing naloxone.</li> <li>• A cause of action may not arise against any licensed health care provider with prescribing authority for any act or omission when the provider in good faith prescribes naloxone and the necessary paraphernalia for the administration of naloxone to an individual.</li> </ul>
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Licensed health care provider who has dispensing authority.</li> <li>• Pharmacist.</li> </ul>
<b>Dispenser immunity</b>	<ul style="list-style-type: none"> <li>• Licensed health care provider or pharmacist who dispenses naloxone is not subject to any disciplinary action by the appropriate licensing health occupations board under the Health Occupations Article solely for the act of dispensing naloxone.</li> <li>• A cause of action may not arise against any licensed health care provider or pharmacist for any act or omission when the health care provider or pharmacist in good faith dispenses naloxone and the necessary paraphernalia for the administration of naloxone to an individual.</li> </ul>
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Individual who is at risk of experiencing an opioid overdose.</li> <li>• Individual in a position to assist an individual at risk of experiencing an opioid overdose.</li> <li>• Emergency medical services.</li> <li>• School nurse, health services personnel, or other personnel.</li> <li>• Persons acting on behalf of state and local correctional facilities, and the division of probation and parole.</li> </ul>
<b>Layperson possession without prescription</b>	Not addressed directly by statute.
<b>Layperson administration</b>	Individual for whom naloxone is prescribed and dispensed may, in an emergency when medical services are not immediately available, administer naloxone to an individual experiencing or believed to be experiencing an opioid overdose.
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• Individual who administers naloxone to an individual who is or in good faith is believed to be experiencing an opioid overdose has immunity from liability under MD. CODE ANN., CTS. &amp; JUD. PROC. §§ 5-603 (“emergency medical care”) and 5-629 (“administration of drug or vaccine”) (West 2023).</li> <li>• There is no cause of action against any business or business owner if the business or owner, in good faith, makes an opioid overdose reversal drug available to consumers or employees.</li> </ul>



<b><u>MARYLAND</u></b>	
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• The Department of Health may authorize private or public entities to conduct education and training on opioid overdose recognition and response that include: (1) education on recognizing the signs and symptoms of an opioid overdose; (2) training on responding to an opioid overdose, including the administration of opioid overdose reversal drugs approved by the federal Food and Drug Administration; and (3) access to opioid overdose reversal drugs approved by the federal Food and Drug Administration and the necessary supplies for the administration of the opioid overdose reversal drugs.</li> <li>• An individual is not required to obtain training and education on opioid overdose recognition and response in order for a pharmacist to dispense naloxone to the individual.</li> </ul>
<b>Co-prescription requirements</b>	Maryland's Secretary of Health must establish guidelines for the co-prescribing of opioid overdose reversal drugs that are applicable to all licensed health care providers in the state who are authorized by law to prescribe a monitored prescription drug. The guidelines must address the co-prescribing of opioid overdose reversal drugs for patients who are at an elevated risk of overdose and: (1) receive opioid therapy for chronic pain; (2) receive a prescription for benzodiazepines; or (3) are treated for opioid use disorders. When determined appropriate by the prescribing licensed health care provider, targeted patient populations may be co-prescribed an opioid overdose reversal drug if the individual is at an elevated risk of experiencing an opioid overdose.
<b>Requirements placed on insurers</b>	Health insurers and other entities subject to state law that include on their formulary an opioid antagonist may apply a prior authorization requirement for an opioid antagonist only if the entity provides coverage for at least one formulation of the opioid antagonist without a prior authorization requirement.
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• Each county board must establish a policy in accordance with school health guidelines and state laws and regulations for public schools within its jurisdiction to authorize the school nurse, school health services personnel, and other school personnel to administer naloxone or other overdose-reversing medication to a student or other person located on school property who is reasonably believed to be experiencing an opioid overdose.</li> <li>• School nurse or any other school personnel may not be held personally liable for any act or omission while responding to the emergency, except for any willful or grossly negligent act.</li> </ul>

<b><u>MARYLAND</u></b>	
<b>Opioid antagonists in schools (continued)</b>	<ul style="list-style-type: none"> <li>• On or before October 1 each year, each public school must submit a report to the Department of Education on each incident at the school that required the use of naloxone.</li> <li>• Each institution of higher education must establish a policy that addresses opioid use disorder and prevention. The policy established must require the institution to obtain and store at the institution naloxone to be used in an emergency. Additionally, the policy should include training for campus police or other designated personnel on how to recognize the symptoms of an opioid overdose, procedures for the administration of naloxone or other overdose-reversing medications, and the proper follow-up emergency procedures.</li> <li>• Except for any willful or grossly negligent act, campus police or other designated personnel who have been trained and who respond in good faith to the overdose emergency of a student may not be held personally liable for any act or omission in the course of responding to the emergency.</li> <li>• On or before October 1 each year, each institution of higher education must report to the Maryland Higher Education Commission on each incident at the institution that required the use of naloxone.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	The PDMP monitors the dispensing of naloxone medication by all prescribers and dispensers in the state.
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• Hospitals are required to offer an opioid overdose reversal drug, free of charge, to a patient who received treatment for a substance use disorder, opioid use disorder, or nonfatal drug overdose event.</li> <li>• Each opioid treatment program and each intensive outpatient treatment program must have a protocol to offer an opioid overdose reversal drug approved by the federal Food and Drug Administration, free of charge, when an individual receives services from the opioid treatment program or intensive outpatient treatment program.</li> </ul>

<b><u>MARYLAND</u></b>	
<b>Other provisions of note (continued)</b>	<ul style="list-style-type: none"><li>• On or before June 30, 2024, a community services program, which includes a homeless services program, that provides services to individuals who have a substance use disorder or are at risk of experiencing a drug overdose must have a protocol to offer opioid overdose reversal drugs approved by the federal Food and Drug Administration, free of charge, to those individuals who have an opioid use disorder or are at risk of experiencing a drug overdose when the individual receives services from the community services program.</li><li>• On or before June 30, 2024, state and local correctional facilities must have a protocol to offer an opioid overdose reversal drug approved by the federal Food and Drug Administration, free of charge, to sentenced individuals who have an opioid use disorder or who are at risk of experiencing a drug overdose before the individual's release.</li><li>• On or before June 30, 2024, the Division of Parole and Probation shall have a protocol to offer an opioid overdose reversal drug approved by the federal Food and Drug Administration, free of charge, to individuals under supervision who have an opioid use disorder or are at risk of experiencing a drug overdose.</li><li>• The Department of Health (Department) must, subject to the limitations of the state budget, allow an entity that is provided with opioid overdose reversal drugs by the Department to choose the formulation or dosage of opioid overdose reversal drugs it is to be provided.</li></ul>
<b>Recently proposed legislation</b>	None.

<b><u>MASSACHUSETTS</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• MASS. GEN. LAWS ANN. ch. 94C, § 19 (West 2023) (eff. August 12, 2012) (third-party prescriptions).</li> <li>• MASS. GEN. LAWS ANN. ch. 94C, § 19B (West 2023) (eff. July 1, 2014) (immunity provisions).</li> <li>• MASS. GEN. LAWS ANN. Ch. 29, § 2RRRR (West 2023) (eff. July 1, 2015) (naloxone bulk purchase trust fund).</li> <li>• MASS. GEN. LAWS ANN. ch. 94C, § 19C (West 2023) (eff. July 1, 2015) (naloxone rescue kits).</li> <li>• MASS. GEN. LAWS ANN. ch. 112, § 12FF (West 2023) (eff. March 14, 2016) (layperson immunity).</li> <li>• MASS. GEN. LAWS ANN. ch. 94C, § 19B ½ (West 2023) (eff. August 9, 2018) (West 2023) (exchange).</li> <li>• MASS. GEN. LAWS ANN. ch. 111C, § 9A (West 2023) (eff. May 16, 2022) (naloxone for K9s).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	<p>August 8, 2018 amendment to MASS. GEN. LAWS ANN. ch. 94C, § 19B (West 2023):</p> <ul style="list-style-type: none"> <li>• Adds the immunity protections for dispensers; and</li> <li>• Expands access to naloxone through a statewide standing order, rather than requiring each pharmacy to secure and file a standing order individually.</li> </ul>
<b>Standing order</b>	MASS. GEN. LAWS ANN. ch. 94C, § 19B(b) (West 2023) requires the issuance of a statewide naloxone standing order to authorize the dispensing of an opioid antagonist in the Commonwealth by any licensed pharmacist. The Commonwealth issued the most current standing order on July 27, 2022 . <sup>36</sup>
<b>Persons who can prescribe</b>	“Practitioner,” which is defined as a physician, dentist, veterinarian, podiatrist, scientific investigator, or other person registered to distribute, dispense, conduct research with respect to, or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research in the Commonwealth.
<b>Prescriber immunity</b>	Any practitioner who, acting in good faith, directly or through the standing order, prescribes an opioid antagonist is not subject to any criminal or civil liability or any professional disciplinary action.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Licensed pharmacist.</li> <li>• Practitioner.</li> <li>• A municipality or non-municipal public agency that is duly registered pursuant to MASS. GEN. LAWS ANN. ch. 94C § 7(g) (West 2023) may convey or exchange naloxone or another opioid</li> </ul>

<sup>36</sup> “Standing order for dispensing naloxone rescue kits,” last accessed August 2023, <https://www.mass.gov/doc/statewide-standing-order/download>.

<b><u>MASSACHUSETTS</u></b>	
<b>Persons who can dispense or distribute (continued)</b>	antagonist approved by the department to or with another duly registered entity.
<b>Dispenser immunity</b>	<ul style="list-style-type: none"> <li>• Except for an act of gross negligence or willful misconduct, a pharmacist who, acting in good faith, dispenses an opioid antagonist is not subject to any criminal or civil liability or any professional disciplinary action by the Board of Registration in Pharmacy related to the use or administration of an opioid antagonist.</li> <li>• Any practitioner who, acting in good faith, directly or through the standing order, dispenses an opioid antagonist is not subject to any criminal or civil liability or any professional disciplinary action.</li> </ul>
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opiate-related overdose.</li> <li>• Family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Layperson may, in good faith, administer an opioid antagonist to an individual appearing to be experiencing an opioid-related overdose.
<b>Layperson immunity</b>	Person who in good faith attempts to render emergency care by administering naloxone or any other opioid antagonist to a person reasonably believed to be experiencing an opiate-related overdose is not liable for acts or omissions resulting from the attempt to render this emergency care; provided, however, that immunity does not apply to acts of gross negligence or willful or wanton misconduct.
<b>Training and education requirements</b>	Not addressed by statute.
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Massachusetts tracks naloxone dispensing and administration in the PDMP. <sup>37</sup> LAPPA did not locate a statute or regulation directing this reporting.

<sup>37</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed August 2023, [https://www.pdmpassist.org/pdf/state\\_summaries/Massachusetts\\_Summary\\_Profile.pdf](https://www.pdmpassist.org/pdf/state_summaries/Massachusetts_Summary_Profile.pdf).

<b><u>MASSACHUSETTS</u></b>	
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• A municipality or non-municipal public agency that is duly registered pursuant to MASS. GEN. LAWS ANN. ch. 94C § 7(g) (West 2023) may convey or exchange naloxone or another opioid antagonist approved by the department to or with another duly registered entity to ensure the availability and use of unexpired naloxone or other approved opioid antagonist; provided, however, that such an exchange must be recorded in a memorandum between the registered entities in a manner prescribed by the department.</li> <li>• The Board of Registration in Pharmacy must promulgate regulations requiring pharmacies located in areas with high incidents of opiate overdose to maintain a continuous supply of naloxone rescue kits or opioid antagonist medications.</li> <li>• Pharmacist who dispenses an opioid antagonist must annually report to the Department of Public Health the number of opioid antagonist doses dispensed. The reports do not identify individual patients and are not part of the public record. The Department will publish an annual report that includes aggregate information about the dispensing of opioid antagonists in the Commonwealth.</li> <li>• There is a Municipal Naloxone Bulk Purchase Trust Fund. Municipalities, ambulances, and non-profit organizations that contract with the Department of Public Health's Bureau of Substance Addiction Services may join the program to purchase naloxone for municipal first responder agencies. A sheriff of a house of correction that contracts with the Department of Public Health may also participate in the program.</li> <li>• The Massachusetts' State Police's K-9 unit, in consultation with the Massachusetts' Veterinary Medical Association, must create guidelines for administering naloxone to police K9s.</li> </ul>
<b>Recently proposed legislation</b>	Yes. See <a href="#">Recent State Legislation</a> .

<b><u>MICHIGAN</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• MICH. COMP. LAWS ANN. § 333.17744b (West 2023) (eff. October 14, 2014) (third-party prescriptions and immunity).</li> <li>• MICH. COMP. LAWS ANN. § 333.17744c (West 2023) (eff. October 14, 2014) (administration).</li> <li>• MICH. COMP. LAWS ANN. § 333.7422 (West 2023) (eff. October 14, 2014) (prescribing, dispensing, possessing).</li> <li>• MICH. COMP. LAWS ANN. § 691.1503 (West 2023) (eff. October 14, 2014) (layperson immunity).</li> <li>• MICH. COMP. LAWS ANN. § 333.17744e (West 2023) (eff. March 28, 2017) (standing order).</li> <li>• MICH. COMP. LAWS ANN. § 15.671 to 15.677 (West 2023) (eff. September 24, 2019) (possession by government employee).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• September 24, 2019 amendment to MICH. COMP. LAWS ANN. § 333.17744b (West 2023) allows for third-party prescriptions to agencies authorized to purchase, possess, and distribute an opioid antagonist.</li> <li>• December 29, 2020 amendment to MICH. COMP. LAWS ANN. § 15.677 (West 2023) expands immunity provisions to provide that a government employee or agent that possess, administer, or fails to administer an opioid antagonist is immune from civil liability for injury, death, or damages arising out of the administration or failure to administer that opioid antagonist to an individual under this act, if the conduct does not amount to willful or wanton misconduct that is the proximate cause of the injury, death, or damages.</li> <li>• July 21, 2022 amendment to MICH. COMP. LAWS ANN. § 333.17744e (West 2023) adds that the Department of Health and Human Services may issue a standing order for a community-based organization or a staff member of the community-based organization distributing opioid antagonists. Adds that community-based organizations are not liable in a civil action for damages resulting from the dispensing of an opioid antagonist or the administration of or failure to administer the opioid antagonist.</li> </ul>



<b><u>MICHIGAN</u></b>	
<b>Standing order</b>	Under MICH. COMP. LAWS ANN. § 333.17744e (West 2023), the Chief Medical Executive has the authority to issue a standing order for the following purposes: (1) a pharmacist dispensing opioid antagonist to individuals and (2) a community-based organization or a staff member of the community-based organization distributing opioid antagonists to individuals. The most recent standing order took effect on June 2, 2023. A pharmacist may dispense naloxone irrespective of whether a formulation is available without a prescription ( <i>i.e.</i> , available over the counter). The standing order will automatically expire on the date that the physician whose signature appears on the order ceases to function in the capacity of the Chief Medical Executive, or until otherwise provided by law, whichever comes first. <sup>38</sup>
<b>Persons who can prescribe</b>	<p>“Prescriber,” which is defined as a:</p> <ul style="list-style-type: none"> <li>• Licensed dentist;</li> <li>• Licensed Doctor of Medicine;</li> <li>• Licensed Doctor of Osteopathic Medicine and surgery;</li> <li>• Licensed doctor of podiatric medicine and surgery;</li> <li>• Licensed physician’s assistant;</li> <li>• Licensed optometrist certified to administer and prescribe therapeutic pharmaceutical agents;</li> <li>• Advanced practice registered nurse;</li> <li>• Licensed veterinarian; and</li> <li>• Licensed health professional acting under the delegation and using, recording, or otherwise indicating the name of the delegating licensed Doctor of Medicine or licensed Doctor of Osteopathic Medicine and surgery.</li> </ul>
<b>Prescriber immunity</b>	Prescriber who issues a prescription for an opioid antagonist as authorized under the law is not liable in a civil action for a properly stored and dispensed opioid antagonist that was a proximate cause of injury or death to an individual due to the administration of or failure to administer the opioid antagonist.

<sup>38</sup>“Standing order information packet-naloxone prescription for opioid overdose prevention,” Dept. of Health and Human Svcs., last accessed August 2023, [https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder25/Folder2/Folder125/Folder1/Folder225/Standing\\_Order.pdf?rev=d4a1b21e170b4020a4506ee663d926da](https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder25/Folder2/Folder125/Folder1/Folder225/Standing_Order.pdf?rev=d4a1b21e170b4020a4506ee663d926da).

<b><u>MICHIGAN</u></b>	
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• “Dispensing prescriber,” which is defined as a prescriber, other than a veterinarian, who dispenses prescription drugs.</li> <li>• Pharmacist.</li> <li>• Governmental agency authorized to purchase, possess, and distribute an opioid antagonist under the Administration of Opioid Antagonists Act.</li> <li>• Community-based organization, defined as a public or private organization that provides health or human services to meet the needs of a community, including, but not limited to, a nonprofit organization, a social service provider, or an organization providing substance use disorder prevention, treatment, recovery, or harm reduction services.</li> </ul>
<b>Dispenser immunity</b>	<ul style="list-style-type: none"> <li>• Dispensing prescriber or pharmacist, who dispenses an opioid antagonist as authorized under the law, is not liable in a civil action for a properly stored and dispensed opioid antagonist that was a proximate cause of injury or death to an individual due to the administration of or failure to administer the drug.</li> <li>• Governmental agency that purchases, possesses, or distributes an opioid antagonist is immune from civil liability for injuries or damages arising out of the administration of that drug to an individual under this act if the conduct does not amount willful or wanton misconduct that is the proximate cause of the injury, death or damages.</li> <li>• Governmental agency that purchases, possesses, or distributes an opioid antagonist is not subject to criminal prosecution for purchasing, possessing, or distributing an opioid antagonist under this act or for administering the drug to an individual under this act.</li> <li>• A community-based organization or a staff member of the community-based organization is not liable in a civil action for damages resulting from the dispensing of an opioid antagonist or the administration of or failure to administer an opioid antagonist.</li> </ul>

<b><u>MICHIGAN</u></b>	
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Individual at risk of experiencing an opioid-related overdose.</li> <li>• Family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.</li> <li>• Person who meets all the following requirements:               <ul style="list-style-type: none"> <li>○ Acts at the direction of the prescriber or dispensing prescriber;</li> <li>○ Upon receipt of an opioid antagonist, properly stores the opioid antagonist;</li> <li>○ Dispenses or administers an opioid antagonist under a valid prescription issued to an individual or a patient; and</li> <li>○ Performs the requirements without charge or compensation.</li> </ul> </li> <li>• Employee or agent of a governmental agency.</li> <li>• Public school employees.</li> </ul>
<b>Layperson possession without prescription</b>	Person that is acting in good faith and with reasonable care may possess an opioid antagonist.
<b>Layperson administration</b>	Layperson can administer an opioid antagonist when he or she, in good faith, believes that another individual is suffering the immediate effects of an opioid-related overdose.
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• Individual who in good faith believes that another individual is suffering the immediate effects of an opioid-related overdose and who administers an opioid antagonist to the other individual is not liable in a civil action for damages resulting from the administration, unless the conduct of the individual administering is willful or wanton misconduct.</li> <li>• Person that administers an opioid antagonist to an individual, who he or she believes is suffering an opioid-related overdose, and that acts in good faith and with reasonable care, is immune from criminal prosecution or sanction under any professional licensing act for that act.</li> <li>• Employee or agent of a governmental agency that possesses or in good faith administers an opioid is immune from civil liability for injuries or damages arising out of the administration of that opioid antagonist to an individual under this act if the conduct does not amount to gross negligence that is the proximate cause of the injury or damage.</li> <li>• Employee or agent of a governmental agency that possesses or in good faith administers an opioid antagonist is not subject to criminal prosecution for purchasing, possessing, or distributing an opioid antagonist under this act or for administering an opioid antagonist to an individual under this act.</li> </ul>

<b><u>MICHIGAN</u></b>	
<b>Training and education requirements</b>	Government agency may purchase and possess an opioid antagonist and distribute that opioid antagonist to an employee or agent if he or she has been trained in the administration of that opioid antagonist
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	Public school employee may possess and administer an opioid antagonist if he or she is properly trained in the administration of that opioid antagonist.
<b>Dispensing or administration reported to PDMP</b>	According to information PDMP/TTAC, Michigan tracks naloxone dispensing and administration in the PDMP. <sup>39</sup> LAPPa did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	None.
<b>Recently proposed legislation</b>	Yes. See <a href="#">Recent State Legislation</a> .

<sup>39</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed August 2023, [https://www.pdmpassist.org/pdf/state\\_summaries/Michigan\\_Summary\\_Profile.pdf](https://www.pdmpassist.org/pdf/state_summaries/Michigan_Summary_Profile.pdf).

<b><u>MINNESOTA</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• MINN. STAT. ANN. § 604A.04 (West 2023) (eff. May 10, 2014) (immunity provisions).</li> <li>• MINN. STAT. ANN. § 151.37 (West 2023) (eff. July 1, 2014) (opiate antagonist protocol).</li> <li>• MINN. STAT. ANN. § 256.042 (West 2023) (eff. July 1, 2019) (Opiate Epidemic Response Advisory Council).</li> <li>• MINN. STAT. ANN. § 62Q.529 (West 2023) (eff. July 1, 2020) (health plans).</li> <li>• MINN. STAT. ANN. § 121A.224 (West 2023) (eff. July 1, 2023) (opiate antagonist in schools).</li> <li>• MINN. STAT. ANN. § 245A.242 (West 2023) (eff. July 1, 2023) (emergency overdose treatment).</li> <li>• MINN. STAT. ANN. § 144E.103 (West 2023) (eff. July 1, 2023) (ambulance equipment).</li> <li>• MINN. STAT. ANN. § 626.8443 (West 2023) (eff. July 1, 2023) (peace officer training and use of opiate antagonists).</li> <li>• MINN. STAT. ANN. § 254B.181 (West 2023) (eff. July 1, 2023) (sober homes).</li> <li>• MINN. STAT. ANN. § 241.31 (West 2023) (eff. July 1, 2023) (community corrections program).</li> <li>• MINN. STAT. ANN. § 241.415 (West 2023) (eff. July 1, 2023) (release plans).</li> <li>• MINN. STAT. ANN. § 256I.052 (West 2023) (eff. July 1, 2023) (housing support).</li> </ul>
<b>Term(s) used</b>	Opiate antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• May 23, 2019 amendment to MINN. STAT. ANN. § 151.37 (West 2023) adds: (1) correctional employees of a state or local political subdivision; (2) volunteer firefighters; and (3) licensed school nurses or certified public health nurses employed by, or under contract with, a school board, as persons authorized to administer an opiate antagonist.</li> <li>• July 1, 2023 amendment to MINN. STAT. ANN. § 151.37 (West 2023) adds transit rider investment program personnel to the list of individuals authorized to administer an opiate antagonist. Also adds that a licensed practical nurse is authorized to possess and administer an opiate antagonist in a school setting.</li> </ul>

<b><u>MINNESOTA</u></b>	
<b>Standing order</b>	The Minnesota Board of Pharmacy developed a written opiate antagonist protocol for the use of the Commissioner of Health to distribute to the medical consultants of community health boards or to be used by Minnesota Department of Health practitioners designated by the Commissioner. Pharmacists may also use this protocol when working in collaboration with other practitioners. Pharmacists are not required to use this protocol in order to be involved in the prescribing of opiate antagonists. Instead, they can work with a physician, advanced practice registered nurse, or physician assistant to develop a different protocol as allowed by MINN. STAT. ANN. § 151.01(27)(11) (West 2023). The Board last revised this protocol on September 30, 2016. <sup>40</sup>
<b>Persons who can prescribe</b>	<ul style="list-style-type: none"> <li>• Licensed physician.</li> <li>• Licensed advanced practice registered nurse authorized to prescribe drugs.</li> <li>• Licensed physician assistant authorized to prescribe drugs.</li> </ul>
<b>Prescriber immunity</b>	Licensed health care professional who is permitted by law to prescribe an opiate antagonist, if acting in good faith, may directly or by standing order prescribe, dispense, distribute, or administer an opiate antagonist to a person without being subject to civil liability or criminal prosecution for the act.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Licensed health care professional who is permitted by law to prescribe an opiate antagonist.</li> <li>• Pharmacist.</li> </ul>
<b>Dispenser immunity</b>	Licensed health care professional who is permitted by law to prescribe an opiate antagonist, if acting in good faith, may directly or by standing order dispense or distribute an opiate antagonist to a person without being subject to civil liability or criminal prosecution for the act.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person who is not a health care professional.</li> <li>• Emergency medical responder.</li> <li>• Peace officer.</li> <li>• Correctional employees of a state or local political subdivision.</li> <li>• Staff of community-based health disease prevention or social service programs.</li> <li>• Volunteer firefighter.</li> <li>• nurse or any other personnel employed by, or under contract with, a charter, public, or private school.</li> <li>• Transit rider investment program personnel.</li> </ul>

<sup>40</sup> “Opiate antagonist protocol,” Minn. Board of Pharmacy, last accessed August 2023, <https://www.health.state.mn.us/communities/injury/pubs/documents/OpiateAntagonistProtocolRevision09302016.pdf>.

<b><u>MINNESOTA</u></b>	
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Layperson can administer an opiate antagonist to another person whom he or she believes in good faith to be suffering from a drug overdose.
<b>Layperson immunity</b>	Person who is not a health care professional, who acts in good faith in administering an opiate antagonist to another person whom he or she believes in good faith to be suffering a drug overdose, is immune from criminal prosecution for the act and is not liable for any civil damages for acts or omissions resulting from the act.
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• The following individuals can administer opiate antagonists only if he or she receives training in the recognition of the signs of opiate overdose and the use of opiate antagonists as part of the emergency response to opiate overdose:               <ul style="list-style-type: none"> <li>○ Emergency medical responder;</li> <li>○ Peace officer;</li> <li>○ Correctional employees of a state or local political subdivision;</li> <li>○ Staff of community-based health disease prevention or social service programs;</li> <li>○ Volunteer firefighter;</li> <li>○ Nurse or any other personnel employed by, or under contract with, a charter, public, or private school.</li> <li>○ Transit rider investment program personnel.</li> </ul> </li> </ul> <p>A chief law enforcement officer must provide basic training to peace officers employed by the chief's agency on identifying persons who are suffering from narcotics overdoses and the proper use of opiate antagonist to treat a narcotics overdose.</p>
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Health plan that provides prescription coverage must provide coverage for opiate antagonists prescribed and dispensed by a licensed pharmacist under the same terms of coverage that would apply had the prescription drug been prescribed by a licensed physician, physician assistant, or advanced practice registered nurse practitioner. A health plan is not required to cover the drug if dispensed by an out-of-network pharmacy, unless the health plan covers prescription drugs dispensed by out-of-network pharmacies.



<b><u>MINNESOTA</u></b>	
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>A school district or charter school must maintain a supply of opiate antagonist at each school site to be administered in compliance with MINN. STAT. ANN. § 151.37 (West 2023). Each school building must have two doses of nasal naloxone available on-site. The Commissioner of Health shall identify resources, including at least one training video, to help schools implement an opiate antagonist emergency response and make the resources available for schools. A school board may adopt a model plan for use, storage, and administration of opiate antagonists.</li> <li>A licensed practical nurse is authorized to possess and administer an opiate antagonist in a school setting.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>The following license holders: (1) substance use disorder treatment program; (2) children's residential facility substance use disorder treatment program; (3) detoxification program; (4) withdrawal management program; and (5) intensive residential treatment service or residential crisis stabilization center, must maintain a supply of opiate antagonist available for emergency treatment of opioid overdose and have a written standing order protocol by a physician, advanced practice registered nurse, or physician assistant, that permits the license holder to maintain a supply of opiate antagonist on site. A license holder must require staff to undergo training in the specific mode of administration used at the program, which may include intranasal administration, intramuscular injection, or both.</li> <li>The Opiate Epidemic Response Advisory Council is established to develop and implement a comprehensive and effective statewide effort to address the opioid addiction and overdose epidemic in Minnesota. Part of the Council's focus includes the development and sustainability of opioid overdose prevention and education programs and providing financial support to local law enforcement agencies for opiate antagonist programs.</li> <li>Every ambulance in service for patient care must carry opiate antagonists.</li> </ul>

<b><u>MINNESOTA</u></b>	
<b>Other provisions of note (continued)</b>	<ul style="list-style-type: none"> <li>• Each on-duty peace officer who is assigned to respond to emergency calls must have at least two unexpired opiate antagonist doses readily available when the officer's shift begins. An officer who depletes their supply of opiate antagonists during the officer's shift shall replace the expended doses from the officer's agency's supply so long as replacing the doses will not compromise public safety.</li> <li>• All sober homes must maintain a supply of an opiate antagonist in the home and post information on proper use.</li> <li>• Community corrections programs must maintain a supply of opiate antagonists at each correctional site to be administered in compliance with MINN. STAT. ANN. § 151.37 (West 2023). Each site must have at least two doses of an opiate antagonist on site. Staff must be trained on how and when to administer opiate antagonists.</li> <li>• The Commissioner of Corrections must provide individuals with known or stated histories of opioid use disorder with emergency opiate antagonist rescue kits upon release.</li> <li>• Site-based or group housing support settings must maintain a supply of opiate antagonists at each housing site to be administered in compliance with MINN. STAT. ANN. § 151.37 (West 2023). Each site must have at least two doses of an opiate antagonist on site. Staff on site must have training on how and when to administer opiate antagonists.</li> </ul>
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2023.

<b><u>MISSISSIPPI</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• MISS. CODE ANN. § 41-29-319 (West 2023) (eff. July 1, 2015) (immunity provisions).</li> <li>• MISS. CODE ANN. § 41-29-321 (West 2023) (eff. July 1, 2017) (training).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2017 amendment to MISS. CODE ANN. § 41-29-319 (West 2023) allows for naloxone to be issued via a standing order.</li> <li>• July 1, 2023 amendment to MISS. CODE ANN. § 41-29-319 (West 2023) allows an education employee to store, distribute, and administer an opioid antagonist and provides him or her with immunity.</li> </ul>
<b>Standing order</b>	The first statewide standing order took effect on May 31, 2018. The current version of the order took effect on July 10, 2023 and will expire on May 4, 2024. <sup>41</sup>
<b>Persons who can prescribe</b>	“Practitioner,” which is defined as a physician licensed to practice medicine in the state or any licensed health care provider who is authorized to prescribe an opioid antagonist.
<b>Prescriber immunity</b>	Any practitioner who prescribes or issues a standing order for an opioid antagonist is immune from any civil or criminal liability or professional licensing sanctions.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Pharmacist.</li> <li>• Practitioner.</li> </ul>
<b>Dispenser immunity</b>	Any practitioner or pharmacist acting in good faith and in compliance with the standard of care applicable to that practitioner or pharmacist who dispenses an opioid antagonist under a prescription or standing order is immune from any civil or criminal liability or professional licensing sanctions.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related overdose.</li> <li>• Registered pain management clinic.</li> <li>• Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose.</li> <li>• Emergency medical technicians.</li> <li>• Firefighters.</li> <li>• Law enforcement officers.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.

<sup>41</sup> “Mississippi statewide naloxone standing order,” Miss. State Dept. of Health, last accessed August 2023, [https://www.mbp.ms.gov/sites/default/files/inline-images/Naloxone%20Standing%20Order%202023\\_0.pdf](https://www.mbp.ms.gov/sites/default/files/inline-images/Naloxone%20Standing%20Order%202023_0.pdf).

<b><u>MISSISSIPPI</u></b>	
<b>Layperson administration</b>	Person acting in good faith and with reasonable care to another person whom he or she believes to be experiencing an opioid-related overdose may administer an opioid antagonist that was prescribed or authorized by a standing order.
<b>Layperson immunity</b>	Any person other than a practitioner who administers an opioid antagonist is immune from any civil or criminal liability.
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Before a pharmacist may dispense an opioid antagonist under a standing order, the pharmacist must complete a training program approved by the Mississippi Board of Pharmacy.</li> <li>• Mississippi Department of Health must create and offer opioid antagonist training for first responders that includes training on: (1) the signs and symptoms of an opioid overdose; (2) the protocols and procedures for administration of an opioid antagonist; (3) the signs and symptoms of an adverse reaction to an opioid antagonist; (4) the protocols and procedures to stabilize the patient if an adverse response occurs; and (5) the procedures for storage, transport, and security of the opioid antagonist. Training must be overseen by a physician or pharmacist licensed in the state.</li> <li>• First responders trained to possess and administer opioid antagonists must be retrained at least every three years.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• An education employee may store or distribute an opioid antagonist.</li> <li>• An education employee may administer an opioid antagonist to another person if the education employee: (1) in good faith, believes the other person is experiencing a drug overdose; and (2) acts with reasonable care in administering the opioid antagonist to the other person.</li> <li>• The Department of Health may distribute an opioid antagonist to any education employee upon a request made in writing by the education employee.</li> <li>• Any education employee who stores, distributes, or administers an opioid antagonist is immune from any civil or criminal liability or professional licensing sanctions.</li> </ul> <p>“Education employee” is defined as an employee of any school district, public charter school, private school, public or private university, community college or junior college.</p>

<b><u>MISSISSIPPI</u></b>	
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	None.
<b>Recently proposed legislation</b>	Yes. See <a href="#">Recent State Legislation</a> .

<b><u>MISSOURI</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• MO. ANN. STAT. § 190.255 (West 2023) (eff. August 28, 2014) (training).</li> <li>• MO. ANN. STAT. § 195.206 (West 2023) (eff. August 28, 2016) (immunity provisions).</li> <li>• MO. ANN. STAT. § 338.205 (West 2023) (eff. August 28, 2016) (storage and dispensing by non-pharmacists).</li> <li>• MO. ANN. STAT. § 191.1165 (West 2023) (eff. August 28, 2019) (health insurance requirements).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist, naloxone hydrochloride
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• August 28, 2017 amendment to MO. ANN. STAT. § 195.206 (West 2023) allows for naloxone to be issued under a standing order.</li> <li>• August 23, 2023 amendment to MO. ANN. STAT. §§ 190.255 and 195.206 (West 2023) adds the language “any other drug or device approved by the United States Food and Drug Administration, that blocks the effects of an opioid overdose and is administered in a manner approved by the United States Food and Drug Administration.”</li> </ul>
<b>Standing order</b>	Under MO. ANN. STAT. § 195.206 (West 2023), the Director of the Missouri Department of Health and Senior Services, if a licensed physician, may issue a statewide standing order for an opioid antagonist. In the alternative, the Department may employ or contract with a licensed physician who may issue a statewide standing order for an opioid antagonist with the express written consent of the Department director. A statewide naloxone standing order took effect on August 28, 2017 and was last updated on August 22, 2023 and expires on August 22, 2024. <sup>42</sup>
<b>Persons who can prescribe</b>	Physician.
<b>Prescriber immunity</b>	The protocol physician (physician signing standing order or naloxone protocol) is not subject to any criminal or civil liability or any professional disciplinary action for prescribing the opioid antagonist or any outcome resulting from the administration of the opioid antagonist.
<b>Persons who can dispense or distribute</b>	Licensed pharmacist.

<sup>42</sup> “Naloxone HCL dispensing procedures,” last accessed August 2023, <https://health.mo.gov/data/opioids/pdf/naloxone-standing-order.pdf>.

<b><u>MISSOURI</u></b>	
<b>Dispenser immunity</b>	Licensed pharmacist who, acting in good faith and with reasonable care, sells or dispenses an opioid antagonist and appropriate device to administer the drug is not subject to any criminal or civil liability or any professional disciplinary action for dispensing the opioid antagonist or any outcome resulting from the administration of the opioid antagonist.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Any person.</li> <li>• “Qualified first responder,” which is defined to include:               <ul style="list-style-type: none"> <li>○ State and local law enforcement agency staff;</li> <li>○ Fire department personnel;</li> <li>○ Fire district personnel; and</li> <li>○ Licensed emergency medical technician.</li> </ul> </li> </ul>
<b>Layperson possession without prescription</b>	It is permissible for any person to possess an opioid antagonist without a prescription.
<b>Layperson administration</b>	Any person can administer an opioid antagonist to another person he or she believes to be suffering from an opioid-related overdose. Immediately after administering naloxone, the person must contact emergency personnel.
<b>Layperson immunity</b>	Person acting in good faith and with reasonable care, who administers an opioid antagonist to another person whom the person believes to be suffering an opioid-related overdose, is immune from criminal prosecution, disciplinary actions from his or her professional licensing board, and civil liability due to the administration of the opioid antagonist.
<b>Training and education requirements</b>	Qualified first responder can only administer naloxone, or any other drug or device approved by the United States Food and Drug Administration, that blocks the effects of an opioid overdose and is administered in a manner approved by the United States Food and Drug Administration, if he or she has received training for the administration of naloxone or other such drugs or devices.
<b>Co-prescription requirements</b>	Not addressed by statute.

<b><u>MISSOURI</u></b>	
<b>Requirements placed on insurers</b>	<ul style="list-style-type: none"> <li>• A formulary used by a health insurer or managed by a pharmacy benefits manager, or medical benefit coverage in the case of medications dispensed through an opioid treatment program, must include naloxone.</li> <li>• Naloxone must be placed on the lowest cost-sharing tier of the formulary managed by the health insurer or the pharmacy benefits manager.</li> <li>• Naloxone may not be subject to: (1) any annual or lifetime dollar limitations; (2) financial requirements and quantitative treatment limitations that do not comply with the Mental Health Parity and Addiction Equity Act of 2008; (3) step therapy; or (4) prior authorization.</li> <li>• Missouri HealthNet program must cover naloxone.</li> </ul>
<b>Opioid antagonists in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	In August 2021, Missouri enacted legislation to establish a statewide PDMP. (MO. ANN. STAT. § 195.600 (West 2023)). The statewide PDMP is not yet available, however, the St. Louis County PDMP covers much of the state. According to information from the PDMP/TTAC, Missouri tracks naloxone administration in the PDMP. <sup>43</sup> LAPP did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	Any person or organization acting under a standing order issued by a health care professional who is otherwise authorized to prescribe an opioid antagonist may store an opioid antagonist without being subject to the licensing and permitting requirements for pharmacies and may dispense an opioid antagonist if the person does not collect a fee or compensation for dispensing the opioid antagonist.
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2023.

<sup>43</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed August 2023, [https://www.pdmpassist.org/pdf/state\\_summaries/Missouri\\_Summary\\_Profile.pdf](https://www.pdmpassist.org/pdf/state_summaries/Missouri_Summary_Profile.pdf).



<b><u>MONTANA</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• MONT. CODE ANN. § 50-32-601 to -611 (West 2023) (eff. May 3, 2017) (Help Save Lives from Overdose Act).</li> <li>• MONT. CODE ANN. § 20-5-426 (West 2023) (eff. July 1, 2017) (Opioid antagonists in schools).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	None.
<b>Standing order</b>	MONT. CODE ANN. § 50-32-604 (West 2023) allows the state medical officer to prescribe, on a statewide basis, an opioid antagonist by one or more standing orders. A statewide naloxone standing order first took effect on October 5, 2017. The Department of Public Health and Human Services issued the most recent standing order on January 1, 2023. The standing order expires December 21, 2023. <sup>44</sup>
<b>Persons who can prescribe</b>	“Medical practitioner,” which is defined as any person licensed by the state of Montana to engage in the practice of medicine, dentistry, osteopathy, podiatry, optometry, or a nursing specialty and is licensed to administer or prescribe drugs.
<b>Prescriber immunity</b>	Medical practitioner may not be subject to disciplinary action or civil or criminal liability for injury resulting from the prescribing of an opioid antagonist.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Medical practitioner.</li> <li>• Pharmacist.</li> </ul>
<b>Dispenser immunity</b>	Medical practitioner or licensed pharmacist may not be subject to disciplinary action or civil or criminal liability for injury resulting from the dispensing of an opioid antagonist.

<sup>44</sup> “Montana standing order for naloxone opioid antagonists,” Mont. Dept. of Public Health and Human Svcs., last accessed August 2023, <https://dphhs.mt.gov/assets/publichealth/EMSTS/opioids/MontanaStandingOrderforNaloxoneOpioidAntagonists.pdf>

<b><u>MONTANA</u></b>	
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person who is at risk of experiencing an opioid-related drug overdose.</li> <li>• Family member, friend, or other person who is in a position to assist a person who is at risk of experiencing an opioid-related drug overdose.</li> <li>• First responder or a first responder entity, which includes: <ul style="list-style-type: none"> <li>○ Paid or volunteer firefighter;</li> <li>○ Law enforcement officer; or</li> <li>○ Another authorized person who responds to an emergency in a professional or volunteer capacity.</li> </ul> </li> <li>• Harm reduction organization or its representative.</li> <li>• Montana state crime laboratory or its representative.</li> <li>• Person who, on behalf of or at the direction of a law enforcement agency or officer, may process, store, handle, test, transport, or possess a suspected or confirmed opioid.</li> <li>• Probation, parole, or detention officer.</li> <li>• County or other local public health department or its representative.</li> <li>• Veterans’ organization or its representative.</li> <li>• School nurse or other authorized school personnel.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Layperson may, in good faith, administer or direct another person to administer an opioid antagonist to a person who is experiencing an actual or reasonably perceived opioid-related drug overdose.
<b>Layperson immunity</b>	A person is not liable and may not be subject to disciplinary action as a result of any injury arising from the administration of an opioid antagonist to another person whom the person believes in good faith to be suffering from an opioid-related drug overdose, unless the injury arises from an act or omission that is the result of gross negligence, willful or wanton misconduct, or an intentional tort.
<b>Training and education requirements</b>	Licensed pharmacy or medical practitioner dispensing an opioid antagonist must provide the patient with basic instruction and information, the content of which must be developed by the Montana Department of Public Health and Human Services and made publicly available on the Department’s website, concerning: (1) recognition of the signs and symptoms of an opioid-related drug overdose; (2) indications for the administration of an opioid antagonist; (3) administration technique; and (4) the need for immediate and long-term follow-up to the administration of the opioid antagonist, including calling 9-1-1.

<b><u>MONTANA</u></b>	
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• Public or non-public schools may maintain a stock supply of an opioid antagonist to be administered by school nurse or other authorized personnel to any student or nonstudent as needed for an actual or perceived opioid overdose.</li> <li>• A school that stocks an opioid antagonist must develop a protocol related to the training of school employees, the maintenance and location of the opioid antagonist, and immediate and long-term follow-up to the administration of the medication, including making a 9-1-1 emergency call.</li> <li>• School must provide training to authorized personnel.</li> <li>• A school district or nonpublic school and its employees and agents are not liable as a result of any injury arising from the administration of an opioid antagonist to a student or nonstudent unless an act or omission is the result of gross negligence, willful or wanton misconduct, or an intentional tort.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	None.
<b>Recently proposed legislation</b>	None.

<b><u>NEBRASKA</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• NEB. REV. STAT. ANN. § 28-470 (West 2023) (eff. May 28, 2015) (immunity provisions).</li> <li>• NEB. REV. STAT. ANN. § 71-2454 (West 2023) (eff. February 25, 2016) (PDMP reporting).</li> </ul>
<b>Term(s) used</b>	Naloxone.
<b>Substantive amendment(s) to law(s)</b>	July 18, 2023 amendment to NEB. REV. STAT. ANN. § 28-470 (West 2023) added school personnel to the list of individuals provided immunity for the administration of naloxone.
<b>Standing order</b>	The Nebraska Department of Health and Human Services issues its most recent standing order on August 8, 2023. The standing order expires on August 10, 2024. <sup>45</sup>
<b>Persons who can prescribe</b>	<p>“Health professional,” which is defined to include:</p> <ul style="list-style-type: none"> <li>• Physician;</li> <li>• Physician assistant; and</li> <li>• Nurse practitioner.</li> </ul>
<b>Prescriber immunity</b>	Health care professional who is authorized to prescribe naloxone, if acting with reasonable care, may prescribe naloxone without being subject to administrative action or criminal prosecution.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Health professional.</li> <li>• Pharmacist.</li> </ul>
<b>Dispenser immunity</b>	Health care professional who is authorized to dispense naloxone or pharmacist, if acting with reasonable care, may dispense naloxone without being subject to administrative action or criminal prosecution.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person who is likely to experience an opioid-related overdose.</li> <li>• Family member, friend, or other person, including school personnel, in a position to assist a person who is likely to experience an opioid-related overdose.</li> <li>• “Emergency responder,” which is defined to include: <ul style="list-style-type: none"> <li>○ Emergency medical responder;</li> <li>○ Emergency medical technician;</li> <li>○ Advanced emergency medical technician; and</li> <li>○ Paramedic.</li> </ul> </li> <li>• Peace officer or law enforcement employee</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.

<sup>45</sup> “Nebraska naloxone standing order,” Neb. Dept. of Health and Human Svcs., last accessed August 2023, <https://dhhs.ne.gov/DOP%20document%20library/Naloxone%20standing%20order.pdf>.

<b><u>NEBRASKA</u></b>	
<b>Layperson administration</b>	Person who has obtained naloxone from a health professional or a prescription for naloxone from a health professional, may administer the naloxone, in good faith, to a person who is apparently experiencing an opioid-related overdose.
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• Person, other than an emergency responder or peace officer, is not subject to actions under the Uniform Credentialing Act, administrative action, or criminal prosecution if the person, acting in good faith, obtains naloxone pursuant to law and administers the drug to a person who is apparently experiencing an opioid-related overdose.</li> <li>• Emergency responder, peace officer, or law enforcement employee acting in good faith who obtains naloxone from his or her respective agency and administers it to a person who is apparently experiencing an opioid-related overdose is not: (1) subject to administrative action or criminal prosecution; or (2) personally liable in any civil action to respond in damages as a result of his or her acts of commission or omission arising out of and in the course of his or her rendering such care or services, or arising out of his or her failure to act to provide or arrange for further medical treatment or care, unless the first responder caused damage or injury by his or her willful, wanton, or grossly negligent act of commission or omission.</li> </ul>
<b>Training and education requirements</b>	Not addressed by statute.
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	School personnel who are in a position to assist a person who is apparently experiencing who is likely to experience an opioid-related overdose are not subject to actions under the Uniform Credentialing Act, administrative action, or criminal prosecution if they, acting in good faith, obtain naloxone from a health professional or a prescription for naloxone from a health professional and administer the naloxone to a person who is apparently experiencing an opioid-related overdose.
<b>Dispensing or administration reported to PDMP</b>	Under state statutory law, all dispensed naloxone prescriptions must be reported to the PDMP.
<b>Other provisions of note</b>	None.

<b><u>NEBRASKA</u></b>	
<b>Recently proposed legislation</b>	Yes. See <a href="#">Recent State Legislation</a> .

<b><u>NEVADA</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• NEV. REV. STAT. ANN. § 386.861 (West 2023) (eff. July 1, 2021) (opioid antagonist defined).</li> <li>• NEV. REV. STAT. ANN. § 386.865 (West 2023) (eff. July 1, 2021) (opioid antagonist in schools).</li> <li>• NEV. REV. STAT. ANN. § 386.870 (West 2023) (eff. July 1, 2021) (opioid antagonist in schools).</li> <li>• NEV. REV. STAT. ANN. § 388A.547 (West 2023) (eff. July 1, 2021) (opioid antagonist in charter schools).</li> <li>• NEV. REV. STAT. ANN. § 391.291 (West 2023) (eff. July 1, 2021) (school nurse requirements).</li> <li>• NEV. REV. STAT. ANN. § 394.1995 (West 2023) (eff. July 1, 2021) (opioid antagonist in private schools).</li> <li>• NEV. REV. STAT. ANN. § 453C.010 to 140 (West 2023) (eff. October 1, 2015) (opioid antagonist).</li> <li>• NEV. REV. STAT. ANN. § 453C.105 (West 2023) (eff. July 1, 2021) (opioid antagonist in schools).</li> <li>• NEV. REV. STAT. ANN. § 454.303 (West 2023) (eff. July 1, 2021) (school employees).</li> <li>• NEV. REV. STAT. ANN. § 639.2357 (West 2023) (eff. July 1, 2021) (transfer of an opioid antagonist).</li> <li>• A.B. 156 § 1.28 (West 2023) (eff. July 1, 2023) (bulk purchase of opioid antagonists).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	July 1, 2017 amendment to NEV. REV. STAT. ANN. § 453C.120 allowed a pharmacist to dispense an opioid antagonist with or without a prescription from a health care professional.
<b>Standing order</b>	Nevada does not have a statewide naloxone standing order. A registered pharmacist may, with or without a prescription from a health care professional authorized to prescribe an opioid antagonist, furnish an opioid antagonist in accordance with standardized procedures or protocols developed and approved by the State Board of Pharmacy. Alternatively, a health care professional may establish a standing order with a pharmacist.
<b>Persons who can prescribe</b>	<p>“Health care professional,” which is defined to include:</p> <ul style="list-style-type: none"> <li>• Physician;</li> <li>• Physician assistant; and</li> <li>• Advanced practice registered nurse.</li> </ul>

<b><u>NEVADA</u></b>	
<b>Prescriber immunity</b>	<ul style="list-style-type: none"> <li>• Health care professional who, acting in good faith and with reasonable care, prescribes an opioid is not subject to any criminal or civil liability or any professional disciplinary action for such prescribing or any outcomes that result from the eventual administration of the opioid antagonist.</li> <li>• A health care professional authorized to prescribe an opioid antagonist who issues to a public school or private school an order to allow the school to obtain and maintain an opioid antagonist is not liable for any error or omission concerning the acquisition, possession, provision, or administration of an opioid antagonist maintained by a public school or private school.</li> </ul>
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Health care professional.</li> <li>• Pharmacist.</li> </ul>
<b>Dispenser immunity</b>	Health care professional or pharmacist who, acting in good faith and with reasonable care, dispenses an opioid is not subject to any criminal or civil liability or any professional disciplinary action for such dispensing or any outcomes that result from the eventual administration of the opioid antagonist.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related drug overdose.</li> <li>• Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose.</li> <li>• Law enforcement officer.</li> <li>• Emergency medical technician, advanced emergency medical technician, or paramedic.</li> <li>• School nurse or other employee of a public or private school.</li> </ul>
<b>Layperson possession without prescription</b>	<ul style="list-style-type: none"> <li>• Any person, including, without limitation, a law enforcement officer, acting in good faith, may possess and administer an opioid antagonist to another person whom he or she reasonably believes to be experiencing an opioid-related drug overdose.</li> <li>• The State Board of Pharmacy may not prohibit a pharmacist from furnishing an opioid antagonist to a person without a prescription.</li> </ul>
<b>Layperson administration</b>	Person acting in good faith may administer an opioid antagonist to another person whom he or she reasonably believes to be experiencing an opioid-related drug overdose.
<b>Layperson immunity</b>	Person acting in good faith and with reasonable care who administers an opioid antagonist to another person to whom the person believes to be experiencing an opioid-related drug overdose is immune from criminal prosecution, sanction under any professional licensing statute, and civil liability for such act.



<b><u>NEVADA</u></b>	
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>Standardized procedures or protocols must be adopted to ensure that a person receives education before being furnished with an opioid antagonist pursuant to this section. The education must include, without limitation: (1) information concerning the prevention and recognition of and responses to opioid-related drug overdoses; (2) methods for the safe administration of opioid antagonists to a person experiencing an opioid-related drug overdose; (3) potential side effects and adverse events connected with the administration of opioid antagonists; (4) the importance of seeking emergency medical assistance for a person experiencing an opioid-related drug overdose even after the administration of an opioid antagonist; and (5) information concerning the state's Good Samaritan fatal overdose prevention law (NEV. REV. STAT. ANN. § 453C.150).</li> <li>Before a pharmacist can dispense an opioid antagonist under a standing order, he or she must complete a training program on the use of opioid antagonists.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>A health care professional authorized to prescribe an opioid antagonist may issue to a public school, including a charter school, or private school an order to allow the school to obtain and maintain an opioid antagonist at the school. A school nurse or any other authorized employee may possess and administer an opioid antagonist.</li> <li>A public or private school may obtain an order from a healthcare professional to keep an opioid antagonist on premises and may keep an opioid antagonist on premises for use by a school nurse or other designated employee trained in the administration of an opioid antagonist.</li> <li>A charter school that obtains an order from a health care professional for an opioid antagonist must designate at least two employees to receive training on the proper storage and administration of an opioid antagonist.</li> <li>Public schools must ensure that any opioid antagonist kept on the premises is kept in a secure location.</li> <li>School districts must develop a policy regarding the storage and transportation of an opioid antagonist.</li> </ul>

<b><u>NEVADA</u></b>	
<b>Opioid antagonists in schools (continued)</b>	<ul style="list-style-type: none"> <li>• Each school district and charter school must submit to the Division of Public and Behavioral Health a report that details the number of opioid antagonists that were administered during the school year, as applicable.</li> <li>• School nurses must ensure that if the school has obtained an order for an opioid antagonist, that at least two employees are authorized to administer an opioid antagonist and trains the applicable employees on the storage and administration of an opioid antagonist.</li> <li>• A public school, school district, member of the board of trustees of a school district or governing body of a charter school or employee of a school district or charter school is not liable for any error or omission concerning the acquisition, possession, provision, or administration of an opioid antagonist not resulting from gross negligence or reckless, willful or wanton conduct of the school, school district, member or employee, as applicable, if the opioid antagonist is provided or administered during the rendering of emergency care or assistance during an emergency.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• The state's Department of Health and Human Services may award grants for: (1) training programs for patients who receive opioid antagonists and for the families and caregivers of such patients concerning the prevention and recognition of and responses to opioid-related drug overdoses and other drug overdoses; and (2) projects to encourage, when appropriate, the prescription and distribution of opioid antagonists.</li> <li>• Upon the request of a patient, or a public or private school or an authorized entity for which an order for an opioid antagonist was issued, a registered pharmacist must transfer the prescription or order to another registered pharmacist.</li> <li>• The Division of Public and Behavioral Health of the Department of Health and Human Services may accept gifts, grants, donations, bequests or money from any other source for the purpose of funding the bulk purchase of opioid antagonists</li> <li>•</li> </ul>
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2023.

<b><u>NEW HAMPSHIRE</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• N.H. REV. STAT. ANN. § 318-B:15 (West 2023) (eff. June 2, 2015) (immunity provisions).</li> <li>• N.H. REV. STAT. ANN. § 417:4 (West 2023) (eff. July 1, 2019) (insurance practices).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	None.
<b>Standing order</b>	New Hampshire does not have a statewide naloxone standing order, but N.H. REV. STAT. ANN. § 318-B:15 (West 2023) allows naloxone to be dispensed through a standing order. A licensed medical provider can have a prescription on file at any pharmacy that allows pharmacists to dispense naloxone to anyone requesting it.
<b>Persons who can prescribe</b>	Health care professional authorized to prescribe an opioid antagonist.
<b>Prescriber immunity</b>	No health care professional who, acting in good faith and with reasonable care, prescribes an opioid antagonist directly or by standing order is subject to any criminal or civil liability, or any professional disciplinary action for any action related to the prescribing of naloxone or any outcome resulting from said action.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Health care professional authorized to prescribe an opioid antagonist.</li> <li>• Pharmacist.</li> </ul>
<b>Dispenser immunity</b>	No health care professional or pharmacist who, acting in good faith and with reasonable care, dispenses an opioid antagonist directly or by standing order is subject to any criminal or civil liability or any professional disciplinary action for any action related to the prescribing of naloxone or any outcome resulting from said action.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related overdose.</li> <li>• Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	A person may administer an opioid antagonist to another person who he or she believes is suffering an opioid-related overdose.
<b>Layperson immunity</b>	No person who, acting in good faith and with reasonable care, administers an opioid antagonist to another person who the person believes is suffering an opioid-related drug overdose is subject to any criminal or civil liability, or any professional disciplinary action related to the act of administering the opioid antagonist.

<b><u>NEW HAMPSHIRE</u></b>	
<b>Training and education requirements</b>	Not addressed by statute.
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	It is unfair discrimination in the business of life, life annuity, or disability coverage, to refuse to insure or to continue to insure, or limit the amount, extent, or kind of coverage based on the applicant who is also the proposed insured having filled a prescription for an opioid antagonist, when that prescription is not relevant to the applicant's health, but rather is designed to promote the health of someone else. For any such prescription, the carrier must inquire with the applicant as to the reason for the prescription and may request documentation that verifies the applicant's response prior to issuing an underwriting decision.
<b>Opioid antagonists in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	According to information PDMP/TTAC, New Hampshire tracks naloxone administration in the PDMP. <sup>46</sup> LAPP did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	None.
<b>Recently proposed legislation</b>	None.

<sup>46</sup> "PDMP Policies and Capabilities," Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed August 2023, [https://www.pdmpassist.org/pdf/state\\_summaries/New\\_Hampshire\\_Summary\\_Profile.pdf](https://www.pdmpassist.org/pdf/state_summaries/New_Hampshire_Summary_Profile.pdf).

<b><u>NEW JERSEY</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• N.J. STAT. ANN. § 24:6J-1 to 6 (West 2023) (eff. July 1, 2013) (Overdose Prevention Act).</li> <li>• N.J. STAT. ANN. § 24:6J-5.1 (West 2023) (eff. May 1, 2018) (provision of information concerning treatment).</li> <li>• N.J. STAT. ANN. § 24:6J-7 (West 2023) (eff. August 31, 2021) (places of public access to obtain opioid antidotes).</li> <li>• N.J. STAT. ANN. § 18A:40-12.24 to -12.27 (West 2023) (eff. December 1, 2018) (Opioid antagonists in schools).</li> <li>• N.J. STAT. ANN. § 52:14-17.29ff (West 2023) (eff. July 2, 2021) (state employee insurance coverage).</li> <li>• N.J. STAT. ANN. § 24:21-15.2 (West 2023) (eff. April 19, 2021) (co-prescription requirements).</li> <li>• N.J. STAT. ANN. § 26:2S-38 (West 2023) (July 2, 2021) (prescription drug benefit coverage).</li> <li>• N.J. STAT. ANN. § 30:4D-6m (West 2023) (eff. October 13, 2019) (insurance requirement).</li> <li>• N.J. STAT. ANN. § 26:5C-28 (West 2023) (eff. February 5, 2015) (harm reduction services).</li> </ul>
<b>Term(s) used</b>	Opioid antidote; naloxone; naloxone hydrochloride.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• December 1, 2018 amendment to N.J. STAT. ANN. § 24:6J-4 (West 2023) allows for a school, school district, or school nurse to issue naloxone through a standing order.</li> <li>• August 31, 2021 amendment to N.J. STAT. ANN. § 24:6J-4 (West 2023) expanded the authorization for any person or entity to obtain, distribute, and administer opioid antidotes.</li> <li>• August 31, 2021 amendment to N.J. STAT. ANN. § 24:6J-5 (West 2023) removed some of the previous overdose prevention information dissemination requirements.</li> <li>• August 31, 2021 amendment to N.J. STAT. ANN. § 24:6J-5.1 (West 2023) amended to require a practitioner or first responder who administers an opioid antidote to provide the individual with information about sterile syringe access programs and resources in addition to information about substance use disorder treatment. Requires emergency department staff to furnish a patient or his or her family member or friend with an opioid antidote upon discharge. Requires first responders to maintain an adequate supply of opioid antidotes.</li> </ul>

<b><u>NEW JERSEY</u></b>	
<b>Standing order</b>	N.J. STAT. ANN. § 24:6J-4 (West 2023) provides that the Commissioner of Health, or, if the commissioner is not a duly licensed physician, the Deputy 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 Department of Health issued its second revised standing order for opioid antidotes on September 7, 2022. The revised standing order will not expire unless and until all forms of opioid antidotes have been approved as over-the-counter medications or until otherwise withdrawn in writing by the Department of Health. <sup>47</sup>
<b>Persons who can prescribe</b>	“Prescriber,” which is defined as a health care practitioner authorized by law to prescribe medications. This includes, but is not limited to a: <ul style="list-style-type: none"> <li>• Physician;</li> <li>• Physician assistant; and</li> <li>• Advanced practice nurse.</li> </ul>
<b>Prescriber immunity</b>	Prescriber who prescribes an opioid antidote in good faith are not, as a result of the practitioner’s acts or omissions, subject to any criminal or civil liability, or any professional disciplinary action for prescribing an opioid antidote in accordance with the law.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Prescriber.</li> <li>• Pharmacist.</li> <li>• Entities authorized to provide harm reduction services.</li> </ul>
<b>Dispenser immunity</b>	Prescriber, pharmacist, or other entity who dispenses an opioid antidote in good faith is not, as a result of the their acts or omissions, subject to any criminal or civil liability, or any professional disciplinary action, for dispensing an opioid antidote in accordance with the law.
<b>Persons who can receive or administer (“laypersons”)</b>	Any person or entity.
<b>Layperson possession without prescription</b>	Not directly addressed by statute.

<sup>47</sup> “2<sup>nd</sup> Revised Standing Order for Pharmacists to Dispense Opioid Antidote for Overdose Prevention.” New Jersey Department of Health, last accessed August 2023, <https://nj.gov/governor/news/news/562021/docs/DOHSO202101.pdf>.

<b><u>NEW JERSEY</u></b>	
<b>Layperson administration</b>	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.
<b>Layperson immunity</b>	Person who administers an opioid antidote in good faith is not, as a result of the person's acts or omissions, subject to any criminal or civil liability, or any professional disciplinary action for administering the opioid antidote.
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Prescriber or other health care practitioner who prescribes or dispenses an opioid antidote, and a pharmacist who dispenses an opioid antidote, must ensure that overdose prevention information is provided to the opioid antidote recipient, including, but is not limited to: (1) information on opioid overdose prevention and recognition; (2) instructions on how to perform rescue breathing and resuscitation; (3) information on opioid antidote dosage and instructions on opioid antidote administration; (4) information describing the importance of calling 911 emergency telephone service for assistance with an opioid overdose; (5) and instructions for appropriate care of an overdose victim after administration. 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.</li> <li>• The Commissioner of Human Services may develop training materials in video, electronic, or other appropriate formats, and disseminate these materials to health care practitioners.</li> <li>• 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</li> </ul>

<b><u>NEW JERSEY</u></b>	
<b>Training and education requirements (continued)</b>	<p>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.</p> <ul style="list-style-type: none"> <li>• If an 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.</li> </ul>
<b>Co-prescription requirements</b>	<p>A healthcare practitioner must issue a prescription for an opioid antidote if the practitioner has issued a prescription for an opioid drug and:</p> <ul style="list-style-type: none"> <li>• The person has a history of substance use disorder;</li> <li>• The opioid drug is for a daily dose of 90 morphine milligram equivalents; or</li> <li>• The patient holds a current, valid prescription for a benzodiazepine that is a Schedule III or Schedule IV controlled dangerous substance.</li> </ul>
<b>Requirements placed on insurers</b>	<ul style="list-style-type: none"> <li>• The New Jersey Department of Human Services must ensure that the provision of benefits for naloxone to eligible persons receiving services funded by the Division of Mental Health and Addiction Services in the Department of Human Services, as well as to eligible persons under the Medicaid program, will be provided without the imposition of any prior authorization requirements, provided that the treatment is prescribed or administered by a licensed medical practitioner who is authorized to prescribe or administer that treatment pursuant to state and federal law.</li> <li>• All insurance carriers that provide prescription drug benefits in the state must include coverage of an opioid antidote without requiring prior authorization or other utilization management requirements.</li> <li>• The state's Health Benefits Commission and the School Employees' Health Benefits Commission must ensure that every contract under the state health benefits program provides coverage for an opioid antidote to eligible members.</li> </ul>



<b><u>NEW JERSEY</u></b>	
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• Each board of education, board of trustees of a charter school, and chief school administrator of a nonpublic school must develop a policy, in accordance with guidelines established by the Department of Education, for the emergency administration of an opioid antidote to a student, staff member, or other person who is experiencing an opioid overdose. The policy must: (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, 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 to administer an opioid antidote to any person whom the nurse or training employee in good faith reasonably believes is experiencing an opioid overdose. A policy developed must 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• The Department of Education, in consultation with the Department of Human Services and appropriate medical experts, must establish guidelines for the development of a policy by a school district, charter school, or nonpublic school for the emergency administration of opioid antidotes. The guidelines must include a requirement that each school nurse and designated employee 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.</li> </ul>

<b><u>NEW JERSEY</u></b>	
<b>Opioid antagonists in schools (continued)</b>	<ul style="list-style-type: none"> <li>• School, school district, school nurse, school employee, or any other officer or agent of a board of education, charter school, or nonpublic school who administers, or permits the administration of, an opioid antidote in good faith and pursuant to a standing order is not, as a result of any acts or omissions, subject to any criminal or civil liability, or any disciplinary action, for administering, or for permitting the administration of, the opioid antidote.</li> <li>• A school district may enter into a shared services arrangement with another school district for the provision of opioid antidotes if the arrangement will result in cost savings for the district.</li> <li>• As established by N.J. STAT. ANN. § 24:6J-7 (West 2023), which includes institutions of higher education and occupational schools within the definition of a “recognized place of public access,” institutions of higher education and occupational schools must obtain a supply of opioid antidotes pursuant to a standing order. The opioid antidotes must 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. The institution must ensure that at least one employee 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</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, New Jersey tracks naloxone administration in the PDMP. <sup>48</sup> LAPPa did not locate a statute or regulation directing this reporting.

<sup>48</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed August 2023, [https://www.pdmpassist.org/pdf/state\\_summaries/New\\_Jersey\\_Summary\\_Profile.pdf](https://www.pdmpassist.org/pdf/state_summaries/New_Jersey_Summary_Profile.pdf).

<b><u>NEW JERSEY</u></b>	
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• The Commissioner of Human Services may award grants, based upon any monies appropriated by the Legislature, to create or support local opioid overdose prevention, recognition, and response projects. The commissioner must give preference to certain applications, including, but not limited to, those that address the distribution of naloxone hydrochloride or any other similarly acting drug approved by the United States Food and Drug Administration for the treatment of opioid overdose.</li> <li>• Opioid antidotes are included in the state's prescription drug retail price registry. N.J. STAT. ANN. § 45:14-81 (Effective date July 2, 2021).</li> <li>• First responders must 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, and 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.</li> <li>• To the extent funds are made available by the state for this purpose, a "recognized place of public access" must obtain a supply of opioid antidotes pursuant to a standing order. The opioid antidotes must 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. A recognized place of public access that acquires and maintains a supply of opioid antidotes must ensure that at least one employee or volunteer who regularly provides services at, 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. 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. A "recognized place of public access" is defined as a public library, institution of higher education, occupational school, or public transportation hub.</li> </ul>
<b>Recently proposed legislation</b>	Yes. See <a href="#">Recent State Legislation</a> .

<b><u>NEW MEXICO</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• N.M. STAT. ANN. § 24-23-1 (West 2023) (eff. March. 4, 2016) (immunity provisions).</li> <li>• N.M. STAT. ANN. § 24-23-3 (West 2023) (eff. June 16, 2017) (opioid treatment centers).</li> <li>• N.M. STAT. ANN. § 29-7-7.6 (West 2023) (eff. June 16, 2017) (law enforcement naloxone kits).</li> <li>• N.M. STAT. ANN. § 33-2-51 (West 2023) (eff. June 16, 2017) (corrections department).</li> <li>• N.M. STAT. ANN. § 24-2D-7 (West 2023) (eff. June 14, 2019) (co-prescription requirement).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	None.
<b>Standing order</b>	New Mexico has a statewide naloxone standing order. The order first took effect on March 18, 2016. The Department of Health last updated the standing order on July 1, 2020. <sup>49</sup>
<b>Persons who can prescribe</b>	“Licensed prescriber,” is defined as any individual who is authorized by law to prescribe an opioid antagonist in the state.
<b>Prescriber immunity</b>	Not addressed by statute.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Licensed prescriber.</li> <li>• Pharmacist.</li> </ul>
<b>Dispenser immunity</b>	Person who dispenses or distributes an opioid antagonist to another person is not subject to civil liability, criminal prosecution, or professional disciplinary action as a result of the distribution or dispensing of the opioid antagonist; provided, that actions are taken with reasonable care and without willful, wanton, or reckless behavior.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related drug overdose.</li> <li>• Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose.</li> <li>• Employee, volunteer, or representative of a community-based entity providing overdose prevention and education services that is registered with the Department of Health.</li> <li>• “First responder,” which is defined to include a(n): <ul style="list-style-type: none"> <li>○ Law enforcement officer;</li> <li>○ Firefighter or certified volunteer firefighter; and</li> <li>○ Emergency medical services personnel.</li> </ul> </li> </ul>

<sup>49</sup> “New Mexico statewide standing order for registered pharmacist naloxone,” last accessed August 2023, <https://www.nmhealth.org/publication/view/regulation/2126/>.

<b><u>NEW MEXICO</u></b>	
<b>Layperson possession without prescription</b>	Person may possess an opioid antagonist regardless of whether the person holds a prescription for the opioid antagonist.
<b>Layperson administration</b>	Person may administer an opioid antagonist to another person if he or she, in good faith, believes the other person is experiencing a drug overdose and acts with reasonable care in administering the drug to the other person.
<b>Layperson immunity</b>	Person who possesses or who administers an opioid antagonist to another person is not subject to civil liability, criminal prosecution, or professional disciplinary action as a result of the possession or administration of the opioid antagonist; provided that actions are taken with reasonable care and without willful, wanton, or reckless behavior.
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• The Secretary of the Department of Health must promulgate rules relating to overdose prevention and education programs, including: (1) establishing requirements and protocols for the registration of overdose prevention and education programs that are not licensed pharmacies; (2) monitoring registered overdose prevention and education programs' storage and distribution of opioid antagonists; (3) gathering data from overdose prevention and education programs to inform public health efforts to address overdose prevention efforts; and (4) authorizing standards for overdose prevention education curricula, training, and the certification of individuals to store and distribute opioid antagonists for the overdose prevention and education program.</li> <li>• Pharmacists dispensing under the standing order must provide individuals receiving naloxone with opioid overdose and naloxone administration education.</li> </ul>
<b>Co-prescription requirements</b>	<ul style="list-style-type: none"> <li>• Health care provider who prescribes an opioid analgesic for a patient must co-prescribe an opioid antagonist if the amount of opioid analgesic being prescribed is at least a five-day supply.</li> <li>• Opioid treatment center agency operating a federally certified program to dispense methadone or other narcotic replacement as part of a detoxification or maintenance treatment must provide each patient with two doses of naloxone and a prescription for it.</li> </ul>
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	No.

<b><u>NEW MEXICO</u></b>	
<b>Other provisions of note</b>	<ul style="list-style-type: none"><li>• As funding and department supplies of naloxone permit, upon discharge of an inmate who has been diagnosed with an opioid use disorder from a corrections facility, regardless of whether that inmate has received treatment for that disorder, the New Mexico Department of Corrections must provide the inmate with two doses of naloxone and a prescription for naloxone.</li><li>• Each local and state law enforcement agency must provide naloxone rescue kits to its law enforcement officers and require that officers carry the naloxone rescue kits in accordance with agency procedures so as to optimize the officers' capacity to timely assist in the prevention of an opioid overdose.</li></ul>
<b>Recently proposed legislation</b>	None.

<b><u>NEW YORK</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• N.Y. PUB. HEALTH LAW § 3309 (McKinney 2023) (eff. April 1, 2006) (third-party prescriptions).</li> <li>• N.Y. EDUC. LAW § 922 (McKinney 2023) (eff. August 11, 2015) (overdose prevention in school).</li> <li>• N.Y. EDUC. LAW § 6509-d (McKinney 2023) (eff. June 22, 2016) (exemption to professional misconduct).</li> <li>• N.Y. PUB. HEALTH LAW § 273 (McKinney 2023) (eff. April 3, 2020) (prior authorization).</li> <li>• N.Y. MENTAL HYG. LAW § 19.09 (McKinney 2023) (eff. April 5, 2022) (online directory).</li> <li>• N.Y. INS. LAW § 2617 (McKinney 2023) (eff. October 7, 2020) (unfair discrimination by insurer).</li> <li>• N.Y. CRIM. PRO. § 60.49 (McKinney 2023) (eff. December 6, 2021) (evidence of possession of opioid antagonists).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• August 11, 2015 amendment to N.Y. PUB. HEALTH LAW § 3309 (McKinney 2023) adds schools to the list of entities that can receive a third-party prescription.</li> <li>• June 22, 2016 amendment to N.Y. PUB. HEALTH LAW § 3309 (McKinney 2023) adds public libraries to the list of entities that can receive a third-party prescription.</li> <li>• August 24, 2020 amendment to N.Y. PUB. HEALTH LAW § 3309 (McKinney 2023) adds restaurants, malls, bars, beauty parlors, theaters, hotels, and retail establishments, and employees at those locations, to the list of entities eligible to possess, distribute, and administer opioid antagonists.</li> <li>• June 27, 2022 amendment to N.Y. PUB. HEALTH LAW § 3309 (McKinney 2023) sets forth co-prescribing requirements of an opioid antagonist when certain enumerated risk factors are present.</li> <li>• April 22, 2023 amendment to N.Y. PUB. HEALTH LAW § 3309 (McKinney 2023) adds that the Commissioner of Public Health must establish guidelines for onsite opioid overdose response capacity in nightlife establishments.</li> </ul>
<b>Standing order</b>	Under N.Y. PUB. HEALTH LAW § 3309 (McKinney 2023), a pharmacist may dispense an opioid antagonist through a non-patient specific prescription. New York does not have a statewide naloxone standing order. Any pharmacy with 20 or more locations in the state, must either: (1) pursue or maintain a non-patient-specific prescription with an authorized health care professional to dispense an opioid antagonist to a consumer upon request; or (2) register with the Department of Health as an opioid overdose prevention program.

<b><u>NEW YORK</u></b>	
<b>Persons who can prescribe</b>	“Health care professional,” which is defined as a person licensed, registered, or authorized to prescribe prescription drugs.
<b>Prescriber immunity</b>	Not addressed by statute.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Health care professional.</li> <li>• Pharmacist.</li> <li>• Organization registered as an opioid overdose prevention program;</li> <li>• School district;</li> <li>• Public library;</li> <li>• Board of Cooperative Educational Services, county vocational education and extension board, charter school, non-public elementary and/or secondary school; and</li> <li>• Restaurant, bar, retail store, shopping mall, barber shop, beauty parlor, theater, sporting or event center, inn, hotel, motel.</li> </ul>
<b>Dispenser immunity</b>	Not addressed by statute.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related overdose;</li> <li>• Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose;</li> <li>• Organization registered as an opioid overdose prevention program;</li> <li>• School district;</li> <li>• Public library;</li> <li>• Board of Cooperative Educational Services, county vocational education and extension board, charter school, non-public elementary and/or secondary school; and</li> <li>• Restaurant, bar, retail store, shopping mall, barber shop, beauty parlor, theater, sporting or event center, inn, hotel, motel.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	A recipient of an opioid antagonist may administer the opioid antagonist to a person the recipient reasonably believes is experiencing an opioid overdose.
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• Recipient who uses an opioid antagonist for first aid or emergency treatment will not be subject to criminal, civil, or administration liability solely by reason of such action.</li> <li>• Evidence that a person was in possession of an opioid antagonist may not be admitted at any trial, hearing, or other proceeding in a prosecution for specific enumerated offenses for the purpose of establishing probable cause for an arrest or proving any person’s commission of such offense.</li> </ul>



<b><u>NEW YORK</u></b>	
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• The Commissioner of Public Health is authorized to establish training standards for the administration of opioid antagonists.</li> <li>• Any distribution of opioid antagonists must include an informational card or sheet that includes, at a minimum, information on: (1) how to recognize symptoms of an opioid overdose; (2) steps to take prior to and after an opioid antagonist is administered, including calling first responders; (3) the number for the toll free office of alcoholism and substance use services HOPE line; (4) how to access the office of alcoholism and substance use services' website; (5) the application of Good Samaritan protections provided in N.Y. PUB. HEALTH LAW § 3000-a (McKinney 2023); and (6) any other information deemed relevant by the Commissioner of Health.</li> </ul>
<b>Co-prescription requirements</b>	With the first prescription to a particular patient of an opioid of each year for use in a setting other than a general hospital or nursing home or when a practitioner is prescribing a controlled substance to a patient under the care of hospice, the prescriber must prescribe an opioid antagonist when any of the following risk factors are present: (1) a history of substance use disorder; (2) high dose or cumulative prescriptions that result in ninety morphine milligram equivalents or higher per day; (3) concurrent use of opioids and benzodiazepine or nonbenzodiazepine sedative hypnotics.
<b>Requirements placed on insurers</b>	<ul style="list-style-type: none"> <li>• When a patient's health care provider prescribes a prescription drug that is on the statewide formulary of opioid dependence agents and opioid antagonists, the Department must not require prior authorization unless required by the Department of Health's Drug Use Review Program.</li> <li>• No insurer or entity authorized to issue life insurance can refuse to issue a life insurance policy or annuity contract or adjust the amount of premiums, or rates, charged for life insurance policies or annuity contracts for any individual solely because such individual has been prescribed medication used to block the effects of opioids, including, but not limited to naloxone, unless such action is based on sound actuarial principles or actual or reasonably anticipated experience.</li> </ul>

<b><u>NEW YORK</u></b>	
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• A school can be issued naloxone through a third-party prescription.</li> <li>• School districts, public libraries, boards of cooperative educational services, county vocational education and extension boards, charter schools, and non-public elementary and secondary schools in this state may provide and maintain on-site in each instructional school facility or library, opioid antagonists in quantities and types deemed by the Commissioner of Education, in consultation with the commissioner of health, to be adequate to ensure ready and appropriate access for use during emergencies to any student, individual on library premises or staff suspected of having opioid overdose whether or not there is a previous history of opioid abuse.</li> <li>• School districts, public libraries, boards of cooperative educational services, county vocational education and extension boards, charter schools, and non-public elementary and secondary schools in this state may elect to participate as an opioid antagonist recipient and any person employed by any such entity that has elected to participate may administer an opioid antagonist in the event of an emergency, provided that such person shall have been trained by a program approved under N.Y. PUB. HEALTH LAW § 3309 (McKinney 2023).</li> <li>• Any school district, public library, board of cooperative educational services, county vocational education and extension board, charter school, and non-public elementary and secondary school that has employees trained in accordance with this section shall comply with the requirements of N.Y. PUB. HEALTH LAW § 3309 (McKinney 2023) including, but not limited to, appropriate clinical oversight, record keeping, and reporting. No person shall be required to participate in the program and any participation by an individual shall be voluntary.</li> <li>• School districts, public libraries, boards of cooperative educational services, county vocational education and extension boards, charter schools, and non-public elementary and secondary schools in this state, and any person employed by these entities, acting reasonably and in good faith in compliance with N.Y. PUB. HEALTH LAW § 3309 (McKinney 2023), will not be subject to criminal, civil, or administrative liability solely by reason of such action.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	No.

<b><u>NEW YORK</u></b>	
<b>Other provisions of note</b>	<ul style="list-style-type: none"><li>• It is not professional misconduct for any person who is licensed under Title VIII of Chapter 16 of N.Y. Education Laws (“the Professions”), and who would otherwise be prohibited from prescribing or administering drugs pursuant to the article that licenses such individual, to administer an opioid antagonist in the event of an emergency.</li><li>• The Office of Addiction Services in conjunction with the Department of Health, must maintain on its website a publicly available directory of all distributors of opioid antagonists to the public, including but not limited to, pharmacies, prevention programs and not-for-profits.</li><li>• The Commissioner of Public Health must establish guidelines for onsite opioid overdose response capacity in nightlife establishments. “Nightlife establishment” is defined as an establishment that is open to the public for entertainment or leisure, serves alcohol or where alcohol is consumed on the premises, and conducts a large volume of business at night. Such term includes, but is not limited to, bars, entertainment venues, clubs, and restaurants.</li></ul>
<b>Recently proposed legislation</b>	Yes. See <a href="#">Recent State Legislation</a> .

<b><u>NORTH CAROLINA</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>N.C. GEN. STAT. ANN. § 90-12.7 (West 2023) (eff. April 9, 2013) (immunity).</li> <li>N.C. GEN. STAT. ANN. § 90-113.27 (West 2023) (eff. July 11, 2016). (syringe exchange programs).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>August 1, 2015 amendment to N.C. GEN. STAT. ANN. § 90-12.7 (West 2023) adds immunity provisions for pharmacists who dispense opioid antagonists.</li> <li>July 1, 2017 amendment to N.C. GEN. STAT. ANN. § 90-12.7 (West 2023) allows a practitioner to directly or by standing order prescribe an opioid antagonist to any governmental or nongovernment organization.</li> <li>June 29, 2023 amendment to N.C. GEN. STAT. ANN. § 90-12.7 (West 2023) adds that opioid antagonist can be obtained over-the-counter.</li> </ul>
<b>Standing order</b>	North Carolina has a statewide naloxone standing order. The current order took effect on March 24, 2022 and does not expire. <sup>50</sup>
<b>Persons who can prescribe</b>	“Practitioner” acting in good faith and with reasonable care. The term is not defined by the statute.
<b>Prescriber immunity</b>	Any practitioner who prescribes an opioid antagonist is immune from any civil or criminal liability for any action related to the prescription of an opioid antagonist.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>Pharmacist.</li> <li>Governmental or nongovernmental organization, including: <ul style="list-style-type: none"> <li>Local health department;</li> <li>Law enforcement agency; and</li> <li>Organization that promotes scientifically proven ways of mitigating health risks associated with substance use disorders and other high-risk behaviors.</li> </ul> </li> </ul>
<b>Dispenser immunity</b>	Any pharmacist who dispenses, or any organization that distributes, an opioid antagonist is immune from any civil or criminal liability for any actions associated with the dispensing or distribution of the opioid antagonist.

<sup>50</sup> “North Carolina State Health Director’s standing order for naloxone,” last accessed August 2023, <https://www.dph.ncdhhs.gov/media/841/download?attachment>.

<b><u>NORTH CAROLINA</u></b>	
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opiate-related overdose.</li> <li>• Family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose.</li> <li>• Governmental or nongovernmental organization (as defined).</li> </ul> <p>As an indicator of good faith, a practitioner, prior to prescribing an opioid antagonist, may require receipt of a written communication that provides a factual basis for a reasonable conclusion that the layperson is at risk of experiencing an opiate-related overdose or is the family member, friend, or someone in a position to assist a person at risk of an overdose.</p>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Person who receives an opioid antagonist that was prescribed or distributed pursuant to the law or obtained over-the-counter may administer the drug to another person if the person has a good faith belief that the other person is experiencing a drug-related overdose and he or she exercises reasonable care in administering the drug to the other person.
<b>Layperson immunity</b>	Person who administers an opioid antagonist is immune from any civil or criminal liability for any actions associated with the administration of the opioid antagonist.
<b>Training and education requirements</b>	Evidence of the use of reasonable care in administering an opioid antagonist includes the receipt of basic instruction and information on how to administer the opioid antagonist.
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	Any government or nongovernmental organization that oversees a needle and hypodermic exchange program must also provide access to opioid antagonist kits or alternatively offer a referral to programs that offer opioid antagonists.
<b>Recently proposed legislation</b>	Yes. See <a href="#">Recent State Legislation</a> .

<b><u>NORTH DAKOTA</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• N.D. CENT. CODE ANN. § 23-01-42 (West 2023) (eff. August 1, 2015) (immunity provisions).</li> <li>• N.D. CENT. CODE ANN. § 43-15-10 (West 2023) (eff. August 1, 2015) (pharmacist authority).</li> <li>• N.D. ADMIN. CODE 61-04-12-02 (West 2023) (eff. April 1, 2016) (naloxone protocol).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist; naloxone.
<b>Substantive amendment(s) to law(s)</b>	None.
<b>Standing order</b>	Under N.D. CENT. CODE ANN. § 43-15-10 (West 2023), the State Board of Pharmacy may establish limited prescriptive authority for pharmacists to distribute opioid antagonist kits. If the Board establishes limited prescriptive authority, it must adopt rules to establish standards that may include training, certification, and continuing education requirements. The naloxone protocol is established in N.D. ADMIN. CODE 61-04-12-02 (West 2023).
<b>Persons who can prescribe</b>	<p>“Health care professional,” which is defined as a licensed or certified health care professional who is working within the scope of practice for that profession, which may include a:</p> <ul style="list-style-type: none"> <li>• Physician;</li> <li>• Physician assistant; and</li> <li>• Advanced practice registered nurse.</li> </ul>
<b>Prescriber immunity</b>	<ul style="list-style-type: none"> <li>• Individual who prescribes an opioid antagonist as authorized under the law is immune from civil and criminal liability for such action.</li> <li>• Health care professional who prescribes an opioid antagonist as authorized under the law is not subject to professional discipline for such action.</li> <li>• Immunity does not apply if the health care professional’s actions constitute recklessness, gross negligence, or intentional misconduct.</li> </ul>
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Health care professional.</li> <li>• Pharmacist.</li> </ul>
<b>Dispenser immunity</b>	<ul style="list-style-type: none"> <li>• Individual who distributes or dispenses an opioid antagonist as authorized under the law is immune from civil and criminal liability for such action.</li> <li>• Health care professional or pharmacist who distributes or dispenses an opioid antagonist as authorized under the law is not subject to professional discipline for such action.</li> <li>• Immunity does not apply if the health care professional’s or pharmacist’s actions constitute recklessness, gross negligence, or intentional misconduct.</li> </ul>

<b><u>NORTH DAKOTA</u></b>	
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Individual at risk of experiencing an opioid-related overdose.</li> <li>• Family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.</li> </ul>
<b>Layperson possession without prescription</b>	Individual may possess an opioid antagonist, regardless of whether the individual is the individual for or to whom the opioid antagonist is prescribed, distributed, or dispensed.
<b>Layperson administration</b>	Individual acting in good faith may administer an opioid antagonist to another individual who the administering individual suspects is at risk of experiencing an opioid overdose.
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• Individual who receives, possesses, or administers an opioid antagonist as authorized under the law is immune from civil and criminal liability for such action.</li> <li>• Immunity does not apply if the individual’s actions constitute recklessness, gross negligence, or intentional misconduct.</li> </ul>
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• When naloxone is furnished, the pharmacist must provide the patient with appropriate patient information and counseling on the product furnished, including dosing, effectiveness, adverse effects, storage conditions, shelf-life, and safety.</li> <li>• Prior to furnishing naloxone, pharmacists who participate in this protocol must successfully complete a minimum of one hour of an approved continuing education program specific to the use of naloxone, or an equivalent curriculum-based training program completed in a board-recognized school of pharmacy.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	None.
<b>Recently proposed legislation</b>	None.

<b><u>OHIO</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• OHIO REV. CODE ANN. §§ 3715.50 through 505 (West 2023) (West 2023) (eff. April 6, 2023) (overdose reversal drugs).</li> <li>• OHIO REV. CODE ANN. § 4729.541 (West 2023) (eff. April 5, 2017) (persons exempt from licensure).</li> <li>• OHIO ADMIN. CODE 4731-11-14 (West 2023) (eff. December 23, 2018) (co-prescription requirements).</li> </ul>
<b>Term(s) used</b>	Opioid reversal drug; naloxone.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• December 16, 2020 amendment to OHIO REV. CODE ANN. § 4729.44 (West 2023) requires the Ohio Board of Pharmacy to develop an education program on the authority of pharmacist or pharmacy interns to dispense naloxone without a prescription.</li> <li>• June 24, 2022 amendment to all Ohio statutes deletes the word “naloxone” and replaces it with “overdose reversal drug.”</li> <li>• In April 2023, Ohio repealed its previously enacted overdose reversal drug statutes and replaced them with OHIO REV. CODE ANN. §§ 3715.50 through 505 (West 2023).</li> </ul>
<b>Standing order</b>	Under OHIO REV. CODE ANN. § 3715.502 (West 2023), a physician, physician assistant, or advanced practice registered nurse may authorize one or more pharmacists and any of the pharmacy interns supervised by the one or more pharmacists to use a protocol developed pursuant to rules adopted under this section for the purpose of dispensing overdose reversal drugs without a prescription.
<b>Persons who can prescribe</b>	<ul style="list-style-type: none"> <li>• Physician.</li> <li>• Physician assistant.</li> <li>• Advanced practice registered nurse.</li> </ul>
<b>Prescriber immunity</b>	<ul style="list-style-type: none"> <li>• A physician, physician assistant, or advanced practice registered nurse who, in good faith, issues a prescription for an overdose reversal drug, or personally furnishes a supply of the drug, without having examined the individual to whom it may be administered is not liable for or subject to any of the following for any act or omission of the individual to whom a prescription for an overdose reversal drug is issued or the supply of such a drug is furnished: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action.</li> <li>• A physician, physician assistant, or advanced practice registered nurse who in good faith authorizes a pharmacist or pharmacy intern to dispense overdose reversal drugs without a prescription is not liable for or subject to any of the following for any act or omission of the individual to whom the drugs are dispensed: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action.</li> </ul>



<b><u>OHIO</u></b>	
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Licensed health professional.</li> <li>• Pharmacist or pharmacy intern.</li> <li>• Notwithstanding any conflicting provision, any person or government entity may purchase, possess, distribute, dispense, personally furnish, sell, or otherwise obtain or provide an overdose reversal drug, which includes any instrument or device used to administer the drug, if the overdose reversal drug:               <ul style="list-style-type: none"> <li>○ Is in its original manufacturer's packaging;</li> <li>○ Contains the manufacturer's instructions for use; and</li> <li>○ Is stored in accordance with the manufacturer's or distributor's instructions.</li> </ul> </li> </ul>
<b>Dispenser immunity</b>	<ul style="list-style-type: none"> <li>• A pharmacist or pharmacy intern authorized under this section to dispense overdose reversal drugs without a prescription who does so in good faith is not liable for or subject to any of the following for any act or omission of the individual to whom the drugs are dispensed: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action.</li> <li>• The person or government entity exercising the authority is not subject to administrative action or criminal prosecution and is not liable for damages in a civil action for injury, death, or loss to person or property for an act or omission that arises from exercising that authority. After an overdose reversal drug has been dispensed or personally furnished, the person or government entity is not liable for or subject to any of the following for any act or omission of the individual to whom the drug is dispensed or personally furnished: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action.</li> <li>• Any person or government entity exercising the authority conferred in § 3715.50 is exempt licensure as a terminal distributor of dangerous drugs.</li> </ul>
<b>Persons who can receive or administer ("laypersons")</b>	Any person or government entity may obtain and maintain a supply of an overdose reversal drug for the purpose of using it in an emergency situation.
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	An individual may administer an overdose reversal drug when he or she is in a position to assist another individual who is apparently experiencing an opioid-related overdose.

<b><u>OHIO</u></b>	
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>An individual who administers an overdose reversal drug is not liable for damages in a civil action for injury, death, or loss to person or property for an act or omission that arises from administering the drug, and not subject to administrative action or criminal prosecution for an act or omission that arises from administering the drug, if the individual, acting in good faith, attempts to summon emergency services as soon as practicable either before or after administering the overdose reversal drug, except that making such an attempt is not required if the individual administering the drug knows that emergency services already have been summoned or are present.</li> </ul>
<b>Training and education requirements</b>	A pharmacist or pharmacy intern who dispenses overdose reversal drugs must instruct the individual to whom the drugs are dispensed to summon emergency services as soon as practicable either before or after administering the drugs.
<b>Co-prescription requirements</b>	Physician must offer a prescription for naloxone to the patient receiving an opioid analgesic prescription under any of the following circumstances: (1) the patient has a history of prior opioid overdose; (2) the dosage prescribed exceeds a daily average of 80 morphine equivalent doses or at lower doses if the patient is co-prescribing a benzodiazepine, sedative hypnotic drug, carisoprodol, tramadol, or gabapentin; or (3) the patient has a concurrent substance use disorder.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	Not directly addressed by statute, but any government entity may obtain and maintain a supply of an overdose reversal drug for the purpose of using it in an emergency situation.
<b>Dispensing or administration reported to PDMP</b>	No.

<b><u>OHIO</u></b>	
<b>Other provisions of note</b>	<ul style="list-style-type: none"><li>• The state's Board of Pharmacy (Board) is required to develop a program to educate the following individuals about the authority of a pharmacist or pharmacy intern to dispense overdose reversal drugs without a prescription: (1) Holders of licenses that engage in the sale or dispensing of overdose reversal drugs; (2) Registered pharmacy technicians, certified pharmacy technicians, and pharmacy technician trainees who engage in the sale of overdose reversal drugs; and (3) Individuals who are not licensed or registered but are employed by license holders. As part of the program the Board must educate the licensed holders, pharmacy technicians, and employees about maintaining an adequate supply of overdose reversal drugs and methods for determining a pharmacy's stock of the drug.</li><li>• Upon request of a law enforcement agency, emergency medical service personnel and any firefighter or volunteer firefighter acting within the course of the firefighting profession must disclose the name and address, if known, of an individual to whom the emergency medical service personnel, firefighter, or volunteer firefighter administered an overdose reversal drug due to an actual or suspected drug overdose, unless the emergency medical service personnel, firefighter, or volunteer firefighter reasonably believes that the law enforcement agency making the request does not have jurisdiction over the place where the overdose reversal drug was administered.</li></ul>
<b>Recently proposed legislation</b>	None, other than legislation passed in 2023.

<b><u>OKLAHOMA</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• OKLA. STAT. ANN. tit. 63 § 1-2506.1 to -2506.2 (West 2023) (eff. November 1, 2013) (prescriptions and administration).</li> <li>• OKLA. STAT. ANN. tit. 63 § 2-312.2 (West 2023) (eff. November 1, 2014) (sale of naloxone).</li> <li>• OKLA. STAT. ANN. tit. 70 § 1210.242 (West 2023) (eff. July 1, 2019) (authority to administer naloxone).</li> <li>• OKLA. STAT. ANN. tit. 59, § 478.1 (West 2023) (eff. November 1, 2021) (telemedicine).</li> <li>• OKLA. STAT. ANN. tit. 57, § 4.1 (West 2023) (eff. November 1, 2023) (distributing opioid antagonists to discharged inmates).</li> <li>• OKLA. STAT. ANN. tit. 63 § 1-706.21 (West 2023) (eff. November 1, 2023) (hospital distribution of opioid antagonist).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• November 1, 2017 amendment to OKLA. STAT. ANN. tit. 63 § 1-2506.1 (West 2023) adds forensic laboratory personnel to list of first responders eligible to administer.</li> <li>• November 1, 2018 amendment to OKLA. STAT. ANN. tit. 63 § 1-2506.2 (West 2023) adds protections under the Good Samaritan Act for any provider prescribing or administering an opiate antagonist.</li> <li>• July 1, 2019 amendment to OKLA. STAT. ANN. tit. 63 § 1-2506.1 (West 2023) adds certified alcohol and drug counselors and licensed alcohol and drug counselors to list of first responders eligible to administer.</li> <li>• November 1, 2019 amendment to OKLA. STAT. ANN. tit. 63 § 1-2506.1 (West 2023) adds personnel at the state's Department of Corrections to list of first responders eligible to administer.</li> </ul>
<b>Standing order</b>	Under OKLA. STAT. ANN. tit. 63 § 2-312.2 (West 2023), an opioid antagonist may be dispensed or sold by a pharmacy without a prescription; provided, however, it must be dispensed or sold only by, or under the supervision of, a licensed pharmacist. No dispensing protocol is required.
<b>Persons who can prescribe</b>	"Provider." The term is not defined by statute.
<b>Prescriber immunity</b>	Any provider prescribing or administering an opioid antagonist in a manner consistent with addressing opioid overdose is covered under the state's Good Samaritan Act (OKLA. STAT. ANN. tit. 76 § 5 (West 2023)) and is not liable for any civil damages as a result of any acts or omissions by such person in prescribing or administering the opioid antagonist.

<b><u>OKLAHOMA</u></b>	
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Pharmacist.</li> <li>• “First responder,” which includes:               <ul style="list-style-type: none"> <li>○ Law enforcement officials;</li> <li>○ Emergency medical technicians;</li> <li>○ Firefighters;</li> <li>○ Medical personnel at schools including any public or charter schools, technology center schools and institutions of higher education;</li> <li>○ Forensic laboratory personnel;</li> <li>○ Personnel of the Department of Corrections or of any entity that contracts with the Department of Corrections to provide housing or services for inmates of the Department of Corrections; and</li> <li>○ Certified or licensed alcohol and drug counselors.</li> </ul> </li> </ul>
<b>Dispenser immunity</b>	Any first responder providing an opioid antagonist in a manner consistent with addressing opioid overdose is covered under the state’s Good Samaritan Act.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Family member of an individual who is at risk of an opioid overdose.</li> <li>• School nurse, public health nurse, licensed practitioner of the healing arts, nurse working under contract with a school district, or any person designated by the school administration to administer an opiate antagonist.</li> <li>• First responder, as defined above.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Layperson may administer an opioid antagonist when he or she encounters a person exhibiting signs of an opioid overdose.
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• Family member administering an opioid antagonist in a manner consistent with addressing opioid overdose must be covered under the Good Samaritan Act (OKLA. STAT. ANN. tit. 76 § 5 (West 2023)) and will not be liable for any civil damages as a result of any acts or omissions by such person in administering the opioid antagonist.</li> <li>• First responder administering or providing an opioid antagonist in a manner consistent with addressing opioid overdose is covered under the state’s Good Samaritan Act.</li> </ul>

<b><u>OKLAHOMA</u></b>	
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• When an opioid antagonist is prescribed, the provider must give the individual: (1) information on how to spot symptoms of an overdose; (2) instruction in basic resuscitation techniques; (3) instruction on proper opioid antagonist administration; and (4) the importance of calling 911 for help.</li> <li>• Before the Department of Corrections or a county jail provides an emergency opioid antagonist to an inmate or person, the Department of Corrections or the jail must ensure that the inmate or person is provided with the opioid overdose education program provided by the Department of Mental Health and Substance Abuse Services.</li> <li>• When a hospital distributes an emergency opioid antagonist, it must provide directions for use and information and resources about medication for opioid use disorder and harm reduction strategies and services which may be available, such as substance use disorder treatment services and substance use disorder peer counselors.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• Any school nurse, public health nurse, licensed practitioner of the healing arts, nurse working under contract with a school district, or any person designated by the school administration to administer an opioid antagonist is authorized, regardless of whether there is a prescription or standing order in place, to administer an opioid antagonist when encountering a student or other individual exhibiting signs of an opioid overdose.</li> <li>• Administration of a public school may authorize one or more persons employed by the school to receive training offered by the Department of Mental Health and Substance Abuse Services, a law enforcement agency, or any other entity in recognizing the signs of an opioid overdose and administering an opioid antagonist. In the absence of the person or persons specifically designated and trained to administer an opioid antagonist, the administration of a school may authorize any person, regardless of whether there is a prescription or standing order in place, to administer an emergency opioid antagonist to a student or other individual exhibiting signs of an overdose.</li> </ul>

<b><u>OKLAHOMA</u></b>	
<b>Opioid antagonists in schools (continued)</b>	<ul style="list-style-type: none"> <li>Any person administering an opioid antagonist to a student or other individual at a school site or school-sponsored event in a manner consistent with addressing opioid overdose is covered under the Good Samaritan Act (OKLA. STAT. ANN. tit. 76 § 5 (West 2023)). A school and any of its employees or designees must be immune from civil liability in relation to the administration of an opioid antagonist in the event of a suspected overdose.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Oklahoma tracks naloxone dispensing and administration in the PDMP. <sup>51</sup> LAPP did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>Telemedicine encounters within the state may be used to prescribe opioid antagonists if there is a valid physician-patient relationship.</li> <li>Subject to the provision of emergency opioid antagonists by the Department of Mental Health and Substance Abuse Services, the Department of Corrections (Department), upon the discharge of an inmate from an institution within the Department who has been diagnosed with an opioid use disorder, regardless of whether that inmate has received treatment for the disorder, must provide the inmate, as the inmate leaves the institution, with two doses of an emergency opioid antagonist.</li> <li>Subject to the provision of emergency opioid antagonists by the Department of Mental Health and Substance Abuse Services, a county jail (1) upon the discharge of any person who is confined in the jail pursuant to a sentence who has been diagnosed with an opioid use disorder, regardless of whether that person has received treatment for the disorder, or (2) upon the discharge of any person who is confined in the jail for an offense related to possession of an opioid drug, must provide the person, as the person leaves the jail, with two doses of an emergency opioid antagonist.</li> </ul>

<sup>51</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed August 2023, [https://www.pdmpassist.org/pdf/state\\_summaries/Oklahoma\\_Summary\\_Profile.pdf](https://www.pdmpassist.org/pdf/state_summaries/Oklahoma_Summary_Profile.pdf).

<b><u>OKLAHOMA</u></b>	
<b>Other provisions of note</b>	<ul style="list-style-type: none"><li>• A hospital is required to distribute two doses of an emergency opioid antagonist upon discharge to a person who presents to an emergency department with symptoms of an opioid overdose, opioid use disorder, or other adverse event related to opioid use, unless the treating practitioner determines in his or her clinical and professional judgment that distributing the emergency opioid antagonist is not appropriate or the practitioner has confirmed that the patient already has at least two doses of an emergency opioid antagonist.</li></ul>
<b>Recently proposed legislation</b>	Yes. See <a href="#">Recent State Legislation</a> .



<b><u>OREGON</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• OR. REV. STAT. ANN. § 689.681 (West 2023) (eff. June 6, 2013) (immunity provisions).</li> <li>• OR. REV. STAT. ANN. § 689.682 (West 2023) (eff. April 4, 2016) (pharmacist prescription).</li> <li>• OR. REV. STAT. ANN. § 689.684 (West 2023) (eff. April 4, 2016) (naloxone administered by employee of social services agency).</li> <li>• OR. ADMIN. R. 855-019-0460 (West 2023) (eff. September 7, 2016) (co-prescription provision).</li> <li>• OR. REV. STAT. ANN. § 431A.855 (West 2023) (eff. October 6, 2017) (reporting to PDMP).</li> <li>• OR. REV. STAT. ANN. § 689.686 (West 2023) (eff. September 29, 2019) (written notice of naloxone availability).</li> <li>• OR. REV. STAT. ANN. § 339.871 (West 2023) (eff. January 1, 2020; naloxone provisions repealed January 1, 2024) (Opioid antagonists in schools- immunity)</li> <li>• OR. REV. STAT. ANN. § 339.869 (West 2023) (eff. January 1, 2020) (Opioid antagonists in schools- policy).</li> <li>• 2023 Oregon Laws ch. 593, § 7 (West 2023) (eff. January 1, 2024) (standing order).</li> <li>• 2023 Oregon Laws ch. 593, § 8 (West 2023) (eff. January 1, 2024) (public buildings or facilities).</li> <li>• OR. REV. STAT. ANN. § 339.870 (West 2023) (eff. January 1, 2024) (liability of school employees).</li> </ul>
<b>Term(s) used</b>	Short-acting opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• October 6, 2017 amendment to OR. REV. STAT. ANN. § 689.681 (West 2023) removes the requirement that the Oregon Health Authority establish criteria for training on treatments for opiate overdoses and removes the requirement that persons have completed the training in order to receive immunity for any act or omission committed during the course of administering naloxone.</li> <li>• September 29, 2019 amendment to OR. REV. STAT. ANN. § 689.682 (West 2023) allows a pharmacy to co-prescribe naloxone with an opioid.</li> <li>• January 1, 2020 amendment to OR. REV. STAT. ANN. § 689.684 (West 2023) allows a person to administer naloxone not distributed to him or her if the person is an employee of a social services agency or is trained under the rules adopted by the Oregon Board of Education.</li> <li>• August 4, 2023 to all statutes removed the word “naloxone” and replaced it with the phrase “short-acting opioid antagonist.”</li> </ul>

<b><u>OREGON</u></b>	
<b>Substantive amendment(s) to law(s) (continued)</b>	<ul style="list-style-type: none"> <li>• August 4, 2023 amendment to OR. REV. STAT. ANN. § 689.681 (West 2023) adds law enforcement officers, firefighters, and emergency medical services providers to the list of individuals who can distribute and administer an opioid antagonist. Adds immunity to criminal liability. Adds immunity for a person's failure or refusal to distribute or administer an opioid antagonist.</li> <li>• August 31, 2023 amendment to OR. REV. STAT. ANN. § 431A.855 (West 2023) removed the requirement to report prescribed naloxone to the PDMP.</li> <li>• January 1, 2023 amendment to OR. REV. STAT. ANN. § 339.869 (West 2023) adds a requirement that a school district board provide to the parent or legal guardian of each minor student enrolled in a school in the school district information regarding short-acting opioid antagonists.</li> </ul>
<b>Standing order</b>	<ul style="list-style-type: none"> <li>• Under OR. REV. STAT. ANN. § 689.682 (West 2023), a pharmacist may prescribe a short-acting opioid antagonist and the necessary medical supplies to administer the short-acting opioid antagonist. It is not necessary for the individual to see their healthcare provider first to obtain a prescription.</li> <li>• A Public Health Officer or a physician who is employed by the Oregon Health Authority, may issues a standing order to prescribe a short-acting opioid antagonist, and the necessary medical supplies to administer the short-acting opioid antagonist to: (1) an individual who is at risk of experiencing an opioid overdose; (2) an individual who or entity that may encounter an individual who is likely to experience an opioid overdose; and (3) the owner of a building or facility. The Public Health Officer or physician may issue a standing order within certain geographic areas of the state or statewide, and may withdraw a standing order at any time. (eff. January 1, 2024).</li> </ul>
<b>Persons who can prescribe</b>	<ul style="list-style-type: none"> <li>• "Health care professional." The term is not defined by statute.</li> <li>• Pharmacist.</li> </ul>
<b>Prescriber immunity</b>	Not addressed by statute.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Health care professional.</li> <li>• Pharmacist.</li> <li>• Law enforcement officer.</li> <li>• Firefighter.</li> <li>• Emergency medical services provider.</li> <li>• Any person designated by the state Board of Pharmacy by rule.</li> <li>• "Social services agencies," which includes, but is not limited to: <ul style="list-style-type: none"> <li>○ Homeless shelters; and</li> <li>○ Crisis centers.</li> </ul> </li> </ul>

<b><u>OREGON</u></b>	
<b>Dispenser immunity</b>	<ul style="list-style-type: none"> <li>• Person acting in good faith, if the act does not constitute wanton misconduct, is immune from criminal and civil liability for any act or omission of an act committed during the course of distributing a short-acting opioid antagonist and distributing the necessary medical supplies to administer the short-acting opioid antagonist.</li> <li>• A person acting in good faith is immune from criminal and civil liability for the person's failure or refusal to distribute short-acting opioid antagonist or distribute the necessary medical supplies to administer a short-acting opioid antagonist, if the person's failure or refusal does not constitute wanton misconduct.</li> </ul>
<b>Persons who can receive or administer ("laypersons")</b>	<ul style="list-style-type: none"> <li>• Individuals likely to experience an opiate overdose.</li> <li>• Family members of individuals likely to experience an opiate overdose.</li> <li>• Social services agencies.</li> <li>• School nurse or other school employee.</li> <li>• Law enforcement officer.</li> <li>• Firefighter.</li> <li>• Emergency medical services provider.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	<ul style="list-style-type: none"> <li>• Any person, having once lawfully obtained short-acting opioid antagonist may possess, distribute, or administer it for the purpose of reversing opioid overdose.</li> <li>• Per OR. REV. STAT. ANN. § 689.684 (West 2023) (naloxone administered by employee of social services agency), a person may administer a short-acting opioid antagonist that was not distributed to the person if: (1) the individual to whom the short-acting opioid antagonist is being administered appears to be experiencing an opioid overdose; and (2) the person who administers the short-acting opioid antagonist is an employee of a social services agency or is trained under rules adopted by the Oregon Board of Education.</li> </ul>
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• A person acting in good faith, if the act does not constitute wanton misconduct, is immune from criminal and civil liability for any act or omission of an act committed while administering a short-acting opioid antagonist.</li> <li>• A person acting in good faith is immune from criminal and civil liability for the person's failure or refusal to administer a short-acting opioid antagonist, if the person's failure or refusal does not constitute wanton misconduct.</li> </ul>

<b><u>OREGON</u></b>	
<b>Training and education requirements</b>	A short-acting opioid antagonist may not be prescribed without offering to provide oral counseling to the authorized recipient, which may include dose, effectiveness, adverse effects, storage conditions, and safety.
<b>Co-prescription requirements</b>	If a prescription is presented to a pharmacist for the dispensing of an opiate or opioid in excess of 50 morphine milligram equivalents, the pharmacist may offer to prescribe and provide a short-acting opioid antagonist the necessary medical supplies to administer the short-acting opioid antagonist.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• Oregon Board of Education, in consultation with the Oregon Health Authority, the Oregon State Board of Nursing, and the Oregon Board of Pharmacy, must adopt rules for the administration of a short-acting opioid antagonist to any student or other individual on school premise who the individual administering the short-acting opioid antagonist believes in good faith is experiencing an opioid overdose.</li> <li>• School district boards may adopt policies and procedures that provide for the administration of a short-acting opioid antagonist. These policies must be consistent with the rules adopted by the state Board of Education.</li> <li>• A school district board must provide to the parent or legal guardian of each minor student enrolled in a school in the school district information regarding short-acting opioid antagonists. The information described in this subsection must include at least a: (1) description of short-acting opioid antagonists and their purpose; (2) statement regarding, in an emergency situation, the risks of administering to an individual a short-acting opioid antagonist and the risks of not administering to an individual a short-acting opioid antagonist; (3) statement that all schools within the school district have access to short-acting opioid antagonists and the necessary medical supplies to administer the short-acting opioid antagonist on site; and (4) statement that a representative of a school may administer to a student a short-acting opioid antagonist in an emergency if the student appears to be unconscious and experiencing an opioid overdose.</li> </ul>

<b><u>OREGON</u></b>	
<b>Opioid antagonists in schools (continued)</b>	<ul style="list-style-type: none"> <li>• School administrator, school nurse, teacher, or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the use of medication if the school administrator, school nurse, teacher or other school employee in good faith administers naloxone or any similar medication to a student or other individual who the school administrator, school nurse, teacher or other school employee believes in good faith is experiencing an overdose of an opioid drug. (OR. REV. STAT. ANN. § 339.871 (West 2023); naloxone provisions repealed January 1, 2024).</li> <li>• A school administrator, teacher or other school employee may administer a short-acting opioid antagonist to a student who experienced or is experiencing an opioid overdose without written permission and instructions of the student's parents or guardian and cannot be held criminally or civilly liable for doing so. (OR. REV. STAT. ANN. § 339.870 (West 2023); eff. January 1, 2024).</li> <li>• A person may not maintain an action for injury, death or loss that results from acts or omissions of a school administrator, teacher, or other school employee during the administration of a short-acting opioid antagonist unless it is alleged and proved by the complaining party that the school administrator, teacher or other school employee was grossly negligent in administering the short-acting opioid antagonist. (OR. REV. STAT. ANN. § 339.870 (West 2023); eff. January 1, 2024).</li> <li>• Unless it is alleged and proved by the complaining party that the school district or member of the school district board was grossly negligent in administering the short-acting opioid antagonist, a person may not maintain an action for damages for injury, death or loss that results from acts or omissions of a school district or members of the school district board during the administration of a short-acting opioid antagonist by any person who administers the short-acting opioid antagonist to a student or other individual who the person believes is experiencing an opioid overdose and the administration occurs on school premises, including at a school, on school property under the jurisdiction of the school district or at any activity under the jurisdiction of the school district. (OR. REV. STAT. ANN. § 339.870 (West 2023); eff. January 1, 2024).</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	Prior to September 25, 2023, Oregon required naloxone prescriptions to be reported to the PDMP.

<b><u>OREGON</u></b>	
<b>Other provisions of note</b>	<ul style="list-style-type: none"><li>• A retail or hospital outpatient pharmacy must provide written notice in a conspicuous manner that a short-acting opioid antagonist, and the necessary medical supplies to administer the short-acting opioid antagonist are available at the pharmacy.</li><li>• The owner of any building or facility to which the public has legal access may have in the building or facility one or more short-acting opioid antagonist kits stored in a location in the building or facility easily accessible by members of the public if the kit(s) are obtained pursuant to a standing order. The owner and any staff members of a building or facility in which a kit is located are immune from criminal and civil liability for any act or omission of an act committed during the course of the administration of, or for the failure or refusal to administer, the short-acting opioid antagonist contained in the kit located in the building or facility. The Oregon Health Authority (Authority) must publish, on a website operated by or on behalf of the Authority, a list of the types of buildings and facilities, and the locations of buildings and facilities, for which the authority prioritizes the provision of kits. (eff. January 1, 2024).</li></ul>
<b>Recently proposed legislation</b>	Yes. See <a href="#">Recent State Legislation</a> .

<b><u>PENNSYLVANIA</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	35 PA. STAT. AND CONS. STAT. § 780-113.8 (West 2023) (eff. December 1, 2014).
<b>Term(s) used</b>	Naloxone.
<b>Substantive amendment(s) to law(s)</b>	January 3, 2023 amendment removes the word “naloxone” and replaces it with “opioid antagonist.”
<b>Standing order</b>	A statewide naloxone standing order first took effect on October 28, 2015. The most recent order that is publicly available is dated January 17, 2023. According to the 2023 order, the order must be reviewed at least every four years and automatically expires on the date that the physician who signed the order ceases to act as the Secretary of Health. <sup>52</sup>
<b>Persons who can prescribe</b>	Health care professional otherwise authorized to prescribe an opioid antagonist.
<b>Prescriber immunity</b>	Licensed health care professional who, acting in good faith, prescribes an opioid antagonist is not subject to any criminal or civil liability or any professional disciplinary action for such prescribing or any outcomes resulting from the eventual administration of the opioid antagonist. The immunity does not apply to a health professional who acts with intent to harm or with reckless indifference to a substantial risk of harm.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Health care professional otherwise authorized to prescribe naloxone.</li> <li>• Pharmacist.</li> </ul>
<b>Dispenser immunity</b>	Licensed health care professional or pharmacist who, acting in good faith, dispenses an opioid antagonist is not subject to any criminal or civil liability or any professional disciplinary action for such dispensing or any outcomes resulting from the eventual administration of an opioid antagonist. The immunity does not apply to a health professional or pharmacist who acts with intent to harm or with reckless indifference to a substantial risk of harm.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related overdose.</li> <li>• Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose.</li> <li>• Law enforcement officer.</li> <li>• Firefighter.</li> </ul>
<b>Layperson possession without prescription</b>	Not addressed by statute.

<sup>52</sup> “Standing order DOH-002-2023,” Penn. Dept. of Health, last accessed August 2023, <https://www.health.pa.gov/topics/Documents/Opioids/General%20Public%20Standing%20Order.pdf>.

<b><u>PENNSYLVANIA</u></b>	
<b>Layperson administration</b>	Layperson can administer an opioid antagonist to another person whom he or she believes to be suffering an opioid-related drug overdose.
<b>Layperson immunity</b>	Person, law enforcement agency, fire department or fire company acting in good faith and with reasonable care who administers an opioid antagonist to another person whom the person believes to be suffering an opioid-related drug overdose: (1) is immune from criminal prosecution, sanction under any professional licensing statute, and civil liability for such act; (2) is not subject to professional review for such act; and (3) is not liable for any civil damages for acts or omissions resulting from such act. Receipt of training and instructional materials and the prompt seeking of additional medical assistance create a rebuttable presumption that the person acted with reasonable care in administering an opioid antagonist.
<b>Training and education requirements</b>	<p>Pennsylvania Department of Health must:</p> <ul style="list-style-type: none"> <li>• In consultation with the Pennsylvania Emergency Health Services Council, implement training, treatment protocols, equipment lists, and other policies and procedures for all types of emergency medical services providers; and</li> <li>• In consultation with the Department of Drug and Alcohol Programs, develop or approve training and instructional materials about recognizing opioid-related overdoses, administering naloxone, and promptly seeking medical attention.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	According to information from the PDMP/TTAC, Pennsylvania tracks naloxone administration in the PDMP. <sup>53</sup> LAPP did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	None.

<sup>53</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed August 2023, [https://www.pdmpassist.org/pdf/state\\_summaries/Pennsylvania\\_Summary\\_Profile.pdf](https://www.pdmpassist.org/pdf/state_summaries/Pennsylvania_Summary_Profile.pdf).



<b><u>PENNSYLVANIA</u></b>	
<b>Recently proposed legislation</b>	Yes. See <a href="#">Recent State Legislation</a> .

<b><u>RHODE ISLAND</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• 216 R.I. CODE R. §§ 20-20-5.1 through 5.6 (West 2023) (eff. October 23, 2014) (opioid overdose prevention).</li> <li>• R.I. GEN. LAWS ANN. § 16-21-35 (West 2023) (eff. July 10, 2015) (Opioid antagonists in schools).</li> <li>• R.I. GEN. LAWS ANN. § 21-28.9-3 (West 2023) (eff. January 27, 2016) (layperson immunity).</li> <li>• R.I. GEN. LAWS ANN. § 27-18-82, § 27-19-73, §27-20-69, § 27-41-86 (eff. January 1, 2017) (health insurance requirements).</li> <li>• R.I. GEN. LAWS ANN. § 21-28-3.18 (West 2023) (eff. July 19, 2017) (reporting to PDMP).</li> <li>• R.I. GEN. LAWS ANN. § 21-28-3.20 (West 2023) (eff. July 2, 2018) (co-prescribing).</li> <li>• R.I. GEN. LAWS ANN. § 27-4-1.1 (West 2023) (eff. July 8, 2019) (life insurance requirements).</li> </ul>
<b>Term(s) used</b>	Naloxone; overdose antidote.
<b>Substantive amendment(s) to law(s)</b>	July 15, 2019 amendment to R.I. GEN. LAWS ANN. § 16-21-35 expands the naloxone requirement to private schools in addition to public schools.
<b>Standing order</b>	Rhode Island does not have a statewide opioid antagonist standing order, but a prescriber and a pharmacist can enter into a naloxone standing order agreement.
<b>Persons who can prescribe</b>	<p>Health care professional who is licensed in Rhode Island to prescribe an opioid antagonist, which includes:</p> <ul style="list-style-type: none"> <li>• Physician;</li> <li>• Physician assistant; and</li> <li>• Advanced practice registered nurse.</li> </ul>
<b>Prescriber immunity</b>	<ul style="list-style-type: none"> <li>• Health care professional who is licensed in Rhode Island to prescribe an opioid antagonist and who in good faith, either directly or by standing order, prescribes an opioid antagonist to a patient who, in the judgment of the health care professional, is capable of administering the drug in an emergency, is not, as a result of his or her acts or omissions, subject to disciplinary or other adverse action under any statute or regulation otherwise enforceable by the Rhode Island Department of Health.</li> <li>• A health care professional who prescribes an opioid antagonist is not subject to any professional disciplinary action for prescribing or any outcomes resulting from the eventual administration of the opioid antagonist.</li> </ul>

<b><u>RHODE ISLAND</u></b>	
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Health care professional who is licensed in Rhode Island to dispense an opioid antagonist, which includes the individuals noted above and pharmacists.</li> <li>• State and municipal law enforcement personnel.</li> <li>• State and municipal emergency services personnel, which includes: <ul style="list-style-type: none"> <li>○ Emergency medical technicians;</li> <li>○ Paramedics; and</li> <li>○ Fire department personnel.</li> </ul> </li> </ul>
<b>Dispenser immunity</b>	<ul style="list-style-type: none"> <li>• Health care professional who is licensed in Rhode Island to dispense naloxone and who in good faith, either directly or pursuant to standing order, dispenses naloxone to a patient who, in the judgment of the health care professional, is capable of administering the drug in an emergency, will not, as a result of his or her acts or omissions, be subject to disciplinary or other adverse action under any statute or regulation otherwise enforceable by the Rhode Island Department of Health.</li> <li>• Health care professional who dispenses naloxone will not be subject to any professional disciplinary action for such dispensing or any outcomes resulting from the eventual administration of naloxone.</li> <li>• State and municipal law enforcement personnel and emergency medical personnel, if acting in good faith, are not, as a result of acts or omission in providing services, liable for civil damages unless the acts or omission constitute willful and wanton misconduct.</li> <li>• Law enforcement officers or agencies participating in the HOPE (Heroin-Opioid Prevention Effort) initiative or program and acting in good faith are not, as the result of acts or omissions in providing services, subject to civil liability or criminal prosecution unless the acts or omissions constitute willful and wanton misconduct.</li> </ul>
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Individual at risk of experiencing an opioid-related overdose.</li> <li>• Family member, friend, or other person reasonably expected to be in a position to assist an individual at risk of experiencing an opioid-related overdose.</li> <li>• State and municipal law enforcement personnel.</li> <li>• State and municipal emergency services personnel.</li> <li>• Trained school nurse or teacher.</li> </ul>
<b>Layperson possession without prescription</b>	Person who is not otherwise licensed to administer naloxone who administers naloxone in an emergency is not engaged in the unlawful possession of naloxone.

<b><u>RHODE ISLAND</u></b>	
<b>Layperson administration</b>	Person who is not otherwise licensed to administer naloxone may, in an emergency, administer an opioid antagonist without fee if the person believes in good faith that an individual is experiencing a drug overdose.
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>Any person, including law enforcement personnel and emergency medical personnel, who administers an opioid antagonist to another person will not be subject to civil liability or criminal prosecution as a result of the administration of the drug.</li> <li>A layperson is not, as a result of his or her acts or omissions involving the administration of an opioid antagonist, be liable for any violation of any statute or regulations enforceable by the Department of Health and is not considered to be engaged in the unauthorized practice of medicine or the unlawful possession of naloxone.</li> <li>Use of naloxone is considered first aid or emergency treatment for the purpose of any statute relating to liability.</li> </ul>
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>Health care professional prescribing an opioid antagonist to a patient must ensure that the patient receives information on: (1) drug overdose prevention and recognition; (2) how to perform rescue breathing and resuscitation; (3) opioid antidote dosage and administration; (4) the importance of calling 911; and (5) care for the overdose victim after administration of the overdose antidote.</li> <li>State and municipal law enforcement personnel and emergency medical personnel distributing opioid antagonists must provide instructions on administration and use of the opioid antagonist.</li> </ul>
<b>Co-prescription requirements</b>	Director of Health must develop, and make available to health care practitioners, information on best practices for co-prescribing opioid antagonists to patients, which includes identifying situations where co-prescribing an opioid antagonist may be appropriate, including: (1) in conjunction with a prescription for an opioid medication, under circumstances in which the healthcare practitioner determines the patient is at an elevated risk for an opioid drug overdose; (2) in conjunction with medications prescribed pursuant to a course of medication therapy management for the treatment of a substance use disorder involving opioids; or (3) under any other circumstances in which a healthcare practitioner identifies a patient as being at an elevated risk for an opioid drug overdose.

<b><u>RHODE ISLAND</u></b>	
<b>Requirements placed on insurers</b>	<ul style="list-style-type: none"> <li>• Every individual or group health-insurance contract, plan, or policy that provides prescription coverage that is delivered, issued for delivery, amended, or renewed in the state must provide coverage for at least one generic opioid antagonist and device. Prior authorization may be required for non-generic forms of opioid antagonists and devices.</li> <li>• No life insurance company organized or doing business within this state can: (1) deny the application of an individual seeking coverage solely on the basis that the applicant has a prescription to carry or possess the drug naloxone; or (2) otherwise discriminate in the offering, issuance, cancellation, amount of coverage, price, or any other condition of a life insurance policy based solely and without any additional actuarial justification upon the fact that an individual has been issued a prescription for naloxone or has purchased naloxone.</li> </ul>
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• All public and private elementary, middle schools, junior high schools, and high schools must provide and maintain an opioid antagonist on-site in each school facility.</li> <li>• To treat a case of suspected opioid overdose in a school setting, any trained nurse or teacher may administer an opioid antagonist, during an emergency, to any student or staff suspected of having an opioid-related drug overdose whether there is a previous history of opioid abuse.</li> <li>• Any school nurse, teacher, or other school personnel using an opioid antagonist will be protected from both civil and criminal liability.</li> <li>• No school nurse or teacher can be subject to penalty or disciplinary action for refusing to be trained in the administration of an opioid antagonist.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	Under state statutory law, opioid antagonist dispensing information must be transmitted electronically to the PDMP. The information collected regarding dispensing of opioid antagonists must be deidentified and is for statistical, research, or educational purposes only.
<b>Other provisions of note</b>	None.
<b>Recently proposed legislation</b>	None.

<b><u>SOUTH CAROLINA</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• S.C. CODE ANN. § 44-130-10 to -60 (West 2023) (eff. June 3, 2015) (prescribing, dispensing, and administering) ).</li> <li>• S.C. CODE ANN. § 44-130-70 (West 2023) (eff. May 3, 2018) (prescriptions for community distributors).</li> <li>• S.C. CODE ANN. § 44-130-75 (West 2023) (eff. May 23, 2022) (hospital distribution).</li> <li>• S.C. CODE ANN. § 44-130-80 (West 2023) (eff. January 1, 2021) (hospital reporting of administered opioid antidotes).</li> <li>• S.C. CODE ANN. § 44-130-80 (West 2023) (eff. May 19, 2023) (administration of opioid antidotes by coroners).</li> <li>• S.C. CODE ANN. § 44-53-361 (West 2023) (eff. July 25, 2021) (co-prescribing).</li> <li>• S.C. CODE ANN. § 44-53-1640 (West 2023) (eff. January 1, 2021) (reporting to PDMP)</li> <li>• S.C. CODE ANN. § 44-53-1645 (West 2023) (eff. May 19, 2017) (requirement to review patient history).</li> <li>• S.C. CODE ANN. § 59-63-95 (West 2023) (eff. May 16, 2023) (administration of lifesaving medications in schools).</li> </ul>
<b>Term(s) used</b>	Opioid antidote.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• June 5, 2016 amendment to S.C. CODE ANN. § 44-130-40 (West 2023) allows a pharmacist to dispense an opioid antidote pursuant to a written joint protocol.</li> <li>• January 1, 2021 amendment to S.C. CODE ANN. § 44-130-60 (West 2023) requires an administering first responder to report for inclusion in the PDMP.</li> </ul>
<b>Standing order</b>	The South Carolina Board of Medical Examiners and Board of Pharmacy issued a joint protocol authorizing any pharmacist practicing in South Carolina and licensed by the South Carolina Board of Pharmacy to dispense naloxone products to persons without a prescription. The protocol was last updated on February 23, 2022. <sup>54</sup>
<b>Persons who can prescribe</b>	<p>“Prescriber,” which is defined to include a:</p> <ul style="list-style-type: none"> <li>• Physician;</li> <li>• Advanced practice registered nurse; and</li> <li>• Physician assistant.</li> </ul>

<sup>54</sup> “The South Carolina Board of Medical Examiners and the South Carolina Board of Pharmacy’s joint protocol to initiate dispensing of naloxone HCl without a prescription,” last accessed August 2023, <http://naloxonesavessc.org/wp-content/uploads/2022/04/Naloxone-Joint-Protocol-to-Initiate-Dispensing-of-Naloxone-HCl-without-a-Prescription-Feb.-23-2022.pdf>.

<b><u>SOUTH CAROLINA</u></b>	
<b>Prescriber immunity</b>	Prescriber who issues a written prescription or a standing order for an opioid antidote is not, as a result of an act or omission, subject to civil or criminal liability or to professional disciplinary action.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Pharmacist.</li> <li>• “Community distributor,” which is defined as an organization, either public or private, which provides substance use disorder assistance and services, such as counseling, homeless services, advocacy, harm reduction, alcohol and drug screening, and treatment to individuals at risk of experiencing an opioid-related overdose.</li> <li>• A hospital, by and through a health care provider employed by the hospital.</li> </ul>
<b>Dispenser immunity</b>	<ul style="list-style-type: none"> <li>• Pharmacist dispensing an opioid antidote is not, as a result of an act or omission, subject to civil or criminal liability or to professional disciplinary action.</li> <li>• A hospital or a health care provider employed by the hospital that distributes an opioid antidote is not subject to civil or criminal liability.</li> <li>• A community distributor that distributes an opioid antidote is not, as a result of an act or omission, subject to civil or criminal liability.</li> </ul>
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person who is at risk of experiencing an opioid-related overdose</li> <li>• Caregiver for a person who is at risk of experiencing an opioid overdose whom the prescriber has not personally examined.</li> <li>• “First responder,” which is defined to include a(n): <ul style="list-style-type: none"> <li>○ Emergency medical services provider;</li> <li>○ Law enforcement officer; and</li> <li>○ Fire department worker.</li> </ul> </li> <li>• Coroner, deputy coroner, or coroner's designee</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	<ul style="list-style-type: none"> <li>• Caregiver may, in an emergency, administer, without fee, an opioid antidote to a person whom the caregiver believes in good faith is experiencing an opioid overdose if the caregiver has received the required opioid overdose information.</li> <li>• First responder may administer an opioid antidote in an emergency if the first responder believes in good faith that the person is experiencing an opioid overdose.</li> </ul>

<b><u>SOUTH CAROLINA</u></b>	
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• Caregiver who administers an opioid antidote in accordance with the law is not subject to civil or criminal liability related to the administration of naloxone.</li> <li>• First responder who administers an opioid antidote in accordance with the law to a person whom the first responder believes in good faith is experiencing an opioid overdose is not by an act or omission subject to civil or criminal liability or to professional disciplinary action.</li> <li>• A coroner, deputy coroner, or coroner's designee who administers an opioid antidote to a person who the coroner, deputy coroner, or coroner's designee believes in good faith is experiencing an opioid overdose is not by an act or omission subject to civil or criminal liability or to professional disciplinary action.</li> </ul>
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Prescriber must provide to the person or the caregiver overdose information addressing the following: (1) opioid overdose prevention and recognition; (2) opioid antidote dosage and administration; (3) the importance of calling 911 emergency telephone service for medical assistance with an opioid overdose; and (4) care for an overdose victim after administration of the opioid antidote.</li> <li>• Prescriber must document in the medical record that the opioid overdose information has been provided to the person or the caregiver.</li> <li>• The South Carolina Department of Health and Environmental Control may establish regulations on the appropriate training for first responders who carry or have access to an opioid antidote.</li> </ul>
<b>Co-prescription requirements</b>	A prescriber must offer a prescription for, or provide consistent with the existing standard of care, naloxone hydrochloride or another drug approved by the by the United States Food and Drug Administration for the complete or partial reversal of opioid depression to a patient if one or more of the following conditions are present: (1) the prescription dosage for the patient is 50 or more morphine milligram equivalents of an opioid medication per day; (2) an opioid medication is prescribed concurrently with a prescription for benzodiazepine; or (3) he patient presents with an increased risk for overdose, including a patient with a history of overdose, a patient with a history of substance use disorder, or a patient at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant.
<b>Requirements placed on insurers</b>	Not addressed by statute.



<b><u>SOUTH CAROLINA</u></b>	
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• The governing authority of a school district or private school may authorize school nurses and other designated school personnel to administer a lifesaving medication to a student or other person on a school premises whom the school nurse or other designated school personnel believes in good faith is experiencing a medical emergency.</li> <li>• A school, school district, school district governing authority, private school governing authority, the Department of Health and Environmental Control, the State Department of Education, and employees, volunteers, and other agents of all of those entities including, but not limited to, a physician, advanced practice registered nurse, physician assistant, pharmacist, school nurse, and other designated school personnel are not subject to civil or criminal liability for damages caused by injuries to a student or another person resulting from the administration or self-administration of a lifesaving medication, regardless of whether: (1) the student's parent or guardian, or a physician, advanced practice registered nurse, or physician assistant, authorized the administration or self-administration; or (2) the other person to whom a school nurse or other designated school personnel provides or administers a lifesaving medication gave authorization for the administration.</li> <li>• “Lifesaving medication” is defined as any prescription medication that can be administered to a person experiencing a medical emergency.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	<ul style="list-style-type: none"> <li>• A first responder who administers an opioid antidote must report to the Department of Health’s Bureau of Emergency Medical Services information regarding the opioid antidote administered for inclusion in the prescription monitoring program.</li> <li>• If a person is administered an opioid antidote in a hospital emergency department or other health care facility and the supervising physician diagnoses the patient as having experienced an opioid overdose must report to the Department of Health’s Bureau of Drug Control information regarding the opioid antidote administered for inclusion in the prescription monitoring program. The information submitted must include (1) the date the opioid antidote was administered; and (2) name, address, and date of birth of the person to whom the opioid antidote was administered.</li> </ul>

<b><u>SOUTH CAROLINA</u></b>	
<b>Dispensing or administration reported to PDMP (continued)</b>	<ul style="list-style-type: none"><li>• A coroner, deputy coroner, or coroner's designee who administers an opioid antidote as provided in this section must report to the Department of Health's Bureau of Emergency Medical Services information regarding the opioid antidote administered for inclusion in the prescription monitoring program. The information submitted must include: (1) the date the opioid antidote was administered; and (2) name, address, and date of birth of the person to whom the opioid antidote was administered.</li><li>• A practitioner, or the practitioner's authorized delegate, must review a patient's controlled substance prescription history and history of the administering of an opioid antidote to the patient as maintained in the prescription monitoring program, before the practitioner issues a prescription for a Schedule II controlled substance.</li></ul>
<b>Other provisions of note</b>	None.
<b>Recently proposed legislation</b>	Yes. See <a href="#">Recent State Legislation</a> .

<b><u>SOUTH DAKOTA</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• S.D. CODIFIED LAWS § 34-20A-98 to -103 (West 2023) (eff. February 18, 2015) (first responder administration and immunity).</li> <li>• S.D. CODIFIED LAWS § 34-20A-104 to -108 (West 2023) (eff. March 16, 2016) (prescriptions for opioid antagonists)</li> <li>• S.D. CODIFIED LAWS § 34-20A-105.1 (West 2023) (eff. July 1, 2023) (opioid antagonists for employers).</li> <li>• S.D. CODIFIED LAWS § 13-33A-9 to -11 (West 2023) (eff. March 11, 2019) (Opioid antagonists in schools).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	None.
<b>Standing order</b>	A licensed health care professional may issue naloxone through a standing order. South Dakota does not have a statewide naloxone standing order.
<b>Persons who can prescribe</b>	Health care professional who is authorized to prescribe.
<b>Prescriber immunity</b>	Health care professional who is authorized to prescribe an opioid antagonist is not subject to any disciplinary action or civil or criminal liability for the prescribing of an opioid antagonist to a person whom the health care professional reasonably believes may be in a position to assist or administer the opioid antagonist to a person at risk for an opioid-related drug overdose.
<b>Persons who can dispense or distribute</b>	Health care professional who is authorized to dispense.
<b>Dispenser immunity</b>	Health care professional who is authorized to dispense an opioid antagonist is not subject to any disciplinary action or civil or criminal liability for the dispensing of an opioid antagonist to a person whom the health care professional reasonably believes may be in a position to assist or administer the opioid antagonist to a person at risk for an opioid-related drug overdose.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related overdose.</li> <li>• Family member, friend, or other close third party to a person at risk for an opioid-related drug overdose.</li> <li>• “First responder,” which is defined to include a: <ul style="list-style-type: none"> <li>○ Law enforcement officer;</li> <li>○ Driver and attendant responding to an emergency call as part of an ambulance service; and</li> <li>○ Firefighter.</li> </ul> </li> <li>• School personnel trained to administer.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.

<b><u>SOUTH DAKOTA</u></b>	
<b>Layperson administration</b>	Not addressed by statute.
<b>Layperson immunity</b>	First responder acting under a standing order who administers an opioid antagonist in good faith compliance with the protocols for administering an opioid antagonist, and the first responder's employer, are not civilly liable for injuries, and may not be held to pay damages to any person, or the person's parents, siblings, children, estate, heirs, or devisees, for injuries or death associated with the administration of an opioid antagonist.
<b>Training and education requirements</b>	Each first responder authorized to administer an opioid antagonist must be trained in: (1) symptoms of an opiate overdose; (2) protocols and procedures for administration of an opioid antagonist; (3) symptoms of adverse responses to an opioid antagonist, and protocols and procedures to stabilize the patient if an adverse response occurs; and (4) procedures for storage, transport, and security of the opioid antagonist.
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• The governing board of a school district and the governing board of a nonpublic school may acquire opioid antagonists in accordance with current state law and administrative rule and make the medication available to personnel who are trained to administer an opioid antagonist.</li> <li>• No school district, administrator, school board member, school nurse, or designated school personnel possessing or making available opioid antagonists in accordance with state law, and no health care professional providing training in relation thereto, may be held liable for any injury or related damage that results from the administration of, the self-administration of, or the failure to administer an opioid antagonist, if such action or inaction constitutes, ordinary negligence.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	No.

<b><u>SOUTH DAKOTA</u></b>	
<b>Other provisions of note</b>	<p>An employer may acquire and make available on the employer's premises an opioid antagonist that is dispensed or distributed by a licensed health care professional, in accordance with this section, if the employer: (1) develops a protocol for the transport, storage, maintenance, and location of the opioid antagonist; (2) provides training and instruction, developed by the Department of Health and made available on the Department of Health website, to employees or personnel authorized to administer an opioid antagonist on the employer's premises; and (3) prominently posts instructions on the administration of an opioid antagonist and post-administration protocol, if the employer makes it accessible to the public. Employer, employee, or other authorized personnel of an employer may not be held liable for any death, injury, or damage that arises out of the administration of, the self-administration of, or the failure to administer an opioid antagonist, if such action or inaction constitutes ordinary negligence.</p>
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2023.

<b><u>TENNESSEE</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• TENN. CODE ANN. § 63-1-152 (West 2023) (eff. July 1, 2014) (immunity provisions).</li> <li>• TENN. CODE ANN. § 63-1-157 (West 2023) (eff. March 1, 2-16) (pharmacy practice agreement).</li> <li>• TENN. CODE ANN. § 49-50-1604 (West 2023) (eff. July 1, 2017) (Opioid antagonists in schools).</li> <li>• TENN. CODE ANN. § 63-1-401 (West 2023) (eff. May 8, 2019) (co-prescribing study).</li> <li>• TENN. CODE ANN. § 53-11-308 (West 2023) (eff. July 1, 2022) (co-prescription requirement).</li> <li>• TENN. CODE ANN. § 53-11-401 (West 2023) (eff. July 1, 2022) (failure to comply with co-prescription requirement).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2015 amendment to TENN. CODE ANN. § 63-1-152 (West 2023) added a requirement that the Commissioner of Health make available recommendations for training of first responders.</li> <li>• July 1, 2022 amendment to TENN. CODE ANN. § 63-1-152 (West 2023) expanded the number of entities or people who can prescribe an opioid antagonist. This amendment also clarifies the immunity provision related to prescribing or dispensing an opioid antagonist.</li> <li>• July 1, 2022 amendment to TENN. CODE ANN. § 63-1-157 (West 2023) revises the language used to describe overdose from “opiate-related overdose” to a “drug-related overdose.”</li> </ul>
<b>Standing order</b>	The chief medical officer for the Department of Health is authorized to implement a statewide collaborative pharmacy practice agreement specific to opioid antagonist therapy with any pharmacist licensed in, and practicing in, this state. The chief medical officer issued the most recent standing order on September 19, 2022. The standing order is valid for two years from the signature date. <sup>55</sup>
<b>Persons who can prescribe</b>	Licensed healthcare practitioner otherwise authorized to prescribe an opioid antagonist.

<sup>55</sup> “Standing order for naloxone distribution from pharmacies in South Dakota,” South Dakota Dept. of Health, last accessed August 2023, <https://www.avoidopioidsd.com/wp-content/uploads/2022/09/2022-South-Dakota-Statewide-Standing-Order.pdf>.

<b><u>TENNESSEE</u></b>	
<b>Prescriber immunity</b>	<ul style="list-style-type: none"> <li>• Licensed healthcare practitioner who prescribes an opioid antagonist is immune from civil liability in the absence of gross negligence or willful misconduct for actions authorized by TENN. CODE ANN. § 63-1-152 (West 2023).</li> <li>• Licensed healthcare practitioner acting in good faith and with reasonable care who prescribes an opioid antagonist is immune from disciplinary or adverse administrative actions for acts or omissions during the prescription of an opioid antagonist.</li> </ul>
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Pharmacist.</li> <li>• Other licensed healthcare practitioner not specified by statute.</li> <li>• A first responder acting under a standing order may receive and store an opioid antagonist and may provide an opioid antagonist.</li> </ul>
<b>Dispenser immunity</b>	<ul style="list-style-type: none"> <li>• Licensed healthcare practitioner or licensed pharmacist who dispenses an opioid antagonist is immune from civil liability in the absence of gross negligence or willful misconduct for actions authorized by TENN. CODE ANN. § 63-1-152 (West 2023).</li> <li>• Licensed healthcare practitioner or pharmacist is immune from disciplinary or adverse administrative actions for acts or omissions during the dispensation of an opioid antagonist in the absence of gross negligence or willful misconduct or an or omission during the administration of, prescription of, issuance of a standing or dispensing an opioid antagonist.</li> </ul>
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opiate related overdose.</li> <li>• Family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose.</li> <li>• School nurse, school resource officer, or other trained school personnel.</li> <li>• An organization, municipal or county entity, including, but not limited to, a licensed healthcare practitioner, recovery organization, hospital, school, harm reduction organization, homeless services organization, county jail, shelter, AIDS service organization, federally qualified health center, rural health clinic, health department, or treatment resource.</li> </ul>
<b>Layperson possession without prescription</b>	Not addressed by statute.
<b>Layperson administration</b>	An individual may administer an opioid antagonist to another person if the individual has a good faith belief that the other individual is experiencing a drug-related overdose and the individual exercises reasonable care in administering the opioid antagonist to the other individual.

<b><u>TENNESSEE</u></b>	
<b>Layperson immunity</b>	Any person who administers an opioid antagonist is immune from civil liability in the absence of gross negligence or willful misconduct for the act of administering naloxone.
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• The Commissioner of Health or the Commissioner's designee must create and maintain an online education program about the administration of opioid antagonists and appropriate techniques and follow-up procedures for opioid related drug overdose.</li> <li>• Commissioner of Health or the commissioner's designee must make available recommendations for training of first responders in the appropriate use of opioid antagonists.</li> <li>• Before a pharmacist enters into a statewide collaborative pharmacy practice agreement with the Chief Medical Officer for the dispensing of an opioid antagonist, the pharmacist must provide documentation of completion of an opioid antagonist training program within the previous two years.</li> </ul>
<b>Co-prescription requirements</b>	<ul style="list-style-type: none"> <li>• A healthcare provider must offer a prescription for an opioid antagonist if the provider prescribes more than a three-day supply of an opioid medication and the prescribes an opioid medication concurrently with a prescription by the same provider for benzodiazepine or the patient presents with an increased risk for overdose, including a history of overdose, a history of substance use disorder, or being at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant. This section does not apply to any patient in palliative care treatment.</li> <li>• Any healthcare provider that does not adhere to co-prescribing requirements as provided in statute is punishable by a civil penalty assessed by the provider's licensing board provided that the provider's actions involve a pattern of willful failure to comply.</li> </ul>
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• Tennessee Board of Education, in consultation with the Department of Health, must develop guidelines for the management of students presenting with a drug overdose for which administration of an opioid antagonist may be appropriate.</li> <li>• Each school within a local education agency and each nonpublic school is authorized to maintain an opioid antagonist at the school in at least two unlocked, secure locations, including, but not limited to, the school office and the school cafeteria, so that an opioid antagonist may be administered to any student believed to be having a drug overdose.</li> </ul>



<b><u>TENNESSEE</u></b>	
<b>Opioid antagonists in schools (continued)</b>	<ul style="list-style-type: none"><li>• If a student is injured or harmed due to the administration of an opioid antagonist to the student by a school nurse, school resource officer, or other trained school personnel, then the school nurse, school resource officer, or school employee will not be held responsible for the injury unless the school nurse, school resource officer, or school employee administered the opioid antagonist with an intentional disregard for safety.</li></ul>
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	Any person treated for a drug-related overdose with an opioid antagonist by a first responder must be taken to a medical facility by emergency medical services for evaluation unless the person is competent to refuse medical treatment and chooses to refuse.
<b>Recently proposed legislation</b>	Yes. See <a href="#">Recent State Legislation</a> .

<b><u>TEXAS</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• TEX. HEALTH &amp; SAFETY CODE ANN. § 483.101 to 107 (West 2023) (eff. September 1, 2015) (immunity).</li> <li>• TEX. GOV'T. CODE ANN. § 772.0078 (West 2023) (eff. June 10, 2019) (opioid antagonist grant program).</li> <li>• TEX. INS. CODE ANN. § 1101.251 to 253 (West 2023) (eff. September 1, 2019) (insurance).</li> <li>• TEX. EDUC. CODE ANN. § 38.221 to 228 (West 2023) (eff. June 18, 2023) (opioid antagonists in schools).</li> <li>• TEX. HEALTH &amp; SAFETY CODE ANN. § 461A.059 (West 2023) (eff. September 1, 2019) (opioid antagonist program).</li> <li>• TEX. ALCO. BEV. CODE ANN. § 5.61 (West 2023) (eff. September 1, 2023) (alcoholic beverage commission training).</li> <li>• TEX. ALCO. BEV. CODE ANN. § 28.20 (West 2023) (eff. September 1, 2023) (mixed beverage permit overdose training).</li> <li>• TEX. ALCO. BEV. CODE ANN. § 32.26 (West 2023) (eff. September 1, 2023) (private club registration permit overdose training).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	June 17, 2023 amendment to TEX. HEALTH & SAFETY CODE ANN. § 461A.059 (West 2023) adds institutions of higher education to the list of entities the Commissioner of State Health Services may provide opioid antagonists under the Opioid Antagonist Program.
<b>Standing order</b>	The Texas Pharmacy Association has a physician-signed standing order for naloxone. The standing order authorizes a pharmacist that is active and in good standing with the Texas State Board of Pharmacy to dispense an opioid antagonist without a prescription. <sup>56</sup>
<b>Persons who can prescribe</b>	“Prescriber,” which is defined as a person authorized by law to prescribe an opioid antagonist.
<b>Prescriber immunity</b>	Prescriber who, acting in good faith and with reasonable care, prescribes or does not prescribe an opioid antagonist is not subject to any criminal or civil liability or any professional disciplinary action for: (1) prescribing or failing to prescribe the opioid antagonist; or (2) if the prescriber chooses to prescribe an opioid antagonist, any outcome resulting from the eventual administration of the opioid antagonist.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Pharmacist.</li> <li>• Person or organization acting under a standing order issued by a prescriber may store an opioid antagonist and may distribute an opioid antagonist, provided the person or organization does not request or receive compensation for storage or distribution.</li> </ul>

<sup>56</sup> “Texas pharmacist naloxone standing order application,” Texas Pharmacy Association, last accessed August 2023, <https://www.texaspharmacy.org/page/TXPHARMNALOX>.

<b><u>TEXAS</u></b>	
<b>Dispenser immunity</b>	Pharmacist who, acting in good faith and with reasonable care, dispenses or does not dispense an opioid antagonist under a valid prescription is not subject to any criminal or civil liability or any professional disciplinary action for: (1) dispensing or failing to dispense the opioid antagonist; or (2) if the pharmacist chooses to dispense an opioid antagonist, any outcome resulting from the eventual administration of the opioid antagonist.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related drug overdose.</li> <li>• Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose.</li> <li>• “Emergency services personnel,” which is defined to include: <ul style="list-style-type: none"> <li>○ Emergency medical services personnel;</li> <li>○ Emergency room personnel; and</li> <li>○ Other individuals who, in the course and scope of employment or as a volunteer, provide services for the benefit of the general public during emergency situations.</li> </ul> </li> </ul>
<b>Layperson possession without prescription</b>	Any person may possess an opioid antagonist regardless of whether the person holds a prescription for the opioid antagonist.
<b>Layperson administration</b>	Person acting in good faith and with reasonable care may administer an opioid antagonist to another person whom he or she believes is suffering an opioid-related drug overdose.
<b>Layperson immunity</b>	Person acting in good faith and with reasonable care who administers or does not administer an opioid antagonist to another person whom the person believes is suffering an opioid-related drug overdose is not subject to criminal prosecution, sanction under any professional licensing statute, or civil liability for an act or omission resulting from the administration of or failure to administer the opioid antagonist.

<b><u>TEXAS</u></b>	
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>Each school district, open-enrollment charter school, and private school that adopts a policy under Section 38.222(a) or (b) is responsible for training school personnel and school volunteers in the administration of an opioid antagonist. The training must include information on: (1) recognizing the signs and symptoms of an opioid-related drug overdose; (2) administering an opioid antagonist; (3) implementing emergency procedures, if necessary, after administering an opioid antagonist; and (4) properly disposing of used or expired opioid antagonists.</li> <li>The Alcoholic Beverage Commission must develop a training program that provides training on: (1) the signs and symptoms of an opioid-related drug overdose; and (2) the administration of an opioid antagonist.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	<p>With respect to a life insurance policy: (1) issued or delivered in Texas; or (2) issued by a life insurance company organized in Texas, the insurer may not, based solely on whether an individual has been prescribed or has obtained through a standing order an opioid antagonist:</p> <ul style="list-style-type: none"> <li>Deny coverage to the individual;</li> <li>Limit the amount, extent, or kind of coverage available to the individual; or</li> <li>Charge the individual or a group to which the individual belongs a rate that is different from the rate charged to other individuals or groups, respectively, for the same coverage, unless the charge is based on sound underwriting or actuarial principles.</li> </ul>

<b><u>TEXAS</u></b>	
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>Each school district must adopt and implement a policy regarding the maintenance, administration, and disposal of opioid antagonists at each campus in the district that serves students in grades 6 through 12 and may adopt and implement such a policy at each campus in the district, including campuses serving students in a grade level below grade 6. An open-enrollment charter school or private school may adopt and implement a policy regarding the maintenance, administration, and disposal of opioid antagonists.</li> <li>A policy must: (1) provide that school personnel and school volunteers who are authorized and trained may administer an opioid antagonist to a person who is reasonably believed to be experiencing an opioid-related drug overdose; (2) require that each school campus subject to a policy adopted under this section have one or more school personnel members or school volunteers authorized and trained to administer an opioid antagonist present during regular school hours; (3) establish the number of opioid antagonists that must be available at each campus at any given time; and (4) require that the supply of opioid antagonists at each school campus subject to a policy adopted under this section must be stored in a secure location and be easily accessible to school personnel and school volunteers authorized and trained to administer an opioid antagonist.</li> <li>Not later than the 10<sup>th</sup> business day after the date a school personnel member or school volunteer administers an opioid antagonist in accordance with a policy the school must report specific information to: (1) the school district, the charter holder if the school is an open-enrollment charter school, or the governing body of the school if the school is a private school; (2) the physician or other person who prescribed the opioid antagonist; and (3) the commissioner of state health services.</li> <li>A school district, open-enrollment charter school, or private school and school personnel and school volunteers are immune from suit resulting from an act, or failure to act, under this subchapter, including an act or failure to act under related policies and procedures.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	No.

<b><u>TEXAS</u></b>	
<b>Other provisions of note</b>	<ul style="list-style-type: none"><li>• The Criminal Justice Division of the Governor's Office must establish and administer a grant program to provide financial assistance to a law enforcement agency in the state that seeks to provide opioid antagonists to peace officers, evidence technicians, and related personnel who, in the course of performing their duties, are likely to come into contact with opioids or encounter persons suffering from an apparent opioid-related drug overdose. A law enforcement agency may apply for a grant under this section only if the agency first adopts a policy addressing the usage of an opioid antagonist for a person suffering from an apparent opioid-related drug overdose.</li><li>• From funds available for that purpose the Commissioner of State Health Services (Commissioner) must operate a program to provide opioid antagonists for the prevention of opioid overdoses in a manner determined by the executive commissioner to best accomplish that purpose. The Commissioner may provide opioid antagonists under the program to emergency medical services personnel, first responders, public schools, institutions of higher education, community centers, and other persons likely to be in a position to respond to an opioid overdose.</li><li>• The holder of a mixed beverage permit and each employee of the permit holder who is required by the permit holder to complete a commission-approved seller training program shall complete the opioid-related drug overdose training program described by Section 5.61 each year. This does not apply to a mixed beverage permit holder that is a restaurant.</li><li>• The holder of a private club registration permit and each employee of the permit holder who is required by the permit holder to complete a commission-approved seller training program shall complete the opioid-related drug overdose training program described by Section 5.61 each year. This does not apply to the holder of a private club registration permit that is a restaurant.</li></ul>
<b>Recently proposed legislation</b>	Yes. See <a href="#">Recent State Legislation</a> .

<b>UTAH</b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• Utah Code Ann. § 26B-4-508 to 514 (West 2023) (renumbered May 3, 2023; initially effective May 13, 2014) (standing orders and immunity provisions)</li> <li>• UTAH CODE ANN. § 58-17b-507 (West 2023) (eff. May 10, 2016) (professional conduct - pharmacist).</li> <li>• UTAH CODE ANN. § 58-31b-703 (West 2023) (eff. May 10, 2016) (professional conduct – nurse).</li> <li>• UTAH CODE ANN. § 58-67-702 (West 2023) (eff. May 10, 2016) (professional conduct – physician).</li> <li>• UTAH CODE ANN. § 58-68-702 (West 2023) (eff. May 10, 2016) (professional conduct – osteopathic).</li> <li>• UTAH CODE ANN. § 58-69-702 (West 2023) (eff. May 10, 2016) (professional conduct – dentist).</li> <li>• UTAH CODE ANN. § 58-70a-505 (West 2023) (eff. May 10, 2016) (professional conduct – physician assistant).</li> <li>• UTAH ADMIN. CODE r. R384-210-2 (West 2023) (eff. June 7, 2018) (co-prescribing guidelines).</li> <li>• UTAH CODE ANN. § 58-37-7 (West 2023) (eff. May 3, 2023) (naloxone education and offer to dispense)</li> <li>• UTAH CODE ANN. § 58-37-19 (West 2023) (eff. May 3, 2023) (initial opiate prescription).</li> </ul>
<b>Term(s) used</b>	Opiate antagonist.
<b>Substantive amendment(s) to law(s)</b>	None.
<b>Standing order</b>	The Executive Director of the Utah Department of Health issued a statewide naloxone standing order on December 8, 2016, allowing pharmacists to dispense naloxone without a prior prescription. The most recent version of the standing order available online was issued on February 16, 2021. The Utah Department of Health will review this standing order and request input from the Utah Board of Pharmacy as new information becomes available to provide recommendations and support of revisions prior to a re-issue as needed or at least every 2 years. <sup>57</sup> Based on the language of the order there should be an updated version, however, there does not appear to be one.

<sup>57</sup> “Utah statewide standing order dispensing naloxone for opioid overdose prevention,” Utah Department of Health, last accessed August 2023, <https://dopl.utah.gov/wp-content/uploads/2022/10/naloxone-standing-order.pdf>.

<b>UTAH</b>	
<b>Persons who can prescribe</b>	<p>“Health care provider,” which is defined to include a:</p> <ul style="list-style-type: none"> <li>• Physician;</li> <li>• Advanced practice registered nurse;</li> <li>• Physician assistant; and</li> <li>• Individual licensed to engage in the practice of dentistry.</li> </ul>
<b>Prescriber immunity</b>	<ul style="list-style-type: none"> <li>• Health care provider who is licensed to prescribe an opiate antagonist may prescribe an opiate antagonist without liability for any civil damages for acts or omissions made as a result of prescribing the opiate antagonist in good faith.</li> <li>• It is not unprofessional conduct or unlawful conduct for a physician, advanced practice nurse, physician assistant, or dentist to prescribe an opioid antagonist in good faith.</li> </ul>
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Health care provider.</li> <li>• Pharmacist.</li> <li>• “Overdose outreach provider,” which is defined to include a(n): <ul style="list-style-type: none"> <li>○ Law enforcement agency;</li> <li>○ Fire department;</li> <li>○ Emergency medical services provider and personnel;</li> <li>○ Organization providing treatment or recovery services for drug or alcohol use;</li> <li>○ Organization providing support services for an individual, or family of an individual, with a substance use disorder;</li> <li>○ Organization providing substance use or mental health services under contract with a local substance use authority or a local mental health authority;</li> <li>○ Organization providing services to the homeless; and</li> <li>○ Local health department.</li> </ul> </li> </ul>
<b>Dispenser immunity</b>	<ul style="list-style-type: none"> <li>• Health care provider who is licensed to prescribe an opiate antagonist or a pharmacist may dispense an opiate antagonist without liability for any civil damages for acts or omissions made as a result of dispensing the opiate antagonist in good faith.</li> <li>• It is not unprofessional conduct or unlawful conduct for a physician, advanced practice nurse, physician assistant, dentist, or pharmacist to dispense an opioid antagonist in good faith.</li> <li>• Overdose outreach provider may furnish an opiate antagonist without liability for any civil damages for acts or omissions made as a result of furnishing the opiate antagonist in good faith.</li> </ul>



<b><u>UTAH</u></b>	
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Individual who is at an increased risk of experiencing an opiate-related drug overdose event.</li> <li>• Family member, friend, or other person that is in a position to assist an individual who is at an increased risk of experiencing an opiate-related drug overdose event.</li> <li>• Overdose outreach provider.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Layperson can administer an opiate antagonist to an individual whom the person believes to be experiencing an opiate-related drug overdose event.
<b>Layperson immunity</b>	Overdose outreach provider and a person other than a health care facility or health care provider are not liable for any civil damages for acts or omissions made as a result of administering an opiate antagonist when the person acts in good faith to administer the opiate antagonist to an individual whom the person believes to be experiencing an opiate-related drug overdose event.
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Health care provider who dispenses an opiate antagonist to an individual or an overdose outreach provider must provide education to the individual or overdose provider that includes written instruction on how to recognize an opiate-related drug overdose event, and respond appropriately to an opiate-related drug overdose event, including how to: (1) administer an opiate antagonist; and (2) ensure that an individual to whom an opiate antagonist has been administered receives, as soon as possible, additional medical care and a medical evaluation.</li> <li>• Overdose outreach provider must furnish the recipient of the opiate antagonist with the written instruction received from the health care provider at the time the opiate antagonist was dispensed to the overdose outreach provider.</li> <li>• As funding is available, the Utah Department of Health must produce and distribute, in conjunction with the Utah Division of Substance Abuse and Mental Health, a pamphlet about opiates that includes information regarding the benefits of and ways to obtain naloxone.</li> <li>• Beginning January 1, 2024, whenever a pharmacy sells or dispenses a Schedule II or Schedule III controlled substance that is an opiate, the pharmacy must offer to counsel the patient or the patient’s representative on the use and availability of an opioid antagonist.</li> </ul>

<b>UTAH</b>	
<b>Co-prescription requirements</b>	<ul style="list-style-type: none"> <li>Prescribers are encouraged to co-prescribe an opioid antagonist and provide education on how to recognize an opioid overdose: (1) to patients, patient's household members and/or close contacts, if factors exist that increase a patient's risk for opioid overdose; and (2) to households where preschool age children live or visit, whenever opiate medication is prescribed. Risks for opioid overdose include certain situations described in the regulation.</li> <li>Beginning January 1, 2024, whenever a pharmacy sells or dispenses a Schedule II or Schedule III controlled substances that is an opiate, the pharmacy must offer to dispense an opioid antagonist to the patient or the patient's representative, if the patient: (1) receives a single prescription for 50 morphine milligram equivalents or more per day, (2) is being dispensed an opioid and the pharmacy dispensed a benzodiazepine to the patient in the previous 30 day period; or (3) is being dispensed a benzodiazepine and the pharmacy dispensed an opioid to the patient in the previous 30 day period.</li> <li>Beginning January 1, 2024, a prescriber must offer to prescribe or dispense an opioid antagonist to a patient if the patient receives an initial opiate prescription for: (1) 50 morphine milligram equivalents or more per day or (2) any opiate if the practitioner is also prescribing a benzodiazepine to the patient. This does not apply if the initial opiate prescription is administered directly to an ultimate user by a licensed practitioner; or is for a three-day supply or less. This does not require a patient to purchase or obtain an opioid antagonist as a condition of receiving the patient's initial opiate prescription.</li> </ul>
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	Not addressed by statute other than the Opiate Overdose Outreach Pilot Program (discussed below).
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Utah, tracks naloxone dispensing and administration in the PDMP. <sup>58</sup> LAPP did not locate a statute or regulation directing this reporting.

<sup>58</sup> "PDMP Policies and Capabilities," Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed August 2023, [https://www.pdmpassist.org/pdf/state\\_summaries/Utah\\_Summary\\_Profile.pdf](https://www.pdmpassist.org/pdf/state_summaries/Utah_Summary_Profile.pdf).

<b><u>UTAH</u></b>	
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• An opiate overdose outreach pilot program will be established by the Department of Health and funds may be used to: (1) increase the availability of educational materials and other resources designed to assist individuals; (2) increase public awareness of, access to, and use of opiate antagonists; (3) maintain data collection efforts; (4) pay for the purchase by the grantee of an opiate antagonist; or (5) pay for the grantee's cost of providing training on the proper administration of an opiate antagonist in response to an opiate-related drug overdose event.</li> <li>• Entities eligible to seek grants include: <ul style="list-style-type: none"> <li>○ Law enforcement agency;</li> <li>○ Local health department;</li> <li>○ Organization that provides drug or alcohol treatment services;</li> <li>○ Organization that provides services to the homeless;</li> <li>○ Organization that provides training on the proper administration of an opiate antagonist;</li> <li>○ Public school, private school, or an institution within the state system of higher education; and</li> <li>○ Any other organization that is able to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event.</li> </ul> </li> </ul>
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2023.

<b><u>VERMONT</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• VT. STAT. ANN. tit.18, § 4240 (West 2023) (eff. July 1, 2013) (immunity provisions).</li> <li>• VT. STAT. ANN. tit. 33, § 2004a (West 2023) (eff. July 1, 2013) (evidence-based education fund).</li> <li>• VT. STAT. ANN. tit. 26, § 2080 (West 2023) (eff. July 1, 2014) (pharmacist).</li> <li>• 12-5-53 VT. CODE R. § 7.0 (West 2023) (eff. August 1, 2015) (co-prescription requirement).</li> <li>• VT. STAT. ANN. tit. 33 § 2004 (West 2023) (eff. January 1, 2016) (manufacturer fee).</li> <li>• VT. STAT. ANN. tit. 18, § 4774 (West 2023) (eff. May 16, 2023) (opioid abatement fund).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	May 25, 2023 amendment to VT. STAT. ANN. tit.18, § 4240 (West 2023) removes the requirement that after a person has administered an opioid antagonist, he or she must immediately call for emergency medical services.
<b>Standing order</b>	A statewide naloxone standing order first took effect in August 2016. The Department of Health last updated this order on August 31, 2023 and will remain effective until August 31, 2025. <sup>59</sup>
<b>Persons who can prescribe</b>	<p>“Health care professional,” which is defined to include a(n):</p> <ul style="list-style-type: none"> <li>• Physician;</li> <li>• Physician assistant; and</li> <li>• Advanced practice registered nurse.</li> </ul>
<b>Prescriber immunity</b>	Health care professional who prescribes an opioid antagonist is immune from civil or criminal liability with regard to the subsequent use of the opioid antagonist, unless the health professional’s actions with regard to prescribing the opioid antagonist constituted recklessness, gross negligence, or intentional misconduct.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Health care professional.</li> <li>• Pharmacist.</li> <li>• Person acting on behalf of a community-based overdose prevention program.</li> </ul>

<sup>59</sup> “Opioid overdose prevention and naloxone rescue program,” Vermont Department of Health, last accessed September 2023, [https://www.healthvermont.gov/sites/default/files/documents/pdf/RESP\\_Naloxone\\_standingorder.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/RESP_Naloxone_standingorder.pdf)

<b><u>VERMONT</u></b>	
<b>Dispenser immunity</b>	<ul style="list-style-type: none"> <li>• Health care professional or pharmacist who dispenses or distributes an opioid antagonist is immune from civil or criminal liability with regard to the subsequent use of the opioid antagonist, unless the person's actions with regard to dispensing or distributing the opioid antagonist constituted recklessness, gross negligence, or intentional misconduct.</li> <li>• Person acting on behalf of a community-based overdose prevention program is immune from civil or criminal liability for providing education on opioid-related overdose prevention or for purchasing, acquiring, or distributing an opioid antagonist unless the person's actions constituted recklessness, gross negligence, or intentional misconduct.</li> </ul>
<b>Persons who can receive or administer ("laypersons")</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related overdose.</li> <li>• Family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.</li> <li>• Person acting on behalf of a community-based overdose prevention program.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	An individual may administer an opioid antagonist to a victim if he or she believes, in good faith, that the victim is experiencing an opioid-related overdose.
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• An individual is immune from civil or criminal liability for administering an opioid antagonist unless the person's actions constitute recklessness, gross negligence, or intentional misconduct. The immunity granted in this subdivision applies whether or not the opioid antagonist is administered by or to a person other than the person for whom it was prescribed.</li> <li>• Person acting on behalf of a community-based overdose prevention program is immune from civil or criminal liability for providing education on opioid-related overdose prevention or for possessing an opioid antagonist unless the person's actions constituted recklessness, gross negligence, or intentional misconduct.</li> </ul>

<b><u>VERMONT</u></b>	
<b>Training and education requirements</b>	Vermont’s Department of Health must develop and implement a prevention, intervention, and response strategy, depending on available resources, that will: (1) provide educational materials on opioid overdose prevention to the public free of charge; (2) increase community-based prevention programs aimed at reducing risk factors that lead to opioid overdoses; (3) develop a statewide opioid antagonist program that emphasizes access to opioid antagonists for individuals with opioid use disorder; (4) distribute opioid antagonists to assist those at risk of experiencing an opioid-related overdose; and (5) establish opioid antagonist dispensing kiosks in locations accessible to those at risk of experiencing an opioid-related overdose.
<b>Co-prescription requirements</b>	Prescribers must co-prescribe naloxone or document in the medical record that a patient has a valid prescription for or states they are in possession of naloxone for: (1) all patients who receive one or more opioid prescriptions totaling a morphine milligram equivalent daily dose of 90 or more; and (2) all patients receiving a prescription that results in concurrent use of an opioid and benzodiazepines.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Vermont tracks naloxone dispensing and administration in the PDMP. <sup>60</sup> LAPP did not locate a statute or regulation directing this reporting.

<sup>60</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed September 2023, [https://www.pdmpassist.org/pdf/state\\_summaries/Vermont\\_Summary\\_Profile.pdf](https://www.pdmpassist.org/pdf/state_summaries/Vermont_Summary_Profile.pdf).

<b><u>VERMONT</u></b>	
<b>Other provisions of note</b>	<ul style="list-style-type: none"><li>• Health care professional who treats an opioid overdose victim and who has knowledge that the victim has been administered an opioid antagonist within the preceding 30 days must refer the victim to professional substance use disorder treatment services.</li><li>• Annually, each pharmaceutical manufacturer or labeler of prescription drugs that are paid for in part by state resources are assessed a fee that funds a number of activities, including the purchase and distribution of naloxone to emergency medical services personnel and state-developed opioid-antagonist education, training, and distribution programs.</li><li>• The Evidence-Based Education and Advertising Fund is established in the State Treasury as a special fund to be a source of financing for certain activities, including the purchase and distribution of naloxone to emergency medical services personnel; and for the support of state-developed opioid-antagonist education, training, and distribution programs.</li><li>• The state's Opioid Abatement Special Fund must prioritize promoting the appropriate use of naloxone and other drugs approved by the U.S. Food and Drug Administration approved to reverse an opioid overdose, specifically, expanding training for first responders, schools, community support groups, families; and increasing distribution to individuals who are uninsured or whose health insurance does not cover the needed goods and services.</li></ul>
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2023.

<b><u>VIRGINIA</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• VA. CODE ANN. § 8.01-225 (West 2023) (eff. March 13, 2013) (immunity provisions).</li> <li>• VA. CODE ANN. § 54.1-3408 (West 2023) (eff. April 15, 2015) (Opioid antagonists in schools; possession by laypersons).</li> <li>• VA. CODE ANN. § 54.1-2519 and 54.1-2521 (West 2023) (eff. July 1, 2018) (reporting to PDMP).</li> <li>• 18 VA. ADMIN. CODE § 85-21-70 (West 2023) (eff. August 8, 2018) (co-prescription requirements).</li> <li>• VA. CODE ANN. § 54.1-3303.1 (West 2023) (eff. July 1, 2020) (pharmacist-initiated treatment).</li> <li>• VA. CODE ANN. § 32.1-127 (West 2023) (eff. July 1, 2022) (dispensing naloxone in emergency departments).</li> </ul>
<b>Term(s) used</b>	Naloxone; opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• April 15, 2015 amendment to VA. CODE ANN. § 8.01-225 (West 2023) added immunity protections for individuals who prescribe and dispense naloxone.</li> <li>• March 5, 2019 amendment to VA. CODE ANN. § 54.1-3408 (West 2023) added provisions for schools to possess and administer naloxone.</li> <li>• July 1, 2020 amendments to VA. CODE ANN. §§ 8.01-225 and 54.1-3408 (West 2023):             <ul style="list-style-type: none"> <li>○ Allows an employee or other individual acting on behalf of a public place to possess and administer naloxone or another opioid antagonist; and</li> <li>○ Allows an individual who is not otherwise authorized to administer naloxone or other opioid antagonist to administer it, provided that the administration is in good faith and absent gross negligence or willful and wanton misconduct.</li> </ul> </li> <li>• July 1, 2023 amendment to VA. CODE ANN. § 54.1-3408 (West 2023) removes the training requirements related to the possession and administration of naloxone.</li> </ul>
<b>Standing order</b>	The most recent statewide naloxone standing order took effect on February 10, 2023 and superseded an order issued in March 2020. The order is effective for two years from the date issued, unless otherwise discontinued by the Commissioner of Health or upon his or her resignation, removal, or retirement. <sup>61</sup>
<b>Persons who can prescribe</b>	“Prescriber,” which is defined as a practitioner who is authorized to issue a prescription.

<sup>61</sup> “Statewide standing order for naloxone,” Va. Dept. of Health, last accessed September 2023, [https://www.vdh.virginia.gov/content/uploads/sites/3/2022/01/Naloxone-Standing-Order\\_1-14-2022.pdf](https://www.vdh.virginia.gov/content/uploads/sites/3/2022/01/Naloxone-Standing-Order_1-14-2022.pdf).



<b><u>VIRGINIA</u></b>	
<b>Prescriber immunity</b>	Any individual who, in good faith, prescribes naloxone in an emergency to an individual who is believed to be experiencing or about to experience a life-threatening opiate overdose is not liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if acting in accordance with the provisions of subsection X or Y of VA. CODE ANN. § 54.1-3408 (West 2023) or in his or her role as an emergency medical services agency member.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Pharmacist.</li> <li>• Health care provider providing services in a hospital emergency department.</li> <li>• Emergency medical services personnel.</li> <li>• Person who is acting on behalf of an organization that provides services to individuals at risk of experiencing an opioid overdose or that provides training in the administration of naloxone for overdose reversal, so long as the dispensing is pursuant to a standing order and the individual receiving naloxone has received instruction on the administration of naloxone for opioid overdose reversal.</li> </ul>
<b>Dispenser immunity</b>	Any individual who, in good faith, dispenses naloxone in an emergency to an individual who is believed to be experiencing or about to experience a life-threatening opiate overdose will not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if acting in accordance with the provisions of subsection X or Y of VA. CODE ANN. § 54.1-3408 (West 2023) or in his or her role as an emergency medical services agency member.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person who is not otherwise authorized to administer naloxone.</li> <li>• Law enforcement officers.</li> <li>• Department of Forensic Science employees.</li> <li>• Employees of the Office of the Chief Medical Examiner.</li> <li>• Employees of the Department of General Services Division of Consolidated Laboratory Services.</li> <li>• Employees of the Department of Corrections designated as probation and parole officers or as correctional officers.</li> <li>• Employees of regional jails.</li> <li>• School nurses, local health department employees that are assigned to a public school pursuant to an agreement between the local health department and the school board, other school board employees or individuals contracted by a school board to provide school health services.</li> </ul>

<b><u>VIRGINIA</u></b>	
<b>Persons who can receive or administer (“laypersons”) (continued)</b>	<ul style="list-style-type: none"> <li>• Firefighters.</li> <li>• Employee or other individual acting on behalf of a public place, which is defined as any enclosed area that is used or held out for use by the public, whether owned or operated by a public or private interest.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Person to whom naloxone has been dispensed may possess and administer naloxone to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.
<b>Layperson immunity</b>	Person acting in good faith who administers naloxone to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose in accordance with the provisions of subsection Z of VA. CODE. ANN. § 54.1-3408 (West 2023) is not liable for any civil damages for any personal injury that results from any act or omission in the administration of naloxone or other opioid antagonist used for overdose reversal unless such act or omission is the result of gross negligence or willful and wanton misconduct.
<b>Training and education requirements</b>	Not addressed by statute.
<b>Co-prescription requirements</b>	When treating with an opioid, a practitioner must prescribe naloxone for any patient when the risk factors of prior overdose, substance misuse, doses in excess of 120 morphine milligram equivalents per day, or concomitant benzodiazepine are present.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	School nurses, local health department employees that are assigned to a public school pursuant to an agreement between the local health department and the school board, other school board employees or individuals contracted by a school board to provide school health services may possess and administer naloxone or other opioid antagonist used for overdose reversal and may dispense naloxone or other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order issued by a prescriber or the Commissioner of Health or his designee.
<b>Dispensing or administration reported to PDMP</b>	State statutory law requires dispensing information to be reported to the state prescription drug monitoring program (PDMP) as naloxone is included in the definition of “covered substance.”

<b><u>VIRGINIA</u></b>	
<b>Other provisions of note</b>	Any hospital with an emergency department must establish a protocol for the treatment and discharge of individuals experiencing a substance use-related emergency which must include either providing naloxone or another type of opioid antagonist or a prescription for an opioid antagonist.
<b>Recently proposed legislation</b>	Yes. See <a href="#">Recent State Legislation</a> .

<b>WASHINGTON</b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• WASH. REV. CODE ANN. § 69.41.095 (West 2023) (eff. July 24, 2015) (immunity provisions).</li> <li>• WASH. ADMIN. CODE § 246-840-4980 (West 2023) (eff. November 1, 2018) (co-prescribing).</li> <li>• WASH. REV. CODE ANN. § 28A.210.390 (West 2023) (eff. July 28, 2019) (Opioid antagonists in schools).</li> <li>• WASH. REV. CODE ANN. § 28A.210.395 (West 2023) (eff. July 28, 2019) (school policy and grant program).</li> <li>• WASH. REV. CODE ANN. § 28B.10.577 (West 2023) (eff. July 28, 2019) (higher education).</li> <li>• WASH. REV. CODE ANN. § 41.05.525 (West 2023) (eff. July 28, 2019) (prior authorization – state health plans)</li> <li>• WASH. REV. CODE ANN. § 48.43.760 (West 2023) (eff. July 28, 2019) (insurance requirements – health plans).</li> <li>• WASH. REV. CODE ANN. § 71.24.597 (West 2023) (eff. July 28, 2019) (coordinated purchasing).</li> <li>• WASH. REV. CODE ANN. § 74.09.645 (West 2023) (eff. July 28, 2019) (prior authorization – Medicaid).</li> <li>• WASH. REV. CODE ANN. § 70.14.170 (West 2023) (eff. July 25, 2021) (bulk purchasing)</li> <li>• WASH. REV. CODE ANN. § 74.09.630 (West 2023) (eff. July 25, 2021) (Medicaid reimbursement).</li> <li>• Wash. Rev. Code Ann. § 71.24.594 (West 2023) (eff. January 1, 2022) (distribution by behavioral health agencies)</li> <li>• WASH. REV. CODE ANN. § 71.24.522 (West 2023) (eff. August 15, 2023) (training for parents of children with substance use disorder).</li> <li>• WASH. REV. CODE ANN. § 43.216.021 (West 2023) (eff. August 15, 2023) (training for department of children, youth, and families).</li> </ul>
<b>Term(s) used</b>	Opioid overdose reversal medication; naloxone.
<b>Substantive amendment(s) to law(s)</b>	July 28, 2019 amendment to WASH. REV. CODE ANN. § 69.41.095 (West 2023) allows the Secretary of Health to issue a standing order for naloxone.
<b>Standing order</b>	A statewide naloxone standing order took effect on August 27, 2019. The Department of Health issued most current standing order on January 12, 2023 and will expire on the date that the physician who signed the order revokes it or ceases to act as the State Health Officer, whichever comes sooner. <sup>62</sup>

<sup>62</sup> “Standing order to dispense naloxone,” Wash. State Dept. of Health, last accessed September 2023, <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//150-127-StatewideStandingOrderToDispenseNaloxone.pdf>.

<b>WASHINGTON</b>	
<b>Persons who can prescribe</b>	“Practitioner,” which is defined as a health care practitioner who is authorized by law to prescribe legend drugs.
<b>Prescriber immunity</b>	Practitioner acting in good faith and with reasonable care who prescribes an opioid overdose reversal medication is not subject to criminal or civil liability or disciplinary action for any actions authorized by WASH. REV. CODE ANN. § 69.41.095 (West 2023) or the outcomes of any actions authorized by that statute.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Practitioner.</li> <li>• Pharmacist.</li> <li>• Certified behavioral health agency.</li> </ul>
<b>Dispenser immunity</b>	<ul style="list-style-type: none"> <li>• Practitioner or pharmacist acting in good faith and with reasonable care who dispenses an opioid overdose reversal medication is not subject to criminal or civil liability or disciplinary action for any actions authorized by WASH. REV. CODE ANN. § 69.41.095 (West 2023) or the outcomes of any actions authorized by that statute.</li> <li>• A behavioral health agency, its employees, and providers who dispense an opioid overdose reversal medication are immune from suit in any action, civil or criminal, or from professional or other disciplinary action.</li> </ul>
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related overdose.</li> <li>• Family member or other person or entity in a position to assist a person at risk of experiencing an opioid-related overdose.</li> <li>• “First responder,” which is defined to include a: <ul style="list-style-type: none"> <li>○ Career or volunteer firefighter;</li> <li>○ Law enforcement officer; and</li> <li>○ Paramedic.</li> </ul> </li> <li>• School nurse or a health care professional or trained staff person located at a health care clinic on public school property or under contract with the school district and designated trained school personnel.</li> </ul>
<b>Layperson possession without prescription</b>	Any person or entity may lawfully possess, store, deliver, distribute, or administer an opioid overdose reversal medication pursuant to a prescription, collaborative drug therapy agreement, standing order, or protocol issued by a practitioner in accordance with the law.
<b>Layperson administration</b>	In order to be eligible for immunity, the person must act in good faith and with reasonable care.
<b>Layperson immunity</b>	Person who administers an opioid overdose reversal medication is not subject to criminal or civil liability for any actions authorized by WASH. REV. CODE ANN. § 69.41.095 (West 2023) or the outcomes of any actions authorized by that statute.

<b><u>WASHINGTON</u></b>	
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• At the time of prescribing, dispensing, distributing, or delivering the opioid overdose reversal medication, the practitioner must inform the recipient that as soon as possible after administration of the opioid overdose reversal medication, the person at risk of experiencing an opioid-related overdose should be transported to a hospital or a first responder should be summoned.</li> <li>• At the time of dispensing an opioid overdose reversal medication, a pharmacist must provide written instructions on the proper response to an opioid-related overdose, including instructions for seeking immediate medical attention. In addition, instructions to seek immediate medical attention must be conspicuously displayed.</li> <li>• The Washington Department of Health, in coordination with the appropriate entity, must ensure availability of a training module that provides training regarding the identification of a person suffering from an opioid-related overdose and the use of opioid overdose reversal medications. The training must be available electronically and in a variety of media.</li> <li>• The state healthcare authority, in consultation with the department of children, youth, and families, must develop a training for parents of adolescents and transition age youth with substance use disorders by June 30, 2024, which training must build on and be consistent and compatible with existing training developed by the authority for families impacted by substance use disorder, and addressing means to obtain opioid overdose reversal medication when appropriate and instruction on proper use.</li> <li>• The Department of Children, Youth, and Families must provide opioid overdose reversal medication and training in the use of such medication to all department staff whose job duties require in-person service or case management for child welfare or juvenile rehabilitation clients.</li> </ul>
<b>Co-prescription requirements</b>	Health care practitioner must confirm or provide a current prescription for naloxone when 50 milligrams morphine equivalent dose or above of an opioid is prescribed or when opioids are prescribed to a high-risk patient.
<b>Requirements placed on insurers</b>	<p>Health insurers must provide coverage without prior authorization of at least one FDA-approved product for the treatment of opioid use disorder in the drug classes opioid agonists, opioid antagonists, and opioid partial agonists for the following types of plans:</p> <ul style="list-style-type: none"> <li>• Health plan offered to public employees and school employees;</li> <li>• Medicaid managed care plan; and</li> <li>• Private health plans.</li> </ul>

<b><u>WASHINGTON</u></b>	
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• School districts with 2,000 or more students must obtain and maintain at least one set of opioid overdose reversal medication doses in each of its high schools.</li> <li>• The following personnel may distribute or administer the school-owned opioid overdose reversal medication to respond to symptoms of an opioid-related overdose: (1) a school nurse; (2) a health care professional or trained staff person located at a health care clinic on public school property or under contract with the school district; or (3) designated trained personnel.</li> <li>• To prevent opioid-related overdoses and respond to medical emergencies resulting from overdoses, the office of the superintendent of public instruction, in consultation with the department of health and the Washington state school directors' association, must develop opioid-related overdose policy guidelines and training requirements for public schools and school districts.</li> <li>• Subject to the availability of amounts appropriated for this specific purpose, the office of the superintendent of public instruction must develop and administer a grant program to provide funding to public schools with any of grades nine through twelve and public higher education institutions to purchase opioid overdose reversal medication and train personnel on the administration of opioid overdose reversal medication to respond to symptoms of an opioid-related overdose. The office must publish on its website a list of annual grant recipients, including award amounts.</li> <li>• Public institution of higher education with a residence hall housing at least 100 students must develop a plan for: (1) the maintenance and administration of opioid overdose reversal medication in and around the residence hall; and (2) the training of designated personnel to administer opioid overdose reversal medication. The plan may identify: (1) the ratio of residents to opioid overdose reversal medication doses; (2) the designated trained personnel, who may include residence hall advisers; and (3) whether the designated trained personnel cover more than one residence hall.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	No.

<b><u>WASHINGTON</u></b>	
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• State healthcare authority must work with the state's Department of Health, the accountable communities of health, and community stakeholders to develop a plan for the coordinated purchasing and distribution of opioid overdose reversal medication across the state.</li> <li>• As soon as reasonably practicable, the health care authority must establish a bulk purchasing and distribution program for opioid overdose reversal medication. To establish and administer the opioid overdose reversal medication bulk purchasing and distribution program, the health care authority may adopt rules providing the following: (1) a dosage-based assessment and formula to determine the assessment for each opioid overdose reversal medication provided to an individual through the program that includes administrative costs of the program; (2) the mechanism, requirements, and timeline for health carriers, managed health care systems, and, self-insured plans to pay the dosage-based assessments; (3) the types of health care facilities, health care providers, or other entities that are required to or are permitted to participate in the program; (4) the billing procedures for any participating health care facility, health care provider, or other entity participating in the program; and (5) any other rules necessary to establish, implement, or administer the program.</li> <li>• Until the opioid overdose reversal medication bulk purchasing and distribution program is operational, all Medicaid managed care organizations must reimburse a hospital or behavioral health agency for dispensing or distributing opioid overdose reversal medication to a covered person. If the person is not enrolled in a Medicaid managed care organization and does not have any other available insurance coverage, the state health authority must reimburse a hospital, behavioral health agency, or pharmacy for dispensing or distributing opioid overdose reversal medication</li> </ul>
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2023.



<b><u>WEST VIRGINIA</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• W. VA. CODE ANN. § 16-46-1 to -6 (West 2023) (eff. May 27, 2015) (Access to Opioid Antagonist Act).</li> <li>• W. VA. CODE ANN. § 16-46-7 (West 2023) (eff. June 5, 2018) (standing orders).</li> <li>• W. VA. CODE ANN. § 60A-9-4 (West 2023) (eff. June 10, 2016) (reporting to PDMP).</li> <li>• W. VA. CODE ANN. § 18-5-22d (West 2023) (eff. June 30, 2017) (Opioid antagonists in schools).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• June 10, 2016 amendment to W. VA. CODE § 16-46-5 (West 2023) expands immunity protections to pharmacists who dispense an opioid antagonist and people who administer an opioid antagonist.</li> <li>• March 6, 2020 amendment to W. VA. CODE §§ 16-46-6 (West 2023) which provides that if a governmental or non-governmental entity cannot automatically report to the state's-controlled substance monitoring program, the information must be provided via a report to the West Virginia Office of Drug Control Policy on a monthly basis and include the name and address of an entity dispensing or distributing an opioid antagonist and the quantity of opioid antagonist dispensed or distributed.</li> </ul>
<b>Standing order</b>	The state's Health Officer may prescribe on a statewide basis an opioid antagonist by one or more standing orders to eligible recipients. The Health Officer issued the most recent standing order on July 14, 2020. <sup>63</sup> The standing order is to be reviewed at least every four years.

<sup>63</sup> "Standing order naloxone prescription for overdose prevention," W. Va. Dept. of Health and Human Resources, Bureau for Public Health, last accessed September 2023, [https://www.wvbop.com/www/download\\_resource.asp?id=327](https://www.wvbop.com/www/download_resource.asp?id=327).

<b><u>WEST VIRGINIA</u></b>	
<b>Persons who can prescribe</b>	<p>Licensed health care provider acting in good faith and exercising reasonable care. The phrase is defined as a person, partnership, corporation, professional limited liability company, health care facility, or institution licensed by or certified in the state to provide health care or professional health care services, including:</p> <ul style="list-style-type: none"> <li>• Medical physicians;</li> <li>• Allopathic and osteopathic physicians;</li> <li>• Pharmacists;</li> <li>• Physician assistants or osteopathic physician assistants who hold a certificate to prescribe drugs;</li> <li>• Advanced nurse practitioners who hold a certificate to prescribe drugs;</li> <li>• Hospitals;</li> <li>• Emergency service agencies; and</li> <li>• Others as allowed by law to prescribed drugs.</li> </ul>
<b>Prescriber immunity</b>	Licensed health care provider may prescribe an opioid antagonist without being subject to civil liability or criminal prosecution unless prescribing the opioid antagonist was the result of the licensed health care provider's gross negligence or willful misconduct.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Pharmacist.</li> <li>• Pharmacy intern under supervision of a pharmacist.</li> <li>• Any governmental or non-governmental organization, including: <ul style="list-style-type: none"> <li>○ Local health department;</li> <li>○ Law enforcement agency; or</li> <li>○ Other organization that promotes scientifically proven ways of mitigating health risks associated with substance use disorders and other high-risk behaviors.</li> </ul> </li> </ul>
<b>Dispenser/distributor immunity</b>	Any pharmacist or pharmacy intern who dispenses an opioid antagonist is not subject to civil liability or criminal prosecution unless dispensing the opioid antagonist was the result of the pharmacist or pharmacy intern's gross negligence or willful misconduct.

<b><u>WEST VIRGINIA</u></b>	
<b>Persons who can receive or administer (“laypersons)”) </b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related overdose.</li> <li>• Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose.</li> <li>• Initial responders who receive opioid antagonists from the local and state agencies employing them.</li> <li>• Public, private, parochial, or denominational school located within this state.</li> <li>• School nurse.</li> <li>• Nonmedical school personnel who have been trained in the administration of an opioid antagonist and who have been designated and authorized by the school to administer the opioid antagonist.</li> </ul>
<b>Layperson possession without a prescription</b>	<ul style="list-style-type: none"> <li>• Any person or organization may possess an opioid antagonist, regardless of whether the person or organization holds a prescription.</li> <li>• Public, private, parochial, or denominational school located within this state may possess and maintain at the school a supply of an opioid antagonist without a prescription for use in emergency medical care or treatment for an adverse opioid event.</li> </ul>
<b>Layperson administration</b>	<ul style="list-style-type: none"> <li>• Person who receives an opioid antagonist may administer an opioid antagonist to another person if he or she has a good faith belief that the other person is experiencing a drug-related overdose and he or she exercises reasonable care in administering the drug to the other person.</li> <li>• Person who administers an opioid antagonist to a person whom they believe to be suffering from an opioid-related overdose is required to seek additional medical treatment at a medical facility for that person immediately following the administration of the opioid antagonist to avoid further complications as a result of suspected opioid-related overdose.</li> </ul>

<b><u>WEST VIRGINIA</u></b>	
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>Any person who possesses an opioid antagonist and administers it to a person whom they believe to be suffering from an opioid-related overdose and who is acting in good faith is not, as a result of his or her actions or omissions, subject to criminal prosecution arising from the possession of an opioid antagonist or subject to any civil liability with respect to the administration of or failure to administer the opioid antagonist unless the act or failure to act was the result of gross negligence or willful misconduct.</li> <li>In the absence of gross negligence or willful misconduct, nothing in this section must be construed to impose civil or criminal liability on a local or state governmental agency or an initial responder acting in good faith in the administration or provision of an opioid antagonist in cases where an individual appears to be experiencing an opioid overdose.</li> <li>School nurse or trained and authorized nonmedical school personnel, who administer an opioid antagonist as provided in this section, is immune from liability for any civil action arising out of an act or omission resulting from the administration of the opioid antagonist unless the act or omission was the result of the school nurse or trained and authorized nonmedical school personnel's gross negligence or willful misconduct.</li> </ul>
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>Pharmacist or pharmacy intern who dispenses without a prescription must provide patient counseling to the individual for whom the opioid antagonist is dispensed as specified in the law. The patient counseling is mandatory and the person receiving the opioid antagonist may not opt out.</li> <li>Pharmacists or pharmacy interns who dispense must provide educational materials to any person receiving an opioid antagonist on opiate-related overdose prevention and treatment programs, as well as materials on administering the opioid antagonist.</li> <li>Governmental or non-governmental organization that is distributing an opioid antagonist through its trained agents must include education, including opioid-related overdose prevention and treatment programs and instruction on how to administer the opioid antagonist.</li> <li>Local and state governmental agencies that employ initial responders must provide opioid antagonist rescue kits to their initial responders, require initial responders to successfully complete the training, and require the initial responders to carry the opioid antagonist rescue kits in accordance with agency procedures.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed in statute.

<b><u>WEST VIRGINIA</u></b>	
<b>Requirements placed on insurers</b>	Not addressed in statute.
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• Public, private, parochial, or denominational schools located within the state may possess and maintain at the school a supply of an opioid antagonist.</li> <li>• Opioid antagonists must be maintained by the school in a secure location which is only accessible by medical personnel and authorized nonmedical personnel and not by students.</li> <li>• School nurse or nonmedical school personnel who have been trained in the administration of an opioid antagonist may administer an opioid antagonist to a student, school personnel, or a person during regular school hours, at a school function, or at an event on school property.</li> <li>• Immediately following the administration of the opioid antagonist, the school must provide notice to the parent of a student who received the opioid antagonist.</li> <li>• Law does not require a public, private, parochial, or denominational school located within this state to possess an opioid antagonist.</li> <li>• All county boards of education are required to collect and compile aggregate data on adverse opioid events resulting in the administration of school-maintained opioid antagonist in their county during a school year and forward the data to the state Superintendent of Schools. The Superintendent must prepare an annual report to be presented to the Joint Committee on Government and Finance as set forth in article three, chapter four of this code, by December 31st of each year.</li> <li>• Law does not require a public, private, parochial, or denominational school located within this state to possess an opioid antagonist.</li> <li>• All county boards of education are required to collect and compile aggregate data on adverse opioid events resulting in the administration of school-maintained opioid antagonist in their county during a school year and forward the data to the State Superintendent of Schools. The Superintendent must prepare an annual report to be presented to the Joint Committee on Government and Finance as set forth in article three, chapter four of this code, by December 31st of each year.</li> </ul>

<b><u>WEST VIRGINIA</u></b>	
<b>Dispensing or administration reported to PDMP</b>	<ul style="list-style-type: none"> <li>• State statutory law requires dispensing information to be reported to the state prescription drug monitoring program (PDMP) when:               <ul style="list-style-type: none"> <li>○ Medical services provider dispenses an opioid antagonist;</li> <li>○ Prescription for an opioid antagonist is filled by: (1) a pharmacist or pharmacy; (2) a hospital or other health care facility for outpatient use; or (3) a pharmacy or pharmacist licensed by the Board of Pharmacy, but situated outside this state for delivery to a person residing in this state; and</li> <li>○ Pharmacist or pharmacy sells an opioid antagonist.</li> </ul> </li> <li>• Distribution of an opioid antagonist by a governmental or non-governmental entity, granting institution, medical provider, or pharmacy whose software cannot automatically report to the PDMP must report to the West Virginia Office of Drug Control Policy on a monthly basis.</li> <li>• West Virginia Board of Pharmacy must query the PDMP to compile all data related to the dispensing of opioid antagonists and combine that data with any additional data maintained by the Board of Pharmacy related to prescriptions for and distribution of opioid antagonists.</li> </ul>
<b>Other provisions of note</b>	West Virginia Office of Emergency Medical Services must collect data regarding each administration of an opioid antagonist by an initial responder. The data collected and reported must include: (1) the number of training programs operating in an Office of Emergency Medical Services-designated training center; (2) the number of individuals who received training to administer an opioid antagonist; and (3) the number of individuals who received an opioid antagonist administered by an initial responder.
<b>Recently proposed legislation</b>	None.

<b><u>WISCONSIN</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• WIS. STAT. ANN. § 256.40 (West 2023) (eff. April 9, 2014) (emergency medical services).</li> <li>• WIS. STAT. ANN. § 441.18 (West 2023) (eff. April 9, 2014) (advanced practice nurses).</li> <li>• WIS. STAT. ANN. § 448.037 (West 2023) (eff. April 9, 2014) (physicians).</li> <li>• WIS. STAT. ANN. § 448.9727 (West 2023) (eff. April 1, 2022) (physician assistants).</li> <li>• WIS. STAT. ANN. § 450.11(1i) (West 2023) (eff. April 9, 2014) (pharmacists and laypersons).</li> <li>• WIS. STAT. ANN. § 118.29(2)(a) (West 2023) (eff. July 19, 2017) (schools).</li> <li>• WIS. STAT. ANN. § 895.478 (West 2023) (eff. July 19, 2017) (higher education).</li> <li>• WIS. STAT. ANN. § 153.87 (West 2023) (eff. May 18, 2022) (opioid data system).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist; naloxone.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• March 5, 2020 amendment to WIS. STAT. ANN. § 256.40 (West 2023) added certain jail workers to the list of eligible persons.</li> <li>•</li> </ul>
<b>Standing order</b>	A licensed physician in Wisconsin and Chief Medical Officer within the Department of Health Services (DHS) may issue standing orders for naloxone that delegate authority to pharmacists practicing and licensed in Wisconsin to dispense naloxone to those patients specified in the standing order. The most recent standing order took effect on August 1, 2023 and expires on August 1, 2025. <sup>64</sup>
<b>Persons who can prescribe</b>	<ul style="list-style-type: none"> <li>• Physician.</li> <li>• Physician assistant.</li> <li>• Advanced practice nurse certified to issue prescriptions.</li> </ul>
<b>Prescriber immunity</b>	Physician, physician assistant, or advanced practice nurse who, acting in good faith, prescribes an opioid antagonist, or who, acting in good faith, otherwise lawfully prescribes an opioid antagonist, is immune from criminal or civil liability and may not be subject to professional discipline for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.

<sup>64</sup>“Statewide naloxone standing order for pharmacists,” Wis. Dept. of Health Svcs., last accessed September 2023, <https://www.dhs.wisconsin.gov/forms/f01802.pdf>.

<b><u>WISCONSIN</u></b>	
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Physician.</li> <li>• Advanced practice nurse certified to issue prescriptions.</li> <li>• Pharmacist.</li> <li>• Ambulance service providers can enter into a written agreement with a law enforcement agency, county jail, or fire department to provide them with a supply of naloxone.</li> </ul>
<b>Dispenser/distributor immunity</b>	<ul style="list-style-type: none"> <li>• Physician, physician assistant, advanced practice nurse, or pharmacist who, acting in good faith, lawfully delivers or dispenses an opioid antagonist, is immune from criminal or civil liability and may not be subject to professional discipline for any outcomes resulting from delivering, or dispensing the opioid antagonist.</li> <li>• Person acting in good faith who delivers or dispenses an opioid antagonist to another person is immune from civil or criminal liability for any outcomes resulting from delivering or dispensing the opioid antagonist.</li> </ul>
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person in a position to assist an individual at risk of undergoing an opioid-related drug overdose.</li> <li>• Emergency medical services practitioners.</li> <li>• Law enforcement officer.</li> <li>• Jailer or keeper of a jail or person designated with custodial authority by the jailer or keeper.</li> <li>• Firefighter.</li> <li>• Residence hall director.</li> <li>• School bus operator.</li> <li>• Certain school employees.</li> <li>• Certain school volunteers.</li> </ul>
<b>Layperson possession without a prescription</b>	The law provides that any person may possess an opioid antagonist.
<b>Layperson administration</b>	<ul style="list-style-type: none"> <li>• Layperson may administer an opioid antagonist to another person who he or she reasonably believes is undergoing an opioid-related drug overdose.</li> <li>• Wisconsin Department of Health Services must permit all emergency medical services practitioners to administer naloxone or another opioid antagonist to individuals who are undergoing or who are believed to be undergoing an opioid-related drug overdose.</li> </ul>



<b><u>WISCONSIN</u></b>	
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>Any person who, reasonably believing another person to be undergoing an opioid-related drug overdose, administers an opioid antagonist to that person is immune from civil or criminal liability for any outcomes resulting from the administration of the opioid antagonist to that person.</li> <li>Law enforcement officer, certain jail employees, or firefighter who, reasonably believing another person to be undergoing an opioid-related drug overdose, administers naloxone or another opioid antagonist to that person is immune from civil or criminal liability for any outcomes resulting from the administration of the opioid antagonist to that person, so long as the law enforcement officer, jail employee, or firefighter is acting pursuant to an agreement and any required training has been obtained.</li> <li>Residence hall director who is not a health care professional is immune from civil liability for his or her acts or omissions in administering an opioid antagonist unless the act or omission constitutes a high degree of negligence.</li> <li>Employer who approves training for the administration of opioid antagonists by a residence hall director is immune from civil liability for the act of approval unless it constitutes a high degree of negligence.</li> </ul>
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>Physician, physician assistant, or advanced practice nurse who prescribes or delivers an opioid antagonist must ensure that the person to whom the opioid antagonist is prescribed has or has the capacity to provide the knowledge and training necessary to safely administer the opioid antagonist to an individual undergoing an opioid-related overdose.</li> <li>Pharmacist dispensing opioid antagonist must provide a consultation in accordance with rules promulgated by the state Board of Pharmacy for the delivery of a prescription to the person to whom the opioid antagonist is delivered.</li> <li>All pharmacists dispensing naloxone under the statewide standing order must complete at least one hour of training.</li> <li>Department of Health Services must require emergency medical services practitioners to undergo any training necessary to administer naloxone or another opioid antagonist safely and properly.</li> <li>School employees must receive training approved by the state Department of Public Instruction.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.

<b><u>WISCONSIN</u></b>	
<b>Opioid antagonists in schools</b>	<ul style="list-style-type: none"> <li>• Residence hall director may administer an opioid antagonist to any student or other person who appears to be undergoing an opioid-related drug overdose if all of the following are satisfied:               <ul style="list-style-type: none"> <li>○ Director has received training on the administration of opioid antagonists that is approved by his or her employer; and</li> <li>○ As soon as practicable after administering the opioid antagonist, the director reports the drug overdose to 9-1-1.</li> </ul> </li> <li>• Any school employee or volunteer may administer an opioid antagonist to any pupil or other person who appears to be undergoing an opioid-related drug overdose if, as soon as practicable, the school bus operator, employee, or volunteer reports the drug overdose to 9-1-1.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Wisconsin tracks naloxone dispensing within the state PDMP. <sup>65</sup> LAPP did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• Ambulance service providers must ensure that:               <ul style="list-style-type: none"> <li>○ Every emergency medical services practitioner who obtains the proper training has a supply of naloxone available for administration; and</li> <li>○ Emergency medical services practitioners keep a record of each instance when naloxone administered.</li> </ul> </li> <li>• The Department of Administration must establish and maintain an opioid and methamphetamine data system to collect, format, analyze, and disseminate information, including the amount of naloxone doses dispensed, the total of number of naloxone doses administered, and the number of patients who received doses of naloxone.</li> </ul>
<b>Recently proposed legislation</b>	Yes. See <a href="#">Recent State Legislation</a> .

<sup>65</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed September 2023, [https://www.pdmpassist.org/pdf/state\\_summaries/Wisconsin\\_Summary\\_Profile.pdf](https://www.pdmpassist.org/pdf/state_summaries/Wisconsin_Summary_Profile.pdf).

<b><u>WYOMING</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	<ul style="list-style-type: none"> <li>• WYO. STAT. ANN. § 33-24-158 (West 2023) (eff. July 1, 2017) (prescription by pharmacist).</li> <li>• WYO. STAT. ANN. §§ 35-4-901 to 906 (West 2023) (eff. July 1, 2017) (Emergency Administration of Opiate Antagonist Act).</li> <li>• WYO. CODE R. 059.0001.18 § 5 (West 2023) (eff. October 31, 2017) (pharmacist prescribing).</li> </ul>
<b>Term(s) used</b>	Opiate antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2022 amendment to WYO. STAT. ANN. § 35-4-902 (West 2023) which expands the definition of entity to include the University of Wyoming and state community colleges, and their employees who, in the course of their official duties or business, may encounter a person experiencing anaphylaxis or an opioid related drug overdose.</li> <li>• February 21, 2023 amendment to WYO. STAT. ANN. §§ 35-4-901 (West 2023) expanded the definition of opiate antagonist to include any device or medication approved by the FDA for the treatment of an opiate related drug overdose.</li> </ul>
<b>Standing order</b>	Practitioner acting in good faith and exercising reasonable care may prescribe by a standing order an opiate antagonist to an entity. The Wyoming Boards of Medicine and Nursing may adopt rules to implement and administer by a standing order.
<b>Persons who can prescribe</b>	<p>The following individuals may prescribe if acting in good faith and with reasonable care and practicing within the scope of their license:</p> <ul style="list-style-type: none"> <li>• Practitioner, who is defined as a state-licensed physician, physician assistant, or advanced practice registered nurse practicing within the scope of their license;</li> <li>• State licensed pharmacist.</li> </ul>
<b>Prescriber immunity</b>	<ul style="list-style-type: none"> <li>• Practitioner or pharmacist who prescribes an opiate antagonist is personally immune from civil or criminal liability for any act or omission resulting in damage or injury.</li> <li>• Prescribing by practitioner or pharmacist is not unprofessional conduct.</li> <li>• Law does not establish a duty or standard of care for prescribing.</li> </ul>
<b>Persons who can dispense or distribute</b>	Not directly addressed by statute.
<b>Dispenser/distributor immunity</b>	Not directly addressed by statute.

<b><u>WYOMING</u></b>	
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opiate-related drug overdose.</li> <li>• Person in a position to assist a person at risk of experiencing an opiate-related drug overdose.</li> <li>• Person who, in the course of the person’s official duties or business, may encounter a person experiencing an opiate-related drug overdose.</li> <li>• An “entity” which is defined as a person, including an individual, partnership, corporation, joint stock company or any other association or entity, public or private.</li> </ul>
<b>Layperson possession without a prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	<ul style="list-style-type: none"> <li>• Person acting in good faith may administer an opiate antagonist to another person who appears to be experiencing an opiate-related drug overdose.</li> <li>• Law does not establish a duty or standard of care for a person to prescribe or administer.</li> </ul>
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• Person who administers an opiate antagonist is personally immune from civil or criminal liability for any act or omission resulting in damage or injury.</li> <li>• Entity that establishes a drug overdose treatment policy pursuant to the law is immune from civil or criminal liability for any act or omission related to the administration of an opiate antagonist resulting in damage or injury.</li> </ul>
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Practitioner or pharmacist who prescribes an opiate antagonist must provide education to the person receiving it that includes written instruction on how to: <ul style="list-style-type: none"> <li>○ Recognize an opiate-related drug overdose;</li> <li>○ Respond appropriately to an opiate-related drug overdose event, including how to administer an opiate antagonist; and</li> <li>○ Ensure that a person to whom an opiate antagonist has been administered receives, as soon as possible, additional medical care and a medical evaluation.</li> </ul> </li> <li>• Entity prescribed an opiate antagonist by standing order must establish a drug overdose treatment policy that includes designation of individuals to receive training and instructional materials on how to recognize and respond to an opiate-related drug overdose and ensure that a person to whom an opiate antagonist has been administered receives additional medical care and a medical evaluation.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.

<b><u>WYOMING</u></b>	
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Opioid antagonists in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	Wyoming regulations require a pharmacist who prescribes and dispenses naloxone to report that information to the state PDMP.
<b>Other provisions of note</b>	Entity prescribed an opiate antagonist by standing order must establish a drug overdose treatment policy that provides for reporting to the Wyoming Department of Health on all opiate-related drug overdoses where an opiate antagonist is administered.
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2023.

<b><u>AMERICAN SAMOA</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	The territory has no laws related to naloxone access.
<b>Term(s) used</b>	N/A
<b>Substantive amendment(s) to law(s)</b>	N/A
<b>Standing order</b>	N/A
<b>Persons who can prescribe</b>	N/A
<b>Prescriber immunity</b>	N/A
<b>Persons who can dispense or distribute</b>	N/A
<b>Dispenser immunity</b>	N/A
<b>Persons who can receive or administer (“laypersons”)</b>	N/A
<b>Layperson possession without prescription</b>	N/A
<b>Layperson administration</b>	N/A
<b>Layperson immunity</b>	N/A
<b>Training and education requirements</b>	N/A
<b>Co-prescription requirements</b>	N/A
<b>Requirements placed on insurers</b>	N/A
<b>Opioid antagonists in schools</b>	N/A
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	N/A
<b>Recently proposed legislation</b>	None.

<b><u>GUAM</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	The territory has no laws related to naloxone access.
<b>Term(s) used</b>	N/A
<b>Substantive amendment(s) to law(s)</b>	N/A
<b>Standing order</b>	N/A
<b>Persons who can prescribe</b>	N/A
<b>Prescriber immunity</b>	N/A
<b>Persons who can dispense or distribute</b>	N/A
<b>Dispenser immunity</b>	N/A
<b>Persons who can receive or administer (“laypersons”)</b>	N/A
<b>Layperson possession without prescription</b>	N/A
<b>Layperson administration</b>	N/A
<b>Layperson immunity</b>	N/A
<b>Training and education requirements</b>	N/A
<b>Co-prescription requirements</b>	N/A
<b>Requirements placed on insurers</b>	N/A
<b>Opioid antagonists in schools</b>	N/A
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	N/A
<b>Recently proposed legislation</b>	None.

<b><u>NORTHERN MARIANA ISLANDS</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	The territory has no laws related to naloxone access.
<b>Initial effective date(s)</b>	N/A
<b>Term(s) used</b>	N/A
<b>Substantive amendment(s) to law(s)</b>	N/A
<b>Standing order</b>	N/A
<b>Persons who can prescribe</b>	N/A
<b>Prescriber immunity</b>	N/A
<b>Persons who can dispense or distribute</b>	N/A
<b>Dispenser immunity</b>	N/A
<b>Persons who can receive or administer (“laypersons”)</b>	N/A
<b>Layperson possession without prescription</b>	N/A
<b>Layperson administration</b>	N/A
<b>Layperson immunity</b>	N/A
<b>Training and education requirements</b>	N/A
<b>Co-prescription requirements</b>	N/A
<b>Requirements placed on insurers</b>	N/A
<b>Opioid antagonists in schools</b>	N/A
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Northern Mariana Island tracks naloxone dispensing within the territory PDMP. <sup>66</sup> LAPPa did not locate a statute or regulation directing this reporting.

<sup>66</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed September 2023, [https://www.pdmpassist.org/pdf/state\\_summaries/Northern\\_Mariana\\_Islands\\_Summary\\_Profile.pdf](https://www.pdmpassist.org/pdf/state_summaries/Northern_Mariana_Islands_Summary_Profile.pdf).



<b><u>NORTHERN MARIANA ISLANDS</u></b>	
<b>Other provisions of note</b>	N/A
<b>Recently proposed legislation</b>	None.

<b><u>PUERTO RICO</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	2021 PUERTO RICO LAWS ACT 035 (P. del S. 71)
<b>Initial effective date(s)</b>	August 27, 2021 (2021 PUERTO RICO LAWS ACT 035 (P. del S. 71)).
<b>Term(s) used</b>	Naloxone; opioid overdose antidote.
<b>Substantive amendment(s) to law(s)</b>	N/A
<b>Standing order</b>	On March 19, 2019, Puerto Rico’s Department of Health announced that naloxone can be sold without a prescription. <sup>67, 68</sup>
<b>Persons who can prescribe</b>	Non-profit organization, pharmacist, or health professionals acting under a standing order.
<b>Prescriber immunity</b>	A health care professional or pharmacist who, acting in good faith, directly or by prescription, dispenses an opioid overdose antidote to a participant who is capable, in the health care professional's judgment, of administering such antidote in an emergency, is not subject to any civil or criminal liability, or any professional disciplinary action by the Board of Medical Licensing and Discipline and/or the Board of Nurse Examiners.
<b>Persons who can dispense or distribute</b>	Non-profit organizations, whose purpose is of a health or community nature by means of a standing order.
<b>Dispenser immunity</b>	Not addressed in statute.
<b>Persons who can receive or administer (“laypersons”)</b>	A member of law enforcement, emergency services, or first responders.
<b>Layperson possession without prescription</b>	Not addressed in statute.
<b>Layperson administration</b>	Not addressed in statute.

<sup>67</sup> “Puerto Rico approves sale of naloxone amid opioid crisis,” *AP News*, March 19, 2019, <https://apnews.com/55be38ac4fa44016853deb617d841ae0>.

<sup>68</sup> The administrative order is located at [salud.gov.pr](http://salud.gov.pr), [here](#).

<b><u>PUERTO RICO</u></b>	
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>Any person who, in good faith, experiences or is believed to be experiencing an opioid overdose and receives medical assistance or any person who seeks medical assistance for any person believed to be experiencing an opioid overdose, including themselves is immune from arrest, charges, or conviction under certain enumerated circumstances.</li> <li>No member of law enforcement, emergency services, or first responder is subject to any civil or criminal liability as a result of his or her acts or omissions in administering an opioid overdose antidote as provided by law. This immunity also applies to a person or organization.</li> </ul>
<b>Training and education requirements</b>	Pursuant to the state's Opioid Overdose Prevention Program, the government is tasked with training both government and non-profit organizations participants of the program on the proper use of opioid overdose antidotes.
<b>Co-prescription requirements</b>	N/A
<b>Requirements placed on insurers</b>	Under the state's Opioid Overdose Prevention Program, a health insurance organization, insurer, or intermediary, or third-party administrator of pharmacy benefits, must pay on any claims for naloxone, if the medication is within the insured's medical coverage.
<b>Opioid antagonists in schools</b>	N/A
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	Puerto Rico's Opioid Overdose Death Prevention Act requires that the government establish an "Opioid Overdose Prevention Program" to authorize certain non-profit organizations, whose purpose is of a health or community nature, specifically aimed at increasing the distribution of naloxone within the Commonwealth.
<b>Recently proposed legislation</b>	None.

<b><u>U.S. VIRGIN ISLANDS</u></b>	
<b>Statute(s), regulation(s), and effective date(s)</b>	The territory has no laws related to naloxone access.
<b>Initial effective date(s)</b>	N/A
<b>Term(s) used</b>	N/A
<b>Substantive amendment(s) to law(s)</b>	N/A
<b>Standing order</b>	N/A
<b>Persons who can prescribe</b>	N/A
<b>Prescriber immunity</b>	N/A
<b>Persons who can dispense or distribute</b>	N/A
<b>Dispenser immunity</b>	N/A
<b>Persons who can receive or administer (“laypersons”)</b>	N/A
<b>Layperson possession without prescription</b>	N/A
<b>Layperson administration</b>	N/A
<b>Layperson immunity</b>	N/A
<b>Training and education requirements</b>	N/A
<b>Co-prescription requirements</b>	N/A
<b>Requirements placed on insurers</b>	N/A
<b>Opioid antagonists in schools</b>	N/A
<b>Dispensing or administration reported to PDMP</b>	N/A
<b>Other provisions of note</b>	N/A
<b>Recently proposed legislation</b>	None.

<b>RECENT STATE LEGISLATION</b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#"><u>Alaska</u></a> H.B. 202, 33rd Leg., Reg. Sess. (Alaska 2023) (bill died upon legislature's adjournment).	This bill would create § 14.30.145, which would require each school district to ensure that (1) a person trained to administer naloxone nasal spray is on site; (2) each school bus driver for the school district is trained to administer naloxone nasal spray; (3) the main school building of each school in the school district has at least two doses of naloxone nasal spray available on site; and (4) at least one dose of naloxone nasal spray is available during a school-sponsored event. This bill also amends § 17.20.085 to add a new subsection that allows a school district, if acting under standing order or protocol, to administer naloxone nasal spray to a person at risk of experiencing an opioid overdose.
<a href="#"><u>California</u></a> A. 19, 2023-2024 Leg., Reg. Sess. (Cal. 2023) (passed in House; pending in Senate committee); S.B. 472, 2023-2024 Leg., Reg. Sess. (Cal. 2023) (pending in committee).	This bill would amend CAL. EDUC. CODE § 49414.3 to add that each individual public school operated by a school district, county office of education, or charter school is required to maintain at least two doses of naloxone hydrochloride or another opioid antagonist on its campus.
<a href="#"><u>California</u></a> S.B. 234, 2023-2024 Leg., Reg. Sess. (Cal. 2023) (This bill was signed into law, but the version that reached the governor did not contain any provisions related to naloxone in schools. The enacted bill did include the provisions related to opioid antagonists at stadium, concert venue, and amusement parks).	This bill would amend CAL. EDUC. CODE § 49414.3 to require each public and elementary and secondary school in the state, including charter schools, to maintain unexpired doses of naloxone hydrochloride or any other opioid antagonist on its school site at all times, and to ensure that at least 2 employees are aware of the location of the naloxone hydrochloride or other opioid antagonist. Would authorize a school district, county office of education, or charter school to permit pupils in grades 9 to 12, inclusive, to carry and administer prescription on their person, while on a school site or participating in school activities, naloxone hydrochloride or another opioid antagonist while on a school campus or participating in school activities. The bill would provide a pupil who is permitted to carry and administer prescription naloxone hydrochloride or another opioid antagonist immunity from being liable in a civil action or criminal prosecution, unless the pupil's acts or omissions constitute gross negligence or willful and wanton misconduct.

<b>RECENT STATE LEGISLATION</b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#">California</a> S.B. 234 (continued)	<p>The bill also provides a school district, county office of education, or charter school that permits a pupil to carry and administer naloxone hydrochloride or another opioid, or an employee of the school district, county office of education, or charter school, with immunity for a pupil's acts or omissions in administering the naloxone hydrochloride or another opioid antagonist.</p> <p>This bill would amend CAL. EDUC. CODE § 49414.3 to require each public and elementary and secondary school in the state, including charter schools, to maintain unexpired doses of naloxone hydrochloride or any other opioid antagonist on its school site at all times, and to ensure that at least 2 employees are aware of the location of the naloxone hydrochloride or other opioid antagonist. Would authorize a school district, county office of education, or charter school to permit pupils in grades 9 to 12, inclusive, to carry and administer prescription on their person, while on a school site or participating in school activities, naloxone hydrochloride or another opioid antagonist while on a school campus or participating in school activities. The bill would provide a pupil who is permitted to carry and administer prescription naloxone hydrochloride or another opioid antagonist immunity from being liable in a civil action or criminal prosecution, unless the pupil's acts or omissions constitute gross negligence or willful and wanton misconduct. The bill also provides a school district, county office of education, or charter school that permits a pupil to carry and administer naloxone hydrochloride or another opioid, or an employee of the school district, county office of education, or charter school, with immunity for a pupil's acts or omissions in administering the naloxone hydrochloride or another opioid antagonist.</p> <p>This bill would establish CAL. EDUC. CODE § 49414.35 which would require school districts, county offices of education, and charter schools to report to the State Department of Education, on an annual basis at the end of every school year, all incidents of on-campus pupil opioid exposure during that school year. The bill would make other conforming changes.</p>

<b><u>RECENT STATE LEGISLATION</u></b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#"><u>California</u></a> S.B. 234 (continued)	<p>This bill would establish CAL. EDUC. CODE § 99400 through 99402 which would require every campus of the California Community Colleges, the California State University, the University of California, an independent institution of higher education, and a private postsecondary educational institution to maintain unexpired doses of naloxone hydrochloride or any other opioid antagonist on its campus at all times, and to ensure that at least 2 employees are aware of the location of the naloxone hydrochloride or other opioid antagonist. This bill would exempt from civil or criminal liability any person who, in good faith and not for compensation, administers naloxone hydrochloride or another opioid antagonist by nasal spray or auto-injector on a campus of the California State University, the University of California, an independent institution of higher education, or a private postsecondary educational institution, unless their act or omission constitutes gross negligence or willful and wanton misconduct.</p> <p>This bill would establish CAL. EDUC. CODE § 76410 which would, among other things, authorize a community college to provide emergency naloxone hydrochloride or another opioid antagonist to school nurses and trained personnel who have volunteered, as specified, and authorize school nurses and trained personnel to use naloxone hydrochloride or another opioid antagonist to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose.</p> <p>This bill would establish CAL. EDUC. CODE § 11870 which would require each stadium, concert venue, and amusement park to maintain unexpired doses of naloxone hydrochloride or any other opioid antagonist on its premises at all times, and to ensure that at least 2 employees are aware of the location of the naloxone hydrochloride or other opioid antagonist. The bill would exempt from civil or criminal liability a person who, in good faith, administers naloxone hydrochloride or another opioid antagonist by nasal spray or auto-injector on the premises of a stadium, concert venue, or amusement park, other than an act or omission constituting gross negligence or willful or wanton misconduct.</p>

<b><u>RECENT STATE LEGISLATION</u></b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#"><u>California</u></a> A. 915, 2023-2024 Leg., Reg. Sess. (Cal. 2023) (passed in House, pending in Senate committee).	<p>This bill would amend CAL. EDUC. CODE § 49414.3 to require school districts, county offices of education, and charter schools, serving pupils in any of grades 9 to 12, inclusive, schools that voluntarily determine to make naloxone hydrochloride or another opioid antagonist available on campus to ensure that the naloxone hydrochloride or another opioid antagonist is placed in an appropriate location that is widely known and easily accessible, both during school hours and after school hours.</p> <p>This bill would establish CAL. EDUC. CODE § 49478 which would require the State Department of Public Health to establish, by April 1, 2025, a certification develop an opioid overdose training program and program toolkit, as defined, to be made available to public high school schools for public high school pupils in grades 9 to 12 to gain skills on how to identify and respond to an opioid overdose, including by administering naloxone hydrochloride nasal spray.</p>
<a href="#"><u>California</u></a> A. 1288, 2023-2024 Leg., Reg. Sess. (Cal 2023) (vetoed).	<p>This bill would prohibit a medical service plan and a health insurer from subjecting a naloxone product, or another opioid antagonist approved by the United States Food and Drug Administration, a buprenorphine product, methadone, or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder to prior authorization or step therapy.</p>



<b>RECENT STATE LEGISLATION</b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#"><u>California</u></a> S.B. 10, 2023-2024 Leg., Reg. Sess. (Cal 2023) (enrolled).	This bill would require the State Department of Education, in collaboration with the California Health and Human Services Agency, to establish the State Working Group on Fentanyl Education in Schools, for the purpose of promoting public education, awareness, and prevention of fentanyl overdoses, with the outreach aimed at staff and pupils in schools. The State Working Group on Fentanyl Education in Schools would be required to develop a school resource guide on opioids, serving as a toolkit that may be accessed by school staff. The bill would require the Department of Education to make the guide available to all county offices of education, school districts, state special schools, and charter schools serving pupils in any of grades 7 to 12, inclusive, and that each of those local educational agencies distribute it make the guide available to their school campuses. This bill would additionally require a comprehensive school safety plan for a school serving pupils in any of grades 7 to 12 to include the development of a protocol in the event a pupil is suffering or is reasonably believed to be suffering from an opioid overdose.
<a href="#"><u>California</u></a> A. 1060, 2023-2024 Leg., Reg. Sess. (Cal 2023) (vetoed).	Under the bill, prescription or nonprescription naloxone hydrochloride or another drug approved by the FDA for the complete or partial reversal of an opioid overdose would be a covered benefit under the Medi-Cal program. A health care service plan contract cannot impose any cost-sharing requirements, including a copayment or deductible exceeding \$10 per package of naloxone hydrochloride or another drug approved by the FDA for the complete or partial reversal of an opioid overdose.
<a href="#"><u>California</u></a> A. 1233, 2023-2024 Leg., Reg. Sess. (Cal 2023) (enacted).	This bill would require the Department Health and Human Services (Department) to conduct outreach to each of the tribal governments in California for the purpose of advising them of the availability of naloxone hydrochloride or another opioid antagonist through the Naloxone Distribution Project (NDP). The bill would require the Department to provide technical assistance to the tribal entities applying for naloxone kits through the NDP if requested to do so by the tribal government. The bill would require the Department to report to the Legislature and to the Assembly and Senate Health Committees, the results of the outreach program, as specified, annually on or before March 31 of each year, beginning on March 31, 2025.

<b>RECENT STATE LEGISLATION</b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#"><u>California</u></a> S.B. 641, 2023-2024 Leg., Reg. Sess. (Cal. 2023) (vetoed).	This bill would require the Department of Health and Human Services, as part of the Naloxone Distribution Project (NDP), to make all United States Food and Drug Administration-approved formulations and dosage strengths of naloxone or any other opioid antagonist that are indicated for the emergency treatment of known or suspected opioid overdose available to NDP applicants. through the NDP.
<a href="#"><u>California</u></a> A. 24, 2023-2024 Leg., Reg. Sess. (Cal. 2023) (pending in committee).	This bill would require a person or entity that owns or is responsible for a designated facility, defined as a bar, gas station, public library, or residential hotel to post an opioid antagonist kit, which includes an instructional poster and opioid antagonist nasal spray, in areas that are readily accessible only by employees and to restock the opioid antagonist kit after each use or upon expiration of the opioid antagonist nasal spray contained in the kit. The bill would exempt from civil liability a person or designated facility that provides, or omits to provide, aid with the opioid antagonist kit, as specified. The bill would prohibit an employer from requiring its employees to render aid, or from disciplining an employee for not rendering aid, or from prohibiting employees to render aid with an opioid antagonist in the event of an apparent overdose. This bill would require the Department of Health and Human Services to compile a list of all counties that are experiencing an opioid overdose crisis, as defined, and publish the list on its internet website. The bill would also require the department to provide opioid antagonist kits free of charge to as many designated facilities as possible in the counties on the list, to create the opioid antagonist poster with easy-to-understand instructions and graphics on the administration of the attached opioid antagonist nasal spray, and to make the determination on how best to allocate and distribute its limited supply of opioid antagonist among its various programs in the event of an opioid antagonist supply shortage.

<b>RECENT STATE LEGISLATION</b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#"><u>Colorado</u></a> H.B. 1164, 74th Gen. Assemb., 1st Reg. Sess. (Colo. 2023) (postponed indefinitely).	The bill creates an opioid antagonist fund in the department of education to bulk purchase and distribute opioid antagonists to eligible schools. For the 2023-24 state fiscal year, the general assembly appropriates \$2 million to the fund from the general fund. The bill extends civil and criminal immunity to the department of education, or a person acting on behalf of the department, for acting in good faith to furnish an opioid antagonist to an eligible school. The bill requires every agency that employs a peace officer to submit an annual report to the department of public health and environment concerning every incident in which a peace officer administered an opioid antagonist to an individual.
<a href="#"><u>Connecticut</u></a> H.B. 6913, 2023 Gen. Assemb., Jan. Sess. (Conn. 2023) (bill died upon legislature's adjournment).	This bill amends § 10a-55t to add that no later than January 1, 2024, the president of each institution of higher education must report to the joint standing committees of the General Assembly regarding the implementation of the policy concerning the availability and use of opioid antagonists on each campus.
<a href="#"><u>Connecticut</u></a> S.B. 976, 2023 Gen. Assemb., Jan. Sess. (Conn. 2023) (bill died upon legislature's adjournment).	This bill would require all individual and group health insurance policies to provide coverage for not less than one generic opioid antagonist and device. No policy can impose a coinsurance, copayment, deductible or other out-of-pocket expense for the generic opioid antagonist and device that such policy is required to cover.
<a href="#"><u>Connecticut</u></a> H.B. 6090, 2023 Gen. Assemb., Jan. Sess. (Conn. 2023) (bill died upon legislature's adjournment). H.B. 6301, 2023 Gen. Assemb., Jan. Sess. (Conn. 2023) (bill died upon legislature's adjournment) is a similar bill.	This bill would establish a pilot program to make opioid antagonist available in vending machines.
<a href="#"><u>Connecticut</u></a> H.B. 6351, 2023 Gen. Assemb., Jan. Sess. (Conn. 2023) (bill died upon legislature's adjournment).	This bill would enable a pharmacist to prescribe an opioid antagonist to a person who is unable to obtain an opioid antagonist from another source as a patient or on behalf of another person.

<b>RECENT STATE LEGISLATION</b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#"><u>Connecticut</u></a> H.B. 5941, 2023 Gen. Assemb., Jan. Sess. (Conn. 2023) (bill died upon legislature's adjournment).	This bill would require all first responders to carry naloxone.
<a href="#"><u>Connecticut</u></a> H.B. 5809, 2023 Gen. Assemb., Jan. Sess. (Conn. 2023) (bill died upon legislature's adjournment).	This bill would require individual and group health insurance policies to provide health insurance coverage, without prior authorization or a prescription, and regardless of whether naloxone is available over the counter, for not less than one generic opioid antagonist and device.
<a href="#"><u>Connecticut</u></a> S.B. 550, 2023 Gen. Assemb., Jan. Sess. (Conn. 2023) (bill died upon legislature's adjournment).	This bill would require each institution of higher education to provide free access to naloxone at every student health department and to all residential life staff.
<a href="#"><u>Connecticut</u></a> H.B. 6306, 2023 Gen. Assemb., Jan. Sess. (Conn. 2023) (bill died upon legislature's adjournment).	This bill would allow a police officer to take a person into protective custody and transport such person to an emergency room or a substance use disorder facility if the officer has administered an opioid antagonist to such person or taken other lifesaving measures.
<a href="#"><u>Connecticut</u></a> S.B. 75, 2023 Gen. Assemb., Jan. Sess. (Conn. 2023) (bill died upon legislature's adjournment).	This bill would allow state and local law enforcement K9 officers to carry opioid antagonists that may be administered to a law enforcement K9.
<a href="#"><u>Connecticut</u></a> H.B. 5946, 2023 Gen. Assemb., Jan. Sess. (Conn. 2023) (bill died upon legislature's adjournment).	This bill would require that a portion of opioid settlement funds be used to equip municipal police officers with opioid antagonists, with a priority on supplying officers in departments currently without access to opioid antagonist.
<a href="#"><u>Florida</u></a> H.B. 1533, 2023 Leg., Reg. Sess. (Fla. 2023) (died in committee); S.B. 1434, 2023 Leg., Reg. Sess. (Fla. 2023) (died in committee).	This bill would prohibit a utilization review entity or health insurer from requiring prior authorization for the provision of medications for opioid use disorder.

<b>RECENT STATE LEGISLATION</b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#"><u>Hawaii</u></a> H.B. 888, 32nd Leg., Reg. Sess. (Haw. 2023) (bill died upon legislature's adjournment); S.B. 665, 32nd Leg., Reg. Sess. (Haw. 2023) (bill died upon legislature's adjournment).	This bill requires each Department of Education classroom to be equipped with an opioid antagonist. Requires the Department of Education to train employees on opioid-related drug overdose prevention, recognition, and response, and opioid antagonist administration.
<a href="#"><u>Illinois</u></a> S.R. 28, 103rd Gen. Assemb., 1st Leg. Sess. (Ill. 2023) (pending in committee).	This resolution urges the Illinois Department of Human Services to review the value of expanding its naloxone tool kit to include all U.S. Food and Drug Administration (FDA) approved versions of naloxone or other FDA-approved products to fight the Illinois opioid epidemic.
<a href="#"><u>Illinois</u></a> S.B. 1402, 103rd Gen. Assemb., 1st Leg. Sess. (Ill. 2023) (passed in Senate; pending in House committee); H.B. 2309, 103rd Gen. Assemb., 1st Leg. Sess. (Ill. 2023) (pending in committee).	This bill requires the Department of Human Services (Department) to implement a two-year pilot program to provide FDA-approved 8-milligram naloxone nasal spray kits to licensed community substance use providers and public health departments in Cook County, DuPage County, Winnebago County, Sangamon County, and St. Clair County. Requires the Department to implement a data collection program to determine the number of 8-milligram naloxone nasal spray kits administered by emergency medical service providers and bystanders per overdose incident during the 2-year term of the pilot program.
<a href="#"><u>Illinois</u></a> H.B. 2526, 103rd Gen. Assemb., 1st Leg. Sess. (Ill. 2023) (passed in House; pending in Senate committee).	Creates the Opioid Antagonist Bulk Purchase Fund (Fund). Provides that the Fund is created as a special fund in the State treasury. The Fund may receive gifts, grants, bequests, donations, and moneys from any other source, public or private.
<a href="#"><u>Illinois</u></a> S.B. 2328, 103rd Gen. Assemb., 1st Leg. Sess. (Ill. 2023) (pending in committee).	This bill provides that, for any covered medication that contains an opioid antagonist, the prescriber must check the Illinois Prescription Monitoring Program to determine if the patient is being actively prescribed an opioid.
<a href="#"><u>Massachusetts</u></a> S.B. 849, 193rd Gen. Assemb., Reg. Sess. (Mass. 2023) (pending in committee).	This bill would amend MASS. GEN. LAWS ANN. ch. 94C, § 19B (West 2023) to add a subsection requiring every state university campus to provide training in the administration of opioid antagonist to every resident assistant employed by said campus. Requires campuses to provide and maintain opioid antagonists onsite in each college-operated housing.

<b>RECENT STATE LEGISLATION</b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#"><u>Massachusetts</u></a> S.B. 1363, 193rd Gen. Assemb., Reg. Sess. (Mass. 2023) (pending in committee).	This bill would establish a special commission to study and develop recommendations to broaden the availability of naloxone without a prescription, including but not limited to recommendations on the standing order process, the collaborative practice agreement process, and/or legislative recommendations.
<a href="#"><u>Massachusetts</u></a> S.B. 847, 193rd Gen. Assemb., Reg. Sess. (Mass. 2023) (pending in committee).	This bill would require each public institution of higher education to provide overdose training to all students, faculty, and staff and make naloxone available for the purposes of treating overdoses.
<a href="#"><u>Massachusetts</u></a> H.B. 3420, 193rd Gen. Assemb., Reg. Sess. (Mass. 2023) (pending in committee); S.B. 2248, 193rd Gen. Assemb., Reg. Sess. (Mass. 2023) (pending in committee).	This bill would require the Massachusetts Bay Transportation Authority to create an administer an 18-month pilot program providing for placement of accessible naloxone at all Massachusetts Bay Transportation Authority Red Line stations.
<a href="#"><u>Massachusetts</u></a> S.B. 667, 193rd Gen. Assemb., Reg. Sess. (Mass. 2023) (pending in committee); H.B. 1142, 193rd Gen. Assemb., Reg. Sess. (Mass. 2023) (pending in committee).	This bill would require health insurers, health plans, health maintenance organizations, behavioral health management firms and third-party administrators under contract to a Medicaid managed care organization or primary care clinician plan to provide coverage for opioid antagonists with no patient cost-sharing.
<a href="#"><u>Massachusetts</u></a> H.B. 1983, 193rd Gen. Assemb., Reg. Sess. (Mass. 2023) (pending in committee); S.B. 1240, 193rd Gen. Assemb., Reg. Sess. (Mass. 2023) (pending in committee).	This bill would require a practitioner who issues a prescription for a Schedule II opioid to provide education on the potential adverse risks of the prescription opioid and the need to obtain an opioid overdose reversal agent, such as naloxone, if one of the following conditions is present: (1) the patient is prescribed an opioid which individually or in aggregate with other medications is more than 50 morphine milligram equivalents per day; (2) the patient is prescribed any dose of an opioid when a benzodiazepine has been prescribed in the past 30 days or will be prescribed at the visit; or (3) the patient has a prior history of substance use disorder or overdose.

<b>RECENT STATE LEGISLATION</b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#"><u>Massachusetts</u></a> S.B. 1259, 193rd Gen. Assemb., Reg. Sess. (Mass. 2023) (pending in committee); H.B. 1969, 193rd Gen. Assemb., Reg. Sess. (Mass. 2023) (pending in committee).	This bill would require the Department of Public Health to establish promulgate regulations for administration of a Naloxone Co-Pay Assistance Program. The program would supplement the cost of insurance copayments so that the cost of naloxone is greatly reduced or free of charge to those who need it.
<a href="#"><u>Massachusetts</u></a> S.B. 1274, 193rd Gen. Assemb., Reg. Sess. (Mass. 2023) (pending in committee).	This bill would require that upon the acceptance by the local legislative body of a city or town, or by a majority vote of two-thirds of the member communities of a regional school district, the school committee of a city, town or regional school district establish a naloxone overdose prevention program. The program must require every school nurse to be trained in naloxone assistance and have naloxone in nurse's office.
<a href="#"><u>Massachusetts</u></a> H.B. 1156, 193rd Gen. Assemb., Reg. Sess. (Mass. 2023) (pending in committee).	This bill would require health insurers, health plans, health maintenance organizations, behavioral health management firms and third-party administrators under contract to a Medicaid managed care organization, accountable care organization, or primary care clinician plan to provide coverage for prescribed or dispensed opioid antagonists and opioid agonist treatment. The prescribed or dispensed drug will be deemed medically necessary and shall not require prior authorization. Said drug shall not be subject to any deductible, coinsurance, copayments, or out-of-pocket limits. This bill also requires an acute care hospital or satellite emergency facility, upon discharge of a patient who has a history of or is actively using opioids, diagnosed with opioid use disorder or who experienced an opioid-related overdose, to prescribe or dispense no less than two doses of an opioid antagonist to the patient and notify the patient's primary care physician or preferred care provider.



<b>RECENT STATE LEGISLATION</b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#"><u>Massachusetts</u></a> H.B. 2008, 193rd Gen. Assemb., Reg. Sess. (Mass. 2023) (pending in committee).	This bill would amend MASS. GEN. LAWS ANN. ch. 94C, § 34A (West 2023) (Good Samaritan fatal overdose prevention law) to add that state and municipal law enforcement personnel and emergency medical personnel including, but not limited to, emergency medical technicians, paramedics, and fire department personnel may provide and transfer an opioid antagonist to an individual or to an individual's family member, friend, or other person with knowledge of an individual's prior substance use, along with instructions on administration and use of the opioid antagonist, to provide opioid overdose protection to an individual. S.B. 1600/H.B. 2406 is a similar bill. This bill also amends MASS. GEN. LAWS ANN. ch. 111, § 201 (West 2023) (first aid training of emergency personnel) to require all first aid training include instruction on how to administer opioid antagonists. This bill also creates MASS. GEN. LAWS ANN. ch. 111, § 201½, which states that a governmental entity or organization is responsible for providing on duty first responders with an opioid antagonist for use in opioid overdose emergencies.
<a href="#"><u>Massachusetts</u></a> H.B. 2168, 193rd Gen. Assemb., Reg. Sess. (Mass. 2023) (pending in committee).	This bill requires that if a law enforcement official, firefighter, or EMS personnel administers an opioid antagonist to a person suffering from an apparent drug overdose, such person must be transported, with or without the person's consent, by ambulance to a hospital for monitoring, observation and possible treatment until such time as the treating physician determines that the overdose has been reversed and the person is not in imminent danger.
<a href="#"><u>Michigan</u></a> H.B. 4735, 102nd Leg., Reg. Sess. (Mich. 2023) (pending in committee).	This bill would amend MICH. COMP. LAWS ANN. § 15.673 (West 2023) to add a subsection requiring a school district to obtain opioid antagonists and distribute the opioid antagonists to each school within the school district that offers any of grades 6 to 12. This bill also amends MICH. COMP. LAWS ANN. § 15.675 (West 2023) to add a subsection requiring a local health department to provide an employee or agent of a school district with the training required to properly administer an opioid antagonist.



<b>RECENT STATE LEGISLATION</b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#"><u>Michigan</u></a> H.B. 4734, 102nd Leg., Reg. Sess. (Mich. 2023) (pending in committee).	This bill would amend MICH. COMP. LAWS ANN. § 15.673 (West 2023) to add a subsection requiring a school district to obtain opioid antagonists and distribute the opioid antagonists to each school within the school district that offers any of grades kindergarten to fifth. This bill also amends MICH. COMP. LAWS ANN. § 15.675 (West 2023) to add a subsection requiring a local health department to provide an employee or agent of a school district with the training required to properly administer an opioid antagonist.
<a href="#"><u>Michigan</u></a> H.B. 4736, 102nd Leg., Reg. Sess. (Mich. 2023) (pending in committee).	This bill would amend MICH. COMP. LAWS ANN. § 15.675 (West 2023) to add a subsection requiring a local health department to provide an employee or agent of a school district with the training required to properly administer an opioid antagonist.
<a href="#"><u>Michigan</u></a> H.B. 4366, 102nd Leg., Reg. Sess. (Mich. 2023) (pending in committee).	This bill would add a new section stating that an agency that purchases or otherwise obtains and possesses an opioid antagonist under MICH. COMP. LAWS ANN. § 15.673 (West 2023) or agent of an agency who possesses an opioid antagonist distributed to that employee or agent under MICH. COMP. LAWS ANN. § 15.673 (West 2023) may directly or indirectly distribute that opioid antagonist to any individual.
<a href="#"><u>Mississippi</u></a> H.B. 1174, 2023 Leg., Reg. Sess. (Miss. 2023) (passed in House; died in Senate committee).	This bill would allow a public school to purchase a supply of opioid reversal agents approved by the United States Food and Drug Administration (FDA) from a wholesale distributor or manufacturer at fair-market, free, or reduced prices for use in the event a student has an opioid overdose. The FDA-approved opioid reversal agent must be maintained in a secure location on the public school's premises. The participating school district shall adopt a protocol developed by a licensed physician for the administration of the medication by school personnel who are trained to recognize an opioid overdose and to administer FDA-approved opioid reversal agents. The school district, its employees and agents and the physician who provides the standing protocol for school opioid reversal agents approved by the FDA are not liable for any injury arising from the use of the drug if it is administered by trained school personnel who follow the standing protocol and whose professional opinion is that the student is having an opioid overdose, unless the trained school personnel's action is willful and wanton.

<b><u>RECENT STATE LEGISLATION</u></b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#"><u>Nebraska</u></a> L.B. 795, 108th Leg., Reg. Sess. (Neb. 2023) (bill died upon legislature's adjournment).	This bill would amend NEB. REV. STAT. ANN. § 28-470 (West 2023) by removing the word “naloxone” and replacing it with the phrase “opioid antagonist.”
<a href="#"><u>New Jersey</u></a> A. 4237, 220th Leg., Reg. Sess. (N.J. 2023) (pending in committee); S. 2808, 220th Leg., Reg. Sess. (N.J. 2023) (pending in committee). A. 3749/S. 2301 is a similar bill.	This bill would require the Commissioner of Human Services to establish, within the Department of Human Services, the Office of the Statewide Opioid Antidote Coordinator. At a minimum, the Statewide Opioid Antidote Coordinator would be responsible for: (1) overseeing the bulk purchasing and distribution of opioid antidotes on behalf of (a) all state, county, and local governmental agencies, and (b) entities that distribute or administer opioid antidotes, including, but not limited to, emergency medical response entities, law enforcement agencies, recognized places of public access, public and nonpublic schools, and sterile syringe access programs; (2) working and liaising with the Department of Health, the Office of the Attorney General, the New Jersey State Police, the New Jersey Coordinator for Addiction Responses and Enforcement Strategies in the Office of the Attorney General, the Office of the Governor, and other governmental entities as may be necessary to support those entities in the performance of their duties as those duties relate to the purchase, distribution, and administration of opioid antidotes; and (3) establishing and maintaining an Internet website that provides information to the public concerning opioid antidotes, including information concerning the nature of opioid antidotes, the administration of opioid antidotes, access to opioid antidotes, and responding to a suspected opioid overdose.

<b>RECENT STATE LEGISLATION</b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#"><u>New Jersey</u></a> S. 3287, 220th Leg., Reg. Sess. (N.J. 2023) (pending in committee); A. 4852, 220th Leg., Reg. Sess. (N.J. 2023) (pending in committee). S. 3678/A. 1170 and A. 4244/S. 899 are similar bills.	This bill would require an institution of higher education to obtain a supply of naloxone hydrochloride nasal spray through a standing order and maintain it in one or more secure and easily accessible locations throughout the campus for the purpose of responding to an opioid overdose emergency. The institution must develop a policy concerning the emergency administration of naloxone hydrochloride nasal spray for opioid overdose emergencies occurring on campus. The policy must: (1) designate a licensed campus medical professional to oversee the institution's program for the maintenance and emergency administration of naloxone hydrochloride nasal spray on campus; (2) permit a licensed campus medical professional to designate members of the higher education community including, but not limited to, resident assistants, emergency responders, campus security officers, and licensed athletic trainers to administer naloxone hydrochloride nasal spray to any person whom the member in good faith believes is experiencing an opioid overdose on campus; and (3) require the transportation of an overdose victim to a hospital emergency room by emergency services personnel after the administration of naloxone hydrochloride nasal spray, even if the person's symptoms appear to have resolved
<a href="#"><u>New Jersey</u></a> A. 4235, 220th Leg., Reg. Sess. (N.J. 2022) (pending in committee); S. 474, 220th Leg., Reg. Sess. (N.J. 2022) (pending in committee).	This bill would amend N.J. STAT. ANN. § 24:6J-4 (West 2023) to add a provision requiring each county health department to obtain, through a standing order, and maintain in an accessible storage location, a reserve stock of opioid antidotes sufficient to ensure an uninterrupted supply of opioid antidotes is available to law enforcement agencies, emergency medical response entities, schools, and hospital pharmacies operating in the county.
<a href="#"><u>New Jersey</u></a> A. 3795, 220th Leg., Reg. Sess. (N.J. 2022) (pending in committee); S. 1848, 220th Leg., Reg. Sess. (N.J. 2022) (pending in committee).	This bill would authorize the Attorney General to negotiate discounts and contract for bulk purchases of opioid antidotes, on behalf of certain public entities in the state.

<b>RECENT STATE LEGISLATION</b>	
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<a href="#"><u>New Jersey</u></a> A. 2849, 220th Leg., Reg. Sess. (N.J. 2022) (pending in committee).	This bill would require the chief law enforcement officer of a county or municipal police department to make available a one-dose supply of an opioid antidote, as appropriate, to each handler of a dog owned or used by the law enforcement agency while the dog is under the supervision of the county or municipal police department.
<a href="#"><u>New Jersey</u></a> S.R. 31, 220th Leg., Reg. Sess. (N.J. 2022) (pending in committee).	This resolution would establish a Commission on Opioid Antidote Administration and Aftercare. The purpose of the commission would be to: (1) study and evaluate the various procedures that are used by hospitals in this and other states when a patient is released from hospital-based care following the administration of naloxone or another opioid antidote to the patient; and (2) determine and recommend appropriate procedures and protocols to be uniformly applied by hospitals in the State upon the release of a patient under such circumstances.
<a href="#"><u>New Jersey</u></a> A. 277, 220th Leg., Reg. Sess. (N.J. 2022) (pending in committee).	This bill would authorize public libraries to maintain supply of opioid antidotes and permits emergency administration of opioid antidote by librarian or another trained library employee.
<a href="#"><u>New Jersey</u></a> A. 1140, 220th Leg., Reg. Sess. (N.J. 2022) (pending in committee).	This bill would require involuntary commitment of certain individuals who have been administered opioid antidotes.
<a href="#"><u>New York</u></a> S. 2021, 2023-2024 Leg., Reg. Sess. (N.Y. 2023) (pending in committee); A. 6381, 2023-2024 Leg., Reg. Sess. (N.Y. 2023) (pending in committee).	This bill would amend N.Y. EDUC. LAW § 922 (McKinney 2023) to add a subsection requiring all high schools to acquire and possess an opioid antagonist for emergency treatment of a person appearing to experience an opioid-related overdose. High schools must designate at least one employee who has completed a training course in the use of opioid antagonists to be responsible for the storage, maintenance, control, and general oversight of the opioid antagonist. There must be a designated employee on school grounds during all school hours and after school activities to administer such opioid antagonists.

<b>RECENT STATE LEGISLATION</b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#"><u>New York</u></a> S. 3112, 2023-2024 Leg., Reg. Sess. (N.Y. 2023) (pending in committee); A. 1588, 2023-2024 Leg., Reg. Sess. (N.Y. 2023) (pending in committee).	This bill would amend N.Y. PUB. HEALTH LAW § 3309 (McKinney 2023) to add a subdivision requiring the Commissioner of Public Health (commissioner) to require all public entities to maintain on-site opioid antagonist for use during emergencies to any individual on the premises of such public entity suspected of having an opioid overdose whether or not there is a previous history of opioid abuse at such public entity. The commissioner must establish a process by which public entities may apply to receive opioid antagonists free of charge.
<a href="#"><u>New York</u></a> A. 6886, 2023-2024 Leg., Reg. Sess. (N.Y. 2023) (pending in committee).	This bill would amend N.Y. EDUC. LAW § 922 (McKinney 2023) to require school districts, public libraries, boards of cooperative educational services, county vocational education and extension boards, charter schools, and non-public elementary and secondary schools to provide and maintain on-site opioid antagonist, as opposed to it being optional.
<a href="#"><u>New York</u></a> A. 5580, 2023-2024 Leg., Reg. Sess. (N.Y. 2023) (pending in committee).	This bill would require retail licensees for on-premises consumption of alcohol and adult-use on-site consumption of cannabis licensees have opioid antagonists to be administered to patrons, staff, or individuals on premises of such establishment.
<a href="#"><u>New York</u></a> A. 5590, 2023-2024 Leg., Reg. Sess. (N.Y. 2023) (pending in committee).	This bill would allow for a defendant in a criminal action or proceeding to be remanded into custody for drug treatment where there is a risk of continued substance abuse or the use of an opioid antagonist was required.
<a href="#"><u>New York</u></a> S. 5380, 2023-2024 Leg., Reg. Sess. (N.Y. 2023) (pending in committee); A. 1393, 2023-2024 Leg., Reg. Sess. (N.Y. 2023) (pending in committee).	This bill would require every policy which provides coverage for prescription drugs to include coverage for at least one opioid antagonist and device. Prior authorization may be required for non-generic forms of opioid antagonists and devices.
<a href="#"><u>New York</u></a> S. 5101, 2023-2024 Leg., Reg. Sess. (N.Y. 2023) (pending in committee); A. 2043, 2023-2024 Leg., Reg. Sess. (N.Y. 2023) (pending in committee).	This bill would amend N.Y. PUB. HEALTH LAW § 3309 (McKinney 2023) to require health care professionals to prescribe opioid antagonist when prescribing an opioid.

<b>RECENT STATE LEGISLATION</b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#"><u>New York</u></a> A. 4149, 2023-2024 Leg., Reg. Sess. (N.Y. 2023) (pending in committee).	This bill would amend N.Y. PUB. HEALTH LAW § 3309 (McKinney 2023) to require public libraries to maintain on-site opioid antagonists to ensure ready and appropriate access for use during emergencies to any individual on library premises suspected of having an opioid overdose whether or not there is a previous history of opioid abuse at such library. Public libraries must require at least two staff members employed by such library be trained in the administration of opioid antagonists, provided that one of the trained staff members shall be the branch manager of such library.
<a href="#"><u>New York</u></a> S. 3521, 2023-2024 Leg., Reg. Sess. (N.Y. 2023) (pending in committee); A. 1227, 2023-2024 Leg., Reg. Sess. (N.Y. 2023) (pending in committee).	This bill requires, for the first opioid analgesic prescription of a calendar year that is greater than a one week's supply, the prescribing physician counsel the patient on the risks of overdose and inform the patient of the availability of an opioid antagonist, including, but not limited to, naloxone.
<a href="#"><u>New York</u></a> A. 1773, 2023-2024 Leg., Reg. Sess. (N.Y. 2023) (pending in committee).	This bill requires certain eligible persons or entities to acquire and possess opioid antagonists for emergency treatment of a person appearing to experience an opioid-related overdose. Eligible persons or entities would be required to possess at least two provisions of an opioid antagonist at all times.
<a href="#"><u>New York</u></a> S. 1872, 2023-2024 Leg., Reg. Sess. (N.Y. 2023) (pending in committee); A. 206, 2023-2024 Leg., Reg. Sess. (N.Y. 2023) (pending in committee).	This bill would require homeless shelters to keep an opioid antagonist on hand, have at least one trained employee on duty at all times, and develop a training plan for opioid overdoses.
<a href="#"><u>New York</u></a> A. 808, 2023-2024 Leg., Reg. Sess. (N.Y. 2023) (pending in committee).	This bill would require hospital emergency rooms to provide certain patients, and those who accompany them, with information on how and when to administer an opioid antagonist, and a prescription for an opioid antagonist.

<b>RECENT STATE LEGISLATION</b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#"><u>New York</u></a> A. 2114, 2023-2024 Leg., Reg. Sess. (N.Y. 2023) (pending in committee); S. 6613, 2023-2024 Leg., Reg. Sess. (N.Y. 2023) (pending in committee).	This bill would allow school districts, boards of cooperative educational services, county vocational education and extension boards, charter schools, and non-public elementary and secondary schools in this state to provide and maintain on-site in each instructional school facility naloxone in quantities and types deemed by the commissioner of education, in consultation with the commissioner of health, to be adequate to ensure ready and appropriate access for use during emergencies to any student or staff. Any person employed by any such entity, or employed by a contractor of such an entity while performing services for the entity may administer naloxone in the event of an emergency.
<a href="#"><u>New York</u></a> S. 3350, 2023-2024 Leg., Reg. Sess. (N.Y. 2023) (pending in committee).	This bill would require practitioners who administer naloxone or another overdose reversal agent to a patient to report the administration of the agent to the prescription monitoring program registry.
<a href="#"><u>North Carolina</u></a> H.B. 35, 2023 Gen. Assemb., Reg. Sess. (N.C. 2023) (passed in House; died upon legislature's adjournment).	This bill would broaden the definition of opioid antagonist to mean all opioid antagonists approved by the federal Food and Drug Administration.
<a href="#"><u>North Carolina</u></a> H.B. 287, 2023 Gen. Assemb., Reg. Sess. (N.C. 2023) (passed in House; died upon legislature's adjournment).	This bill would require practitioners and pharmacies to educate patients about the dangers of opioids, the prevention of overdoses, and the availability of opioid antagonists for reversal of opioid overdoses when receiving a prescription for a Schedule II controlled substance.
<a href="#"><u>North Carolina</u></a> S.B. 69, 2023 Gen. Assemb., Reg. Sess. (N.C. 2023) (bill died upon legislature's adjournment).	This bill would require practitioners and pharmacies to educate patients about the dangers of opioids, the prevention of overdoses, and the availability of opioid antagonists for reversal of opioid overdoses when receiving a prescription for an opioid pain medication.



<b>RECENT STATE LEGISLATION</b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#"><u>Oklahoma</u></a> S.B. 748, 2023 Leg., Reg. Sess. (Okla. 2023) (vetoed).	This bill directs the Commissioner of Mental Health and Substance Abuse Services to designate a physician to issue a statewide standing order for emergency opioid antagonist within 30 days of the measure's effective date. The standing order will authorize any licensed pharmacist, health care provider, or mental health or substance abuse provider to distribute emergency opioid antagonists to any person or entity within the state upon request, and allow for the possession, storage, distribution, and administration of emergency opioid antagonists by any individual or entity. The standing order issued would remain in effect until the United States Food and Drug Administration classifies at least one emergency opioid antagonist as an over-the-counter drug.
<a href="#"><u>Oklahoma</u></a> S.B. 386, 2023 Leg., Reg. Sess. (Okla. 2023) (bill died upon legislature's adjournment).	This bill would create a new income tax credit for the purchase of naloxone to be used in retail or service establishments open to the public. The credit would equal the price paid when purchased at a pharmacy by the taxpayer for no more than two doses of naloxone.
<a href="#"><u>Oregon</u></a> H.B. 2833, 2023 Leg., Reg. Sess. (Or. 2023) (bill died upon legislature's adjournment).	This bill directs the Oregon Health Authority to develop and maintain electronic system to collect information about administration of naloxone or other specified drugs, and deaths resulting from opioid overdose.
<a href="#"><u>Oregon</u></a> H.B. 4081, 2023 Leg., Reg. Sess. (Or. 2023) (bill died upon legislature's adjournment).	This bill would require a pharmacist who dispenses an initial prescription for an opioid to offer to the patient a prescription for naloxone or any other drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid overdose, if any of the following conditions are present: (1) the patient is prescribed an opioid in a dosage of 90 milligram morphine equivalents per day or higher; (2) the patient is concurrently prescribed benzodiazepine and an opioid in any dosage; or (3) the patient has been prescribed benzodiazepine within the last year.



<b>RECENT STATE LEGISLATION</b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#"><u>Pennsylvania</u></a> S.B. 81, 207th Gen. Assemb. Reg. Sess. (Pa. 2023) (passed in Senate; pending in House).	This bill would require an emergency medical services (EMS) provider to dispense a dose package unless the following apply: (1) a standing order issued by the Secretary of Health allows for the purchase of naloxone or a dose package by the public without a prescription; and (2) the EMS provider determines that it is appropriate to dispense a dose package to a family member, a friend or another individual who is in a position to assist a patient who has experienced an opioid-related overdose event, based on the immediate circumstances surrounding the event or other conditions, including the availability and accessibility of a pharmacy. "Dose package" is defined as an individually sealed package that contains naloxone or another comparable treatment regimen as determined by the Secretary of Health in a standing order to be used for the reversal of a single opioid-related overdose event.
<a href="#"><u>Pennsylvania</u></a> H.B. 601, 207th Gen. Assemb. Reg. Sess. (Pa. 2023) (pending in committee).	This bill would require the Department of Education, in consultation with the Department of Health, to develop a policy requiring each school entity offering grade nine, ten, eleven or twelve to provide and maintain onsite opioid antagonists in each school facility. The policy developed: (1) must include procedures to follow when dealing with a suspected opioid overdose; (2) may not require an individual to administer an opioid antagonist; and (3) must provide the quantities and types of opioid antagonist to be maintained by each school entity. To treat a case of suspected opioid overdose in a school facility, a trained school nurse, teacher or other individual considered qualified by the department may administer an opioid antagonist during an emergency to a student or staff member suspected of having an opioid-related drug overdose whether or not there is a previous history of opioid abuse. A school nurse, teacher or other individual may receive training in the administration of opioid antagonists provided by the Department of Health. Provides immunity for criminal and civil liability.
<a href="#"><u>South Carolina</u></a> H.B. 3216, 125th Gen. Assemb., 1st Reg. Sess. (S.C. 2023) (bill died upon legislature's adjournment).	This bill would amend S.C. CODE ANN. § 44-130-60 (West 2023) to add that every first responder station and dispatch office in the state must maintain in their inventory an adequate supply of unexpired opioid antidote medication.

<b>RECENT STATE LEGISLATION</b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#"><u>South Carolina</u></a> H.B. 3990, 125th Gen. Assemb., 1st Reg. Sess. (S.C. 2023) (bill died upon legislature's adjournment).	This bill would require each governing authority of a school to develop a policy, in accordance with guidelines established by the Department of Education, 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 must: (1) require each school that includes any of the grades nine through twelve, and permit any other school, to obtain a standing order for opioid antidotes 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 to administer an opioid antidote to any person whom the nurse or trained employee in good faith reasonably believes is experiencing an opioid overdose.
<a href="#"><u>South Carolina</u></a> H.B. 3735, 125th Gen. Assemb., 1st Reg. Sess. (S.C. 2023) (bill died upon legislature's adjournment).	This bill would allow the governing authority of a school district or private school to authorize school nurses and other designated school personnel to administer an opioid antidote to a student or other individual on school premises whom the school nurse or other designated school personnel believes in good faith is experiencing an opioid overdose. Participating governing authorities, in consultation with the State Department of Education, the Department of Health and Environmental Control, and the Department of Alcohol and Other Drug Abuse Services, must implement a plan for the management of students at risk of experiencing an opioid overdose enrolled in the schools under their jurisdiction.
<a href="#"><u>Tennessee</u></a> H.B. 304, 113rd Gen. Assemb., Reg. Sess. (Tenn. 2023) (bill died upon legislature's adjournment); S.B. 200, 113rd Gen. Assemb., Reg. Sess. (Tenn. 2023) (bill died upon legislature's adjournment).	This bill requires establishments that have gross sales of alcoholic beverages of more than \$500,000 per calendar year, as a condition of receiving or renewing a liquor-by-the-drink license, to keep at least one opioid antagonist nasal spray in an easily accessible location on the premises.

<b>RECENT STATE LEGISLATION</b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#"><u>Texas</u></a> H.B. 1543, 88th Leg., Reg. Sess. (Tex. 2023) (bill died upon legislature's adjournment); S.B. 954, 88th Leg., Reg. Sess. (Tex. 2023) (bill died upon legislature's adjournment).	This bill would amend TEX. HEALTH & SAFETY CODE ANN. § 483.102 to require the Commissioner of State Health Services or, if the commissioner is not a physician, the chief medical executive of the Department of State Health Services to issue a statewide standing order prescribing an opioid antagonist. Would also provide the commissioner or the chief medical executive immunity from any criminal or civil liability for issuing the standing order and any outcome resulting from the eventual administration of the opioid antagonist.
<a href="#"><u>Texas</u></a> H.B. 4801, 88th Leg., Reg. Sess. (Tex. 2023) (bill died upon legislature's adjournment).	This bill would allow a state agency to use money appropriated from the opioid abatement account to purchase opioid antagonists in bulk from manufacturers to decrease the price burden on organizations distributing opioid antagonists to respond to opioid overdose.
<a href="#"><u>Texas</u></a> H.B. 3338, 88th Leg., Reg. Sess. (Tex. 2023) (passed in House; died in Senate).	This bill would require each institution of higher education to adopt and implement a policy providing for: (1) the availability of opioid antagonists at each residence hall on the institution's campus, including provisions for the acquisition, maintenance, storage, administration, and disposal of those devices; and (2) the training of resident advisors in the proper use of those devices. Not later than the 10th business day after the date a resident advisor, employee, or volunteer administers an opioid antagonist, the institution of higher education must report specific information to the physician who prescribed the opioid antagonist. Each institution of higher education is responsible for training resident advisors in the administration of an opioid antagonist. A person who in good faith takes, or fails to take, any action under this subchapter is immune from civil or criminal liability or disciplinary action resulting from that act or failure to act.
<a href="#"><u>Texas</u></a> H.B. 4798, 88th Leg., Reg. Sess. (Tex. 2023) (bill died upon legislature's adjournment).	This bill would require a health benefit plan to provide coverage for an opioid antagonist and an associated device used in the administration of an opioid antagonist.

<b>RECENT STATE LEGISLATION</b>	
<b>State/Bill Number/Status</b>	<b>Description</b>
<a href="#"><u>Texas</u></a> H.B. 4799, 88th Leg., Reg. Sess. (Tex. 2023) (bill died upon legislature's adjournment).	This bill would require that, in a state fiscal year during which a licensed treatment facility receives state money by legislative appropriation made for chemical dependency treatment or a similar public purpose, or in which state money is otherwise made available for the facility's use in providing chemical dependency treatment, the facility provide opioid antagonists to a client the facility reasonably believes to be at risk for an opioid-related drug overdose before discharging the client from the facility.
<a href="#"><u>Texas</u></a> H.B. 3784, 88th Leg., Reg. Sess. (Tex. 2023) (bill died upon legislature's adjournment).	This bill requires the Health and Human Services Commission, in coordination with the comptroller, to establish a task force to study methods to incentivize manufacturers of opioid antagonists to increase production.
<a href="#"><u>Virginia</u></a> H.B. 1774, 2023 Leg., Reg. Sess. (bill died upon legislature's adjournment).	This bill would the Department of Criminal Justice Services to establish training standards and model policies for law enforcement personnel on a comprehensive harm reduction program that promotes scientifically proven methods of mitigating health risks associated with drug use and other high-risk behaviors, including the use of naloxone or other opioid antagonists to prevent opioid overdose deaths, in coordination with statewide naloxone training programs developed by the Department of Behavioral Health and Developmental Services and the Virginia Department of Health
<a href="#"><u>Wisconsin</u></a> A. 223, 2023 Leg., Reg. Sess. (Wis. 2023) (bill died upon legislature's adjournment); S.B. 206, Reg. Sess. (Wis. 2023) (bill died upon legislature's adjournment).	This bill would require school boards and governing bodies of private school to schools that each school maintain a usable supply of an opioid antagonist on site, in a place that is accessible at all times.

## ABOUT THE LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

Based in Washington D.C., and led by and comprised of experienced attorneys, the Legislative Analysis and Public Policy Association is a 501(c)(3) nonprofit organization whose mission is to conduct legal and legislative research and analysis and draft legislation on effective law and policy in the areas of public safety and health, substance use disorders, and the criminal justice system.

LAPPA produces timely model laws and policies that can be used by national, state, and local public health, public safety, and substance use disorder practitioners who want the latest comprehensive information on law and policy as well as up-to-the-minute comparative analyses, publications, educational brochures, and other tools ranging from podcasts to fact sheets. Examples of topics on which LAPPA has assisted stakeholders include naloxone laws, law enforcement/community engagement, alternatives to incarceration for those with substance use disorders, medication-assisted treatment in correctional settings, and the involuntary commitment and guardianship of individuals with alcohol or substance use disorders.



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