

LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

OVERDOSE REVERSAL AGENT ACCESS: SUMMARY OF STATE LAWS

JANUARY 2025



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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 agent (ORA),¹ 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 ORAs. 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 ORA, 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 ORA access laws throughout the United States, including the District of Columbia and all U.S. territories. In the five years since then, LAPPA updated its research several times. This January 2025 edition of the summary sets forth state ORA access laws as of December 2024. As of that date, all 50 states and the District of Columbia have some form of an ORA access law. The laws vary significantly by jurisdiction. Additionally, in March of 2023, the federal government began approving naloxone formulations to be sold over-the-counter, without a prescription. Although this now means that anyone may purchase certain ORAs, there are still many applicable laws regarding its use, storage and dispensing. LAPPA has included any changes in statutory language or direct references to over-the-counter ORAs in this summary with the understanding that this area of law is still evolving.

The results of this research project are presented in this document. Starting on page 13, LAPPA provides jurisdiction-by-jurisdiction tables describing many aspects of each ORA access law currently in effect. This research looked at traditional ORA access laws, such as which individuals or entities can prescribe, dispense, or administer ORAs and what forms of immunity, if any, they are provided for doing so. Additionally, the research identified the next generation of ORA access laws including co-prescription requirements, requirements placed on insurers, and opioid antagonists in schools. The detailed aspects of these laws include:

- Statutory citation(s) and effective date(s);²
- Date and content of subsequent substantive amendment(s), if any;
- Term(s) used to describe ORA;³
- Standing order provisions, if any;
- References to over-the-counter access, if any;
- People and entities who can: (1) prescribe, (2) dispense, (3) administer, and/or (4) possess ORAs;

¹ In keeping with the federal government and current nonprofit trends, LAPPA has replaced the term “opioid antagonist” with “overdose reversal agent.” The purpose of the new language is to be inclusive of any future medications approved for the treatment of overdose, which may not act as an opioid antagonist.

² In a few instances, there is no state authority in statute, but it can be found in state regulation.

³ 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.”

- Scope of immunity provided to people who: (1) prescribe, (2) dispense, (3) administer, and/or (4) possess ORAs;
- Training and education requirements;
- Co-prescription requirements;
- Entities who must offer ORAs to certain individuals;
- Requirements placed on insurers;
- Provisions addressing the storage and use of ORAs in schools or by school personnel;
- Locations suggested or required to maintain ORAs on premises;
- Reporting opioid antagonist dispensing and/or administration to prescription drug monitoring programs (PDMPs);
- References to ORA dispensing by vending machine;
- 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).

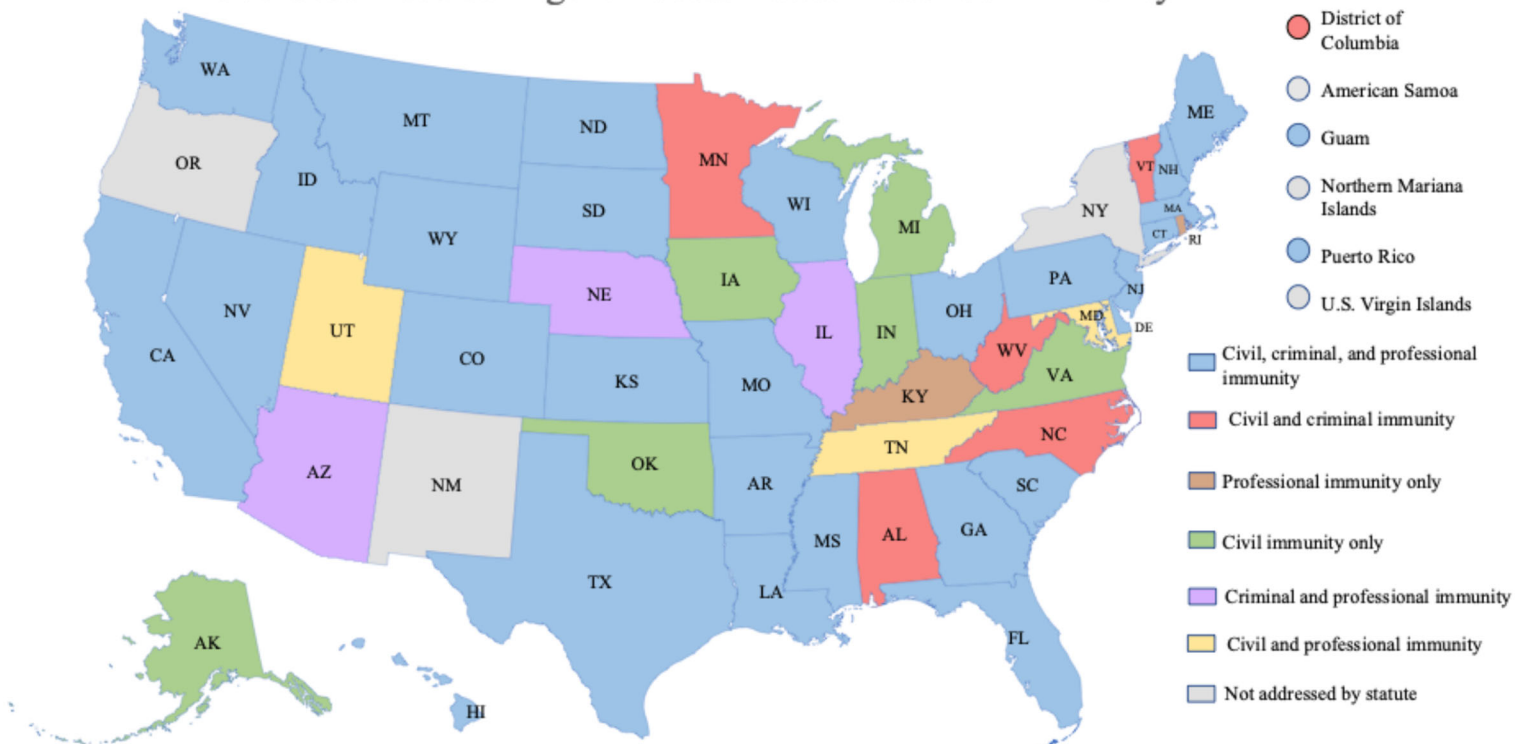
LAPPA designed this document to: (1) provide a singular resource for each jurisdiction’s laws; (2) allow for a comparison of these laws between jurisdictions; and (3) identify and highlight interesting provisions. The primary conclusions from the research and analysis are set forth in bullet points below, accompanied by maps showing many of the results in graphic form.⁴

- Traditionally, ORA 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 ORAs in schools, insurance requirements, and co-prescription requirements. These laws can be thought of as the “next generation” of ORA access laws and some variation of these laws continue to be added by states.
- Nearly all ORA access laws in place as of December 2024 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 ORAs 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” ORA access laws in cases where individuals possess, or seek to possess, non-prescription products. Nevertheless, so long as prescription ORA formulations remain available for use, prescription-based access laws still serve an important purpose.

⁴The 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.

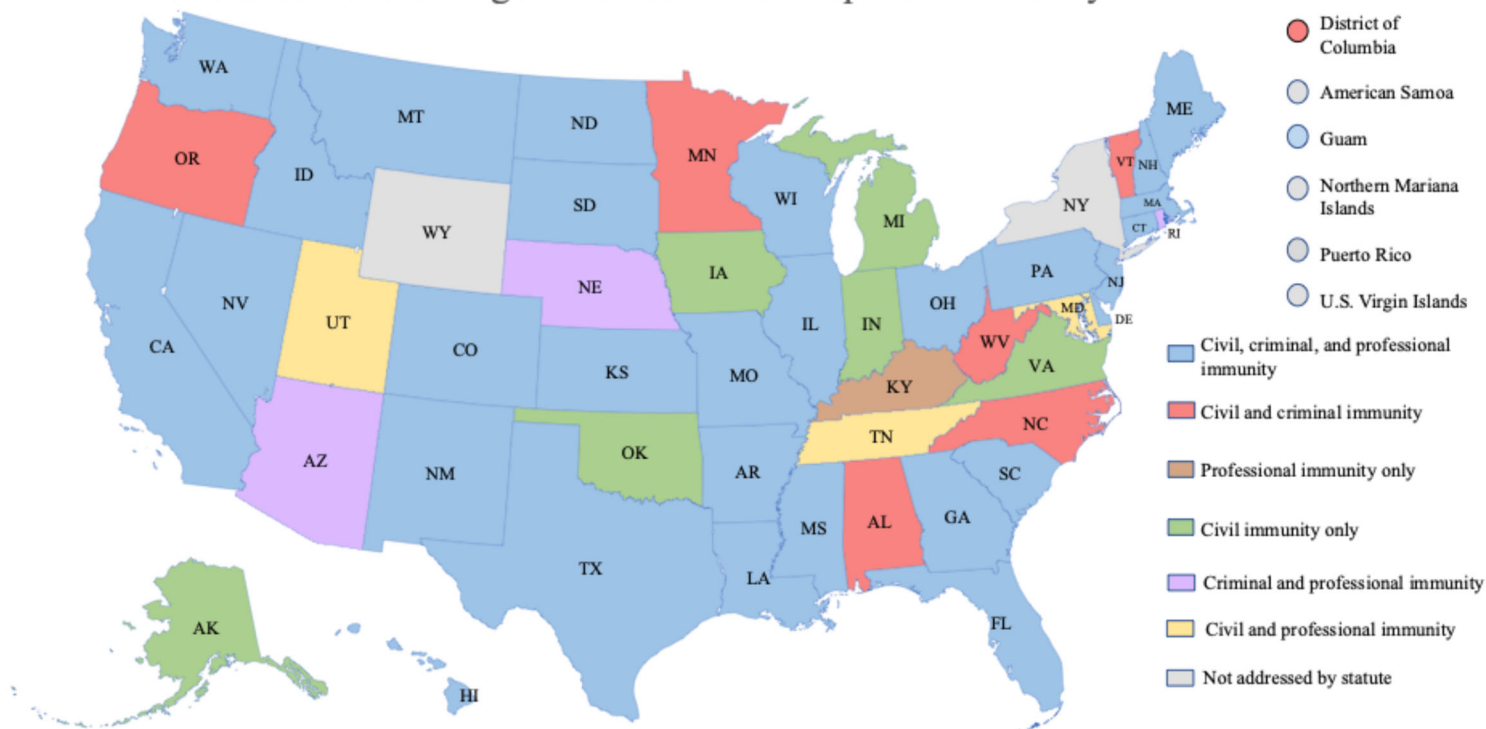
- In terms of the individuals that jurisdictions authorize to prescribe, dispense, and/or administer ORAs, there is a core group that are authorized almost everywhere. This group includes physicians, advanced practice nurses, pharmacists, individuals at risk of experiencing an opioid-related overdose, and family and friends of those individuals. Laws vary significantly in terms of who else is authorized to distribute and/or receive ORAs. Additionally, many jurisdictions require individuals to complete an ORA training program before legally prescribing, dispensing, distributing, and/or administering an opioid antagonist.
- Laws also vary in the level of immunity provided to ORA prescribers for any acts or omissions performed in good faith related to the prescribing or eventual administration of an ORA. Most states (28) as well as Puerto Rico and Guam offer immunity from civil liability, criminal liability, and professional disciplinary actions. 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.

Overdose Reversal Agent Access Laws: Prescriber Immunity



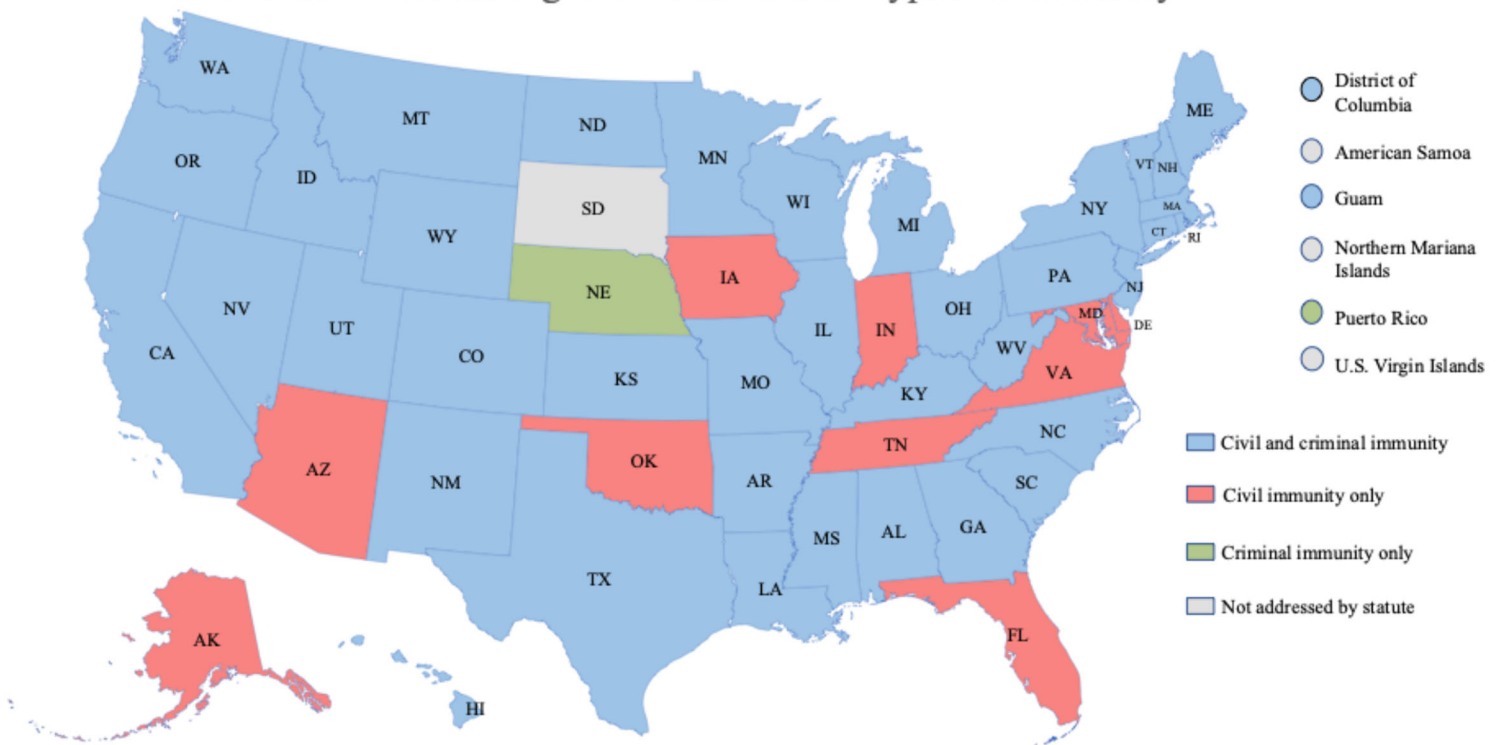
➤ Similar to the immunity provided to ORA prescribers, the level of immunity provided to ORA dispensers for any acts or omissions performed in good faith related to the dispensing of an ORA or the eventual administration of ORAs varies by state. Here again, most states (29) and Guam provide dispensers with immunity from civil liability, criminal liability, and professional disciplinary actions. Six 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 (three states) or civil and professional immunity (two states). Rhode Island gives civil and criminal immunity only for emergency personnel and law enforcement when distributing ORA in addition to professional liability for healthcare distributors. Kentucky offers only professional immunity. Finally, two states and the U.S. territories do not address dispenser immunity in statute. Four states—Illinois, New Mexico, 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.

Overdose Reversal Agent Access Laws: Dispenser Immunity



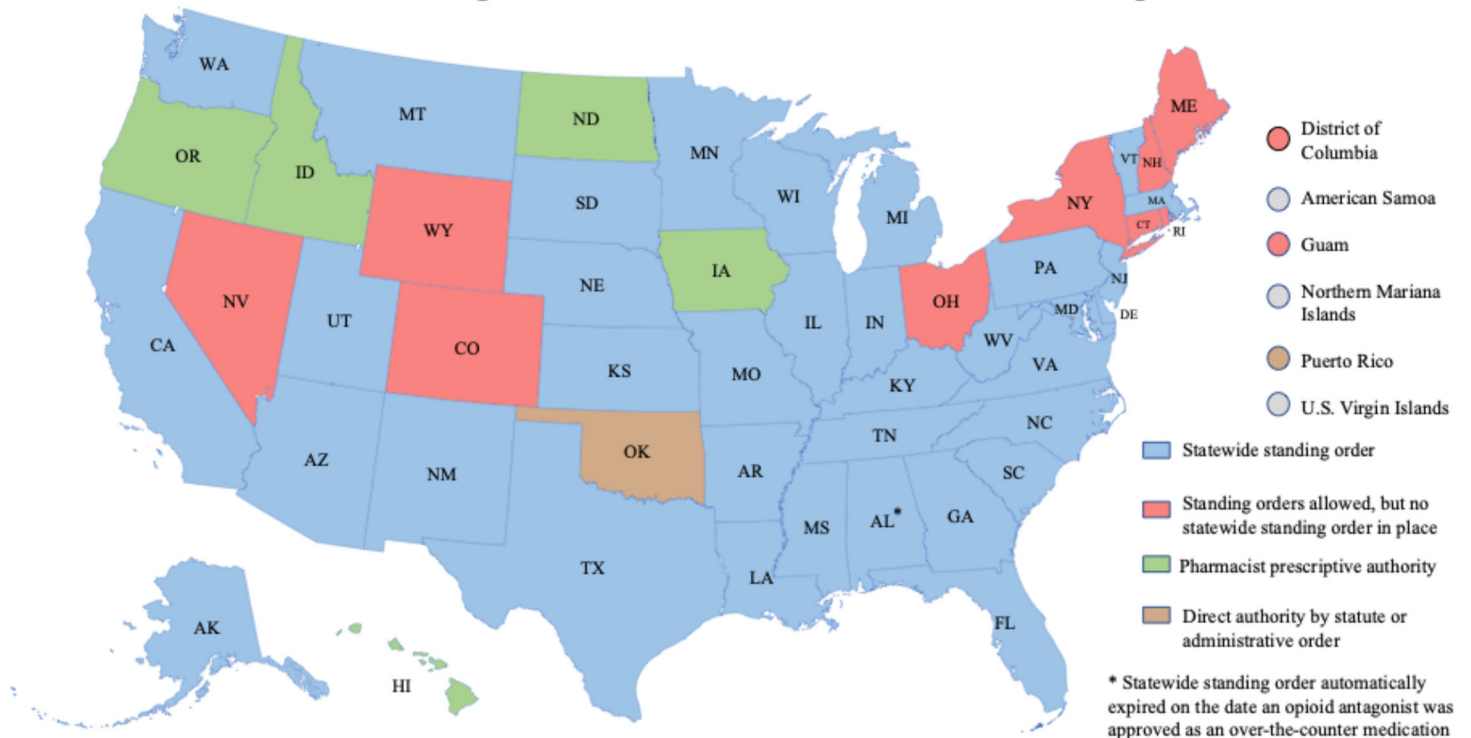
➤ Forty-nine states and the District of Columbia offer some form of immunity to laypeople who administer an ORA for any acts or omissions performed in good faith related to the administration of an ORA. Most states (38), the District of Columbia, and Guam provide laypeople with immunity from civil and criminal liability for the good faith administration of an ORA to an individual believed to be experiencing an opioid-related overdose. Ten states provide only immunity from civil liability, and Nebraska and Puerto Rico provide only immunity from criminal liability. Finally, South Dakota and the rest of the territories do not address layperson immunity in statute.

Overdose Reversal Agent Access Laws: Layperson Immunity



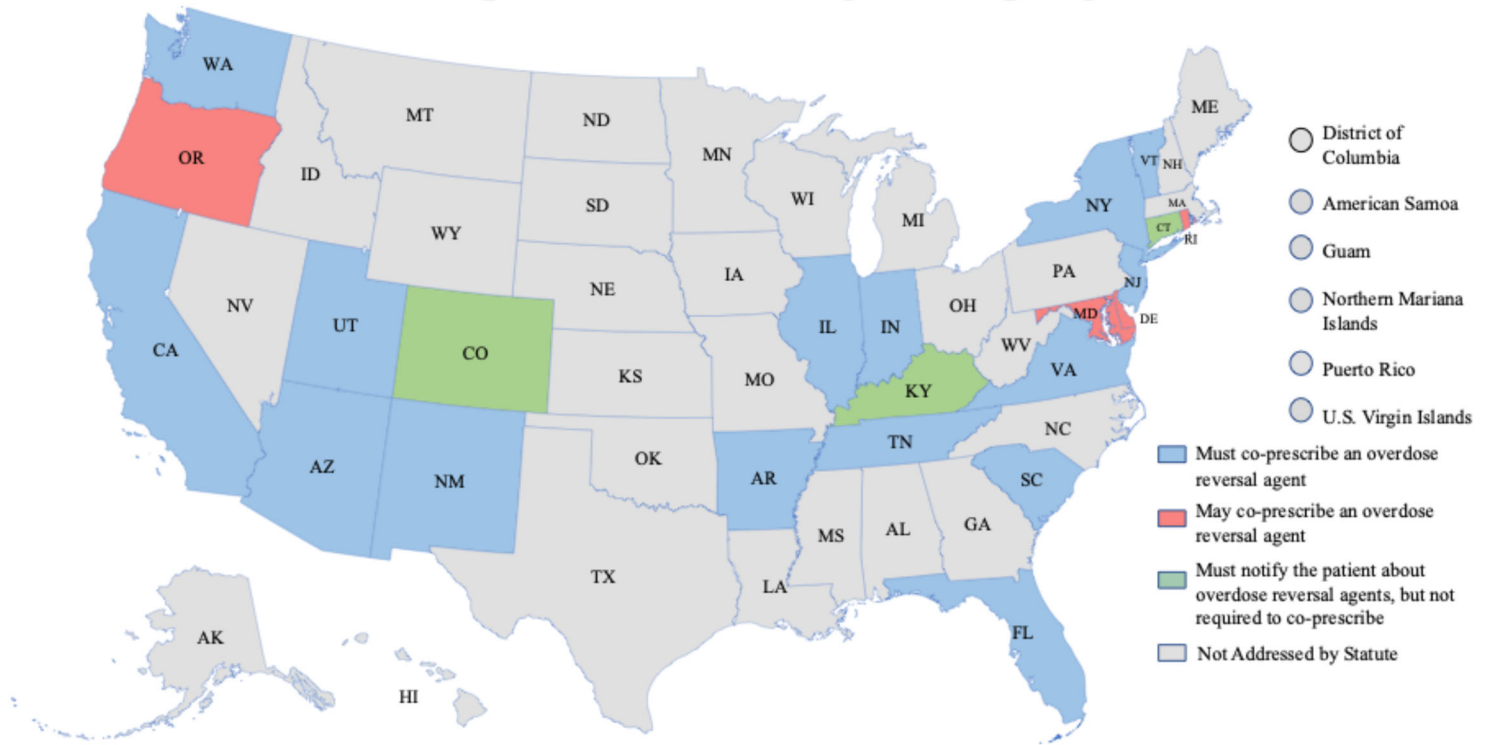
- All 50 states, the District of Columbia, and Puerto Rico allow an individual to obtain a prescription ORA without an individual prescription. Thirty-five states have a statewide standing order for ORAs. The statewide standing order in Alabama expired upon the approval of an over-the-counter ORA product. In nine states and the District of Columbia and Guam, a prescriber and a pharmacist can enter into a standing order agreement for ORAs 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 ORAs to individuals who do not otherwise have a prescription. Oklahoma law directly authorizes pharmacists to dispense ORAs without a prescription. Additionally, in March 2019, the Puerto Rico Department of Health announced that ORAs could be sold without a prescription.

Overdose Reversal Agent Access Laws: Access Without a Prescription



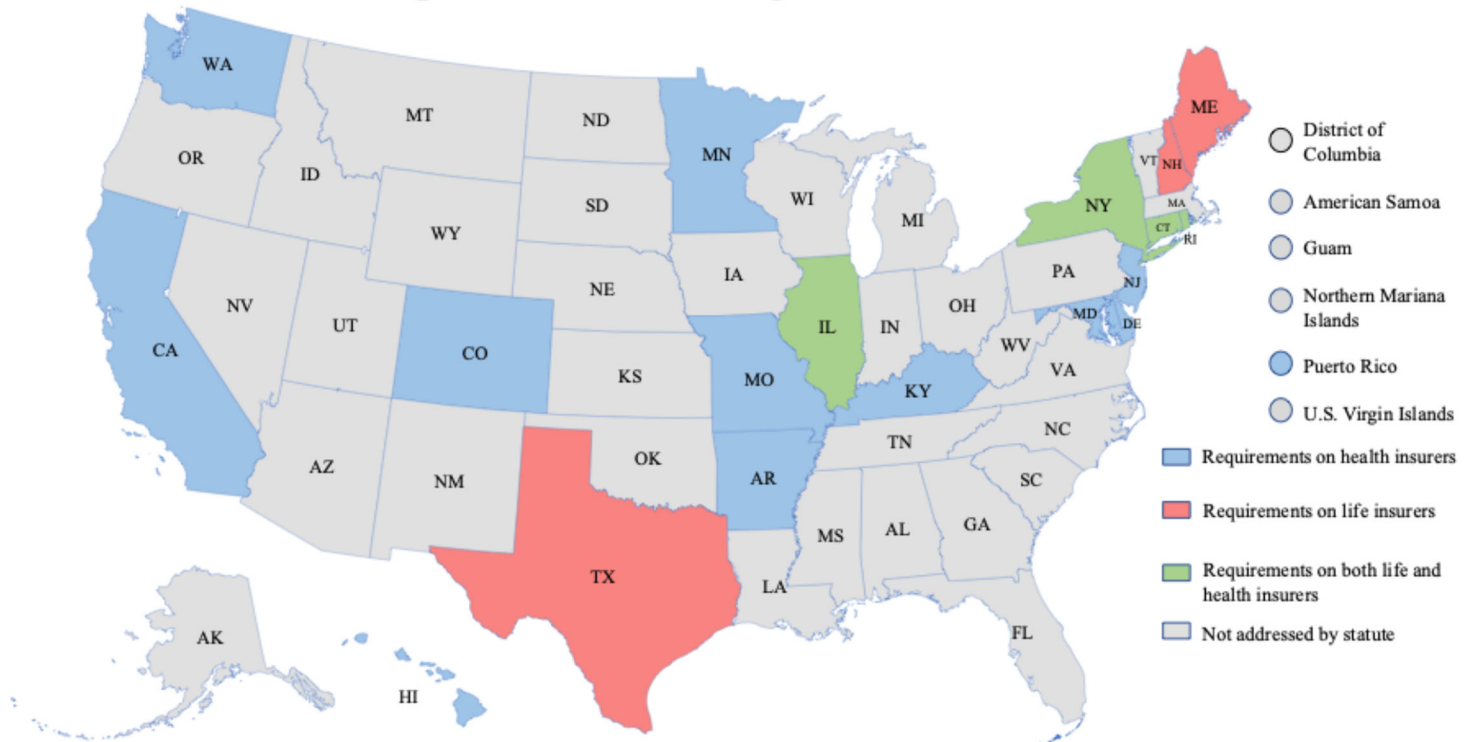
- A total of 23 states have a provision related to the co-prescribing of an ORA with an opioid. In 16 of these states, co-prescribing an ORA is required in certain situations. These situations vary by state and include, but are not limited to, prescribing an opioid over a certain morphine milligram equivalent,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

Overdose Reversal Agent Access Laws: Co-prescribing Requirements

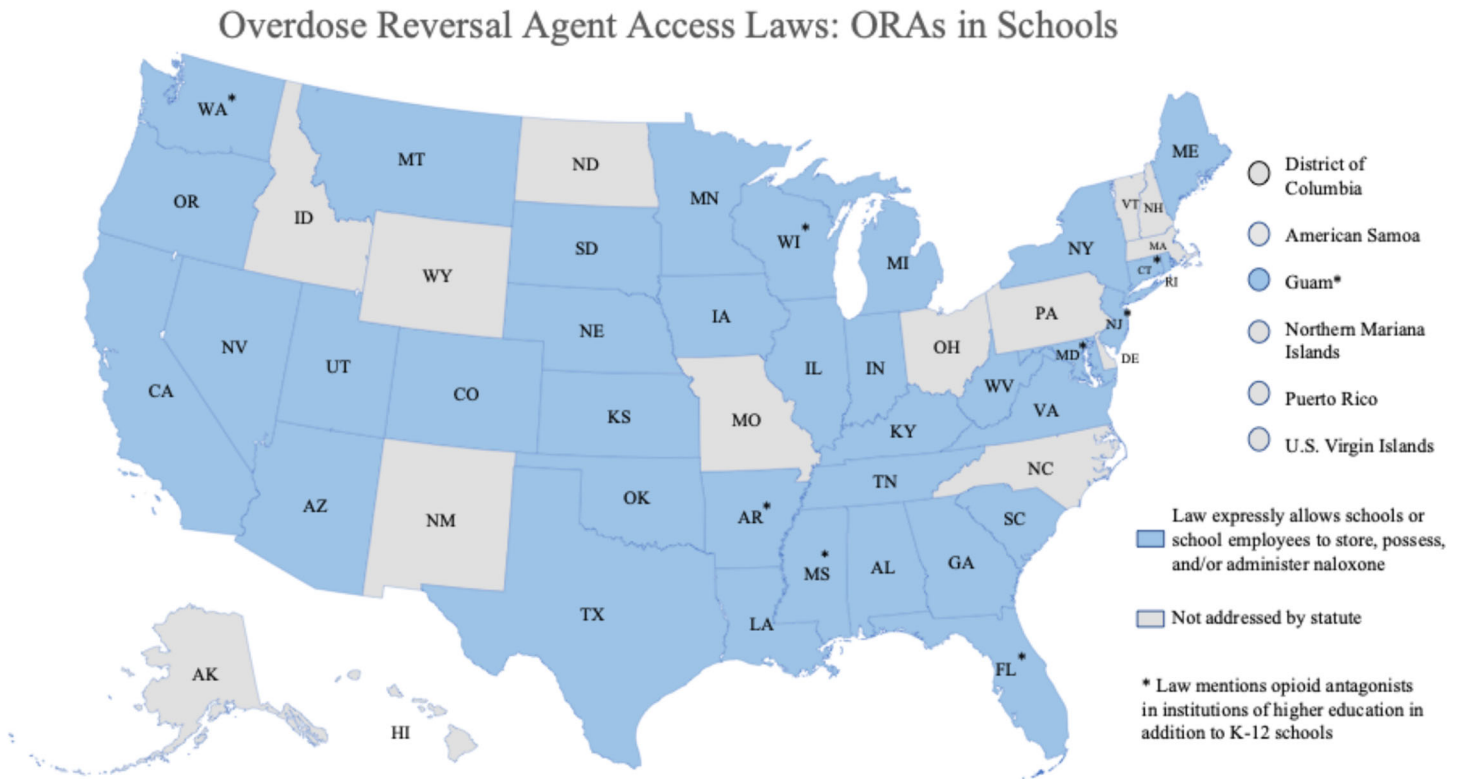


- Eighteen states and Puerto Rico place some type of requirement on life and/or health insurers regarding ORAs. Fourteen states place a requirement on health insurers. The requirements vary by state and include, but are not limited to, requiring coverage of ORAs, not requiring prior authorization for ORAs, and placing at least one ORA formulation on the lowest tier of the insurer’s drug formulary. In seven states, life insurers are prohibited from denying or canceling a life insurance policy solely on the basis that the policy holder has a prescription for, or was dispensed, an ORA. Only four states place requirements on both health insurers and life insurers.

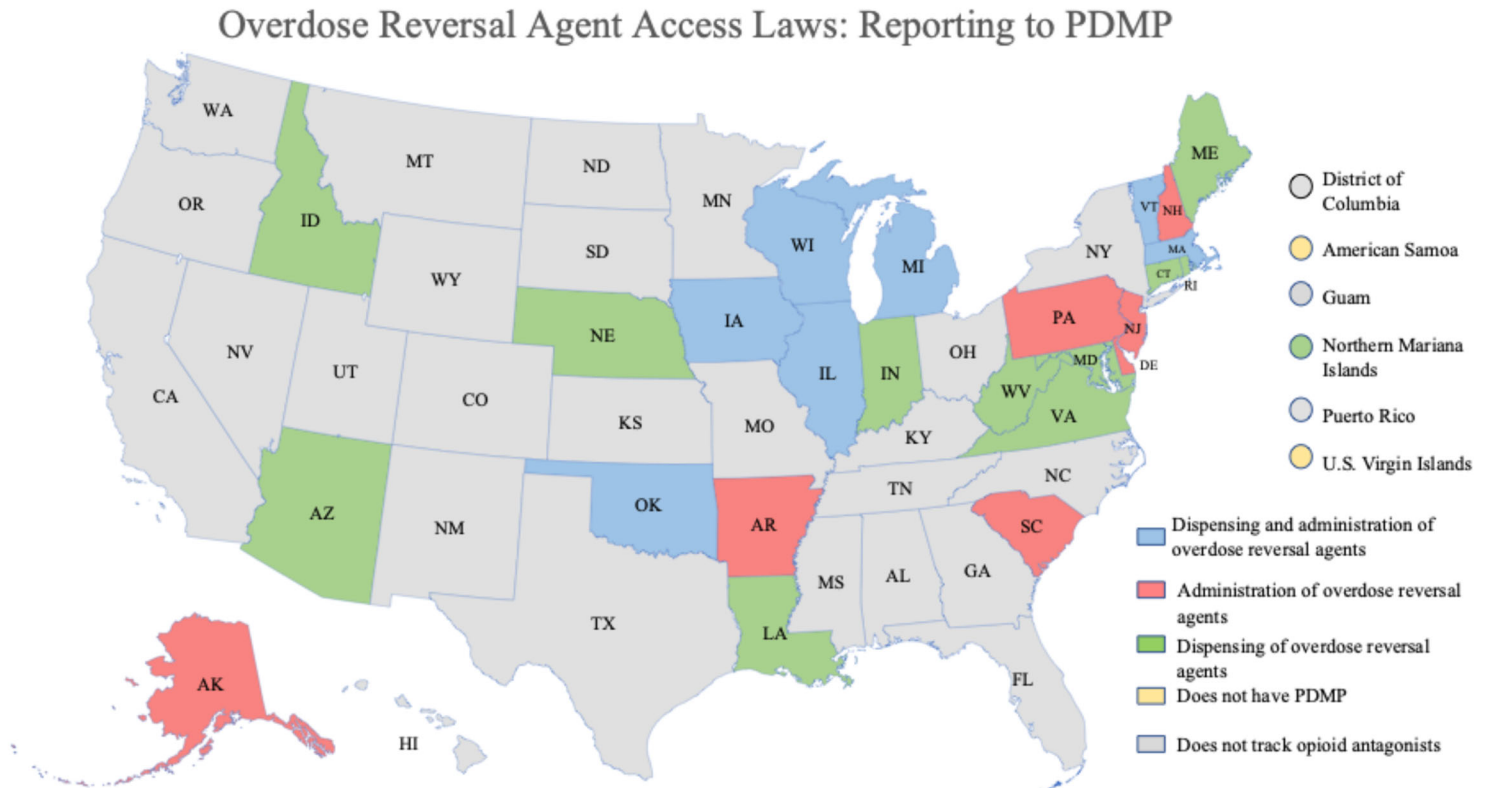
Overdose Reversal Agent Access Laws: Requirements Placed on Insurers



- Thirty-six states and Guam have statutory language that expressly allow K-12 schools or school employees to store, possess, and/or administer ORAs. Eight states (Arkansas, Connecticut, Florida, Maryland, New Jersey, Washington, and Wisconsin) and Guam also expressly mention the storage, possession, and/or administration of ORAs at institutions of higher education.



- A total of 25 states and the Northern Mariana Islands authorize the dispensing and/or administration of an ORA to be reported to the state’s prescription drug monitoring program (PDMP).⁵ Of those 25 states, 7 authorize reporting both the dispensing and administration of an ORA, 11 states and the Northern Mariana Islands authorize reporting only the dispensing of an ORA, and the remaining seven states authorize reporting only the administration of an ORA.⁶ In 21 states, the District of Columbia, Guam, and Puerto Rico, ORAs are not tracked by the PDMP. American Samoa and the U.S. Virgin Islands do not have a PDMP.

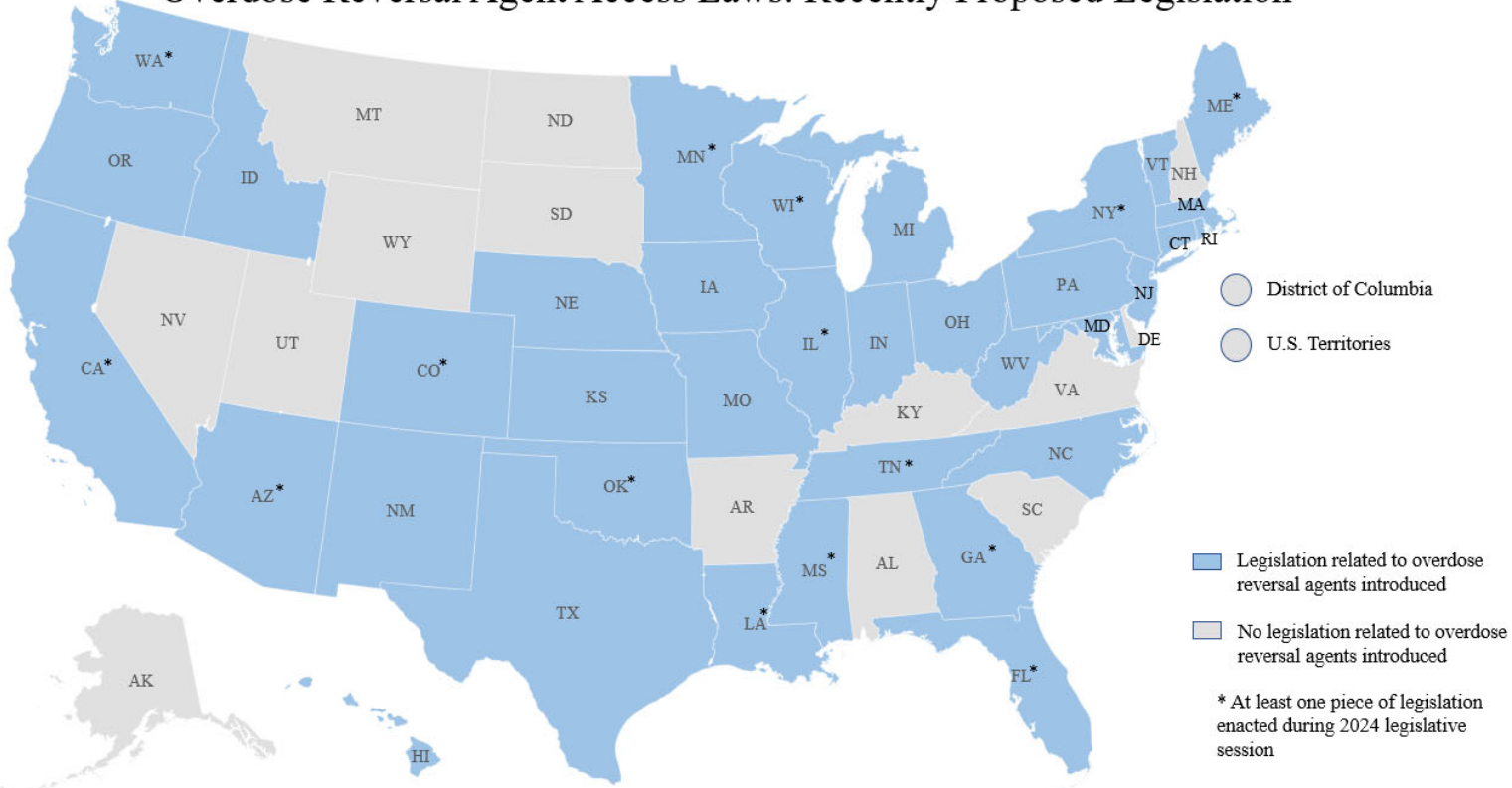


⁵ In many cases, the direction to report information is not contained in statute or regulation. In those cases, LAPPa relies on information from the Prescription Drug Monitoring Program Training and Technical Assistance Center (PDMP/TTAC), which focuses on the dissemination of PDMP-specific information. The information about state PDMP laws comes from a data visualization on the PDMP/TTAC website. “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed January, 2025 <https://www.pdmpassist.org/Policies/Maps/PDMPPolicies> (under Alternate Data Sources).

⁶ The fact that certain information about naloxone is reported to a state’s PDMP does not necessarily mean that the information is included in the patient PDMP report accessible to a provider. In part, this is because naloxone is often prescribed or dispensed to someone other than the person to whom it is administered. Where this happens, the PDMP serves as a data collection mechanism for the state rather than as an information tool for practitioners.

- In 2024, 36 states introduced legislation related to ORAs. In 15 of the 36 states, at least one piece of legislation related to ORAs was enacted.

Overdose Reversal Agent Access Laws: Recently Proposed Legislation



<u>ALABAMA</u>	
Statute(s) and regulation(s)	ALA. CODE §§ 20-2-280 to 284 (West 2024) (opioid antagonist administration)
Term(s) used	Opioid antagonist; naloxone
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • May 10, 2016 amendments allow for: <ul style="list-style-type: none"> ○ Registered nurse in the employment of the state health department or a county health department to dispense naloxone; ○ Member of a fire department, rescue squad, or volunteer fire department personnel to receive a third-party prescription for naloxone; and ○ State Health Officer (SHO) or the respective county health officers to publish a standing order.
Standing order	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. ⁷ 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. On March 20, 2023, the Alabama Department of Public Health released a statement saying that the standing order will not expire and will allow pharmacists to dispense naloxone formulations and dosages that are prescription only. ⁸
Express reference to over-the-counter overdose reversal agents	Not directly addressed by statute
People who can prescribe	<ul style="list-style-type: none"> • Licensed physician acting in good faith • Licensed dentist acting in good faith
Prescriber immunity	<p>The following prescribers are immune from any civil or criminal liability for actions authorized under §§ 20-2-280 to 284:</p> <ul style="list-style-type: none"> • Licensed physician or dentist acting in good faith with no managerial authority over the individuals administering the opioid antagonist; and • SHO or any county health officer who issues a standing order.

⁷ “Standing Order of the State Health Officer Naloxone Distribution for Overdose Prevention,” Ala. Dep’t of Pub. Health, accessed December 2024 <https://www.alabamapublichealth.gov/pharmacy/assets/standingorder.pdf>

⁸ “Narcan nasal spray approved for nonprescription use, other overdose-reducing treatments still available from pharmacies by standing order,” Ala. Dep’t of Pub. Health, accessed December 2024, <https://www.alabamapublichealth.gov/blog/2023/03/nr-30.html>.

<u>ALABAMA</u>	
People who can dispense or distribute⁹	<ul style="list-style-type: none"> • Licensed pharmacist • Registered nurse in the state’s or county’s health department
Dispenser/distributor immunity	Authorized dispensers are immune from any civil or criminal liability for actions authorized under §§ 20-2-280 to 284.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Individual at risk of experiencing an opiate-related overdose • Person in a position to assist an individual at risk of an opioid-related overdose who is: <ul style="list-style-type: none"> ○ A family member or friend; A member of a fire department, rescue squad, or volunteer fire department personnel; or ○ Other individual, including law enforcement ○ 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)
Layperson possession without a prescription	Not directly addressed by statute
Layperson administration	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.
Layperson immunity	Laypeople who administer naloxone pursuant to the law are immune from any civil or criminal liability for actions authorized under Article 13.
Training and education requirements	<ul style="list-style-type: none"> • Evidence of exercising reasonable care in administering the opioid antagonist includes receipt of basic instruction and information on how to administer the opioid antagonist • 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 • 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
Co-prescription requirements	Not addressed by statute

⁹ 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.

<u>ALABAMA</u>	
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	Not addressed by statute
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	Not addressed by statute
Express reference to overdose reversal agent vending machines	No
Other provisions of note	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.
Recently proposed legislation	None

<u>ALASKA</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • ALASKA STAT. ANN. § 08.80.168 (West 2024) (pharmacist prescribing and administration) • ALASKA STAT. ANN. § 09.65.340 (West 2024) (immunity) • ALASKA STAT. ANN. § 14.30.145 (West 2024) (opioid overdose drugs in school setting) • ALASKA STAT. ANN. § 17.20.085 (West 2024) (prescribing and dispensing generally)
Term(s) used	Opioid overdose drug
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • 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 • June 30, 2021 amendment to § 17.20.085 removes the expiration date from the state’s standing order • 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
Standing order(s)	The CMO issued a statewide standing order on September 30, 2019 in conjunction with the development of a state initiative called “Project HOPE.” ¹⁰ Initially, § 17.20.085 provided that the state’s standing order would expire on or before June 30, 2021. The expiration date for the standing order was removed by statutory amendment in 2021. There is currently no publicly available standing order posted on the Alaska Department of Health Website.
Express reference to over-the-counter overdose reversal agents	No
People who can prescribe	<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"> • Physician • Osteopath • Dentist • Advanced nurse practitioner • Physician assistant • Nurse • Village health aide • Pharmacist

¹⁰As of January 2025, the Alaska Department of Health no longer has this standing order posted on their website.

<u>ALASKA</u>	
Prescriber immunity	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.
People who can dispense or distribute	<ul style="list-style-type: none"> • Health care provider • Employee or volunteer of an opioid overdose program acting under a standing order or protocol
Dispenser immunity	<ul style="list-style-type: none"> • 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. • 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. • Law does not preclude liability for civil damages that are the result of gross negligence or reckless or intentional misconduct.
People who can receive or administer (“layperson”)	<ul style="list-style-type: none"> • Person at risk of experiencing an opioid overdose • 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 • Employee or volunteer of an opioid overdose program acting under a standing order or protocol • A school district, if acting under a standing order or protocol. • A person, if acting under a standing order or protocol, may administer an opioid overdose drug under § 14.30.145
Layperson possession without prescription	<ul style="list-style-type: none"> • 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 • A school district, if acting under a standing order or protocol, may possess opioid overdose drugs for the purposes of § 14.30.145
Layperson administration	Layperson may administer an opioid overdose drug to another person who the layperson reasonably believes is experiencing an opioid overdose.

<u>ALASKA</u>	
Layperson immunity	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.
Training and education requirements	<ul style="list-style-type: none"> • 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. • 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. • The commissioner of health shall develop and provide to each school district a short training video about when and how to administer an opioid overdose drug.
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	<ul style="list-style-type: none"> • Each school district must ensure that a person trained to administer an opioid overdose drug is on site in every school building when the school is open to students or staff, as well as during each school sponsored event conducted on school grounds. • Every school district to ensure there are 2 doses of overdose reversal drug available on site and one dose available during school sponsored events conducted on school grounds.
Locations suggested or required to keep overdose reversal agents on premises	Every school district
Dispensing or administration reported to PDMP	According to information from the Prescription Drug Monitoring Program Training and Technical Assistance Center (PDMP/TTAC), Alaska tracks naloxone administration within the state PDMP. ¹¹ LAPP did not locate a statute directing this reporting.

¹¹ “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed June 2024, https://www.pdmpassist.org/pdf/state_summaries/Alaska_Summary_Profile.pdf.

<u>ALASKA</u>	
Express reference to overdose reversal agent vending machines	No
Other provisions of note	None
Recently proposed legislation	None

<u>ARIZONA</u>	
Statute(s) and regulation(s)	<ul style="list-style-type: none"> • ARIZ. REV. STAT. ANN. § 15-341(A)(43) (West 2024) (naloxone in educational settings) • ARIZ. REV. STAT. ANN. § 32-1968(H) (West 2024) (pharmacist dispensing) • ARIZ. REV. STAT. ANN. § 32-1979 (West 2024) (pharmacist dispensing) • ARIZ. REV. STAT. ANN. § 32-3248.01(D) (West 2024) (co-prescription requirement) • ARIZ. REV. STAT. ANN. § 36-192 (West 2024) (county health department) • ARIZ. REV. STAT. ANN. § 36-798.51 (West 2024) (overdose prevention programs) • ARIZ. REV. STAT. ANN. § 36-2228 (West 2024) (administration by emergency medical care technician, peace officer, or ancillary law enforcement employee) • ARIZ. REV. STAT. ANN. §§ 36-2266 to 2267 (West 2024) (immunity provisions)
Term(s) used	Naloxone hydrochloride; opioid antagonist
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • 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 • April 26, 2018 § 36-2228 amended to add ancillary law enforcement employees • June 21, 2024- PDMP reporting requirements for naloxone dispensing repealed; § 32-1968(H) amended to exempt naloxone from laws regulating the mislabeling or misbranding of a drug
Standing order(s)	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 6, 2024 and will expire on August 6, 2025. ¹²
Express reference to over-the-counter overdose reversal agents	None

¹² Arizona naloxone standing order, last accessed December 2024, <https://www.azdhs.gov/documents/prevention/womens-childrens-health/injury-prevention/opioid-prevention/naloxone-standing-order.pdf>.

<u>ARIZONA</u>	
People who can prescribe	<ul style="list-style-type: none"> • Licensed physician • Licensed nurse practitioner with prescribing authority • Any other health professional who has prescribing authority and who is acting within the health professional’s scope of practice
Prescriber immunity	<ul style="list-style-type: none"> • 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. • 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.
People who can dispense or distribute	<ul style="list-style-type: none"> • Pharmacist • Arizona Department of Health Services • Arizona Health Care Cost Containment System (state Medicaid agency) • County health department • City, town, county, or nongovernmental organization that promotes scientifically proven ways of mitigating health risks
Dispenser immunity	<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"> • Acts with reasonable care and in good faith; • Documents the dispensing consistent with the state’s Board of Pharmacy rules; and • Instructs the individual to whom the opioid antagonist is dispensed to summon emergency services as soon as practicable after administering the opioid antagonist.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person who is at risk of experiencing an opioid-related overdose • Family member or other person in a position to assist a person at risk of experiencing an opioid-related overdose • Employee of a school district or charter school who is acting in the person’s official capacity • Community organization that provides services to people who are at risk of an opioid-related overdose • Emergency medical care technician • Peace officer • Ancillary law enforcement employee
Layperson possession without a prescription	Not directly addressed by statute

<u>ARIZONA</u>	
Layperson administration	<ul style="list-style-type: none"> • 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 • Law does not create a duty to act or standard of care for peace officers or ancillary law enforcement employees to administer • 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
Layperson immunity	<ul style="list-style-type: none"> • 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 people act with reasonable care and in good faith, except in cases of wanton or willful neglect • 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
Training and education requirements	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.
Co-prescription requirements	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.
Entities required to offer overdose reversal agents to certain individuals	An overdose and disease prevention program established in the state shall offer Access to kits that contain naloxone hydrochloride or any other opioid antagonist that is approved by the United States food and drug administration to treat a drug overdose, or referrals to programs that provide access to naloxone hydrochloride or any other opioid antagonist that is approved by the FDA to treat a drug overdose.

<u>ARIZONA</u>	
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	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.
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	According to information from PDMP/TTAC, Arizona tracks naloxone dispensing within the state PDMP. ¹³ LAPP did not locate a statute directing this reporting.
Express reference to overdose reversal agent vending machines	None
Other provisions of note	None
Recently proposed legislation	Yes. See Recent State Legislation .

¹³ “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed December 2024, https://www.pdmpassist.org/Content/Documents/pdf/state_summaries/Arizona_Summary_Profile.pdf.

<u>ARKANSAS</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • ARK. CODE ANN. § 6-18-723 (West 2024) (opioid antagonists in elementary and secondary education) • ARK. CODE ANN. § 6-60-122 (West 2024) (opioid antagonist in higher education) • ARK. CODE ANN. § 12-9-122 (West 2024) (training) • ARK. CODE ANN. § 17-92-101 (West 2024) (pharmacist prescribing) • ARK. CODE ANN. § 17-95-102 (West 2024) (physician prescribing of legend drugs) • ARK. CODE ANN. § 20-13-217 (West 2024) (injured police dogs) • ARK. CODE ANN. §§20-13-1801 to 1805 (West 2024) (Naloxone Access Act) • ARK. CODE ANN. § 23-99-1119 (West 2024) (health insurance requirements)
Term(s) used	Opioid antagonist; naloxone
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • August 1, 2017 amendment to § 20-13-1804 allows an employee of the Arkansas’ state crime lab to receive naloxone • August 1, 2017 amendment to 17-95-102 listed naloxone as a medication exempt from requirements of gaining prior approval from the medical board for dispensing legend drugs. • 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.
Standing order	A statewide standing protocol took effect on September 6, 2017. ¹⁴ The protocol allows licensed pharmacists to order, dispense, and administer naloxone, along with any necessary supplies for administration.
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	“Healthcare 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.

¹⁴ Arkansas naloxone standing order, accessed December 2024, https://healthy.arkansas.gov/wp-content/uploads/Naloxone_Standing_Order_Dr_Bala.pdf.

<u>ARKANSAS</u>	
Prescriber immunity	Healthcare professional is immune from civil liability, criminal liability, or professional sanctions for prescribing an opioid antagonist pursuant to the law.
People who can dispense or distribute	<ul style="list-style-type: none"> • Healthcare professional acting in good faith • Pharmacist acting under a protocol
Dispenser immunity	Healthcare 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.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person at risk of experiencing an opioid-related overdose • Family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose • 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 • Emergency medical services technician • First responder • Law enforcement officer or agency • Employee of the state crime laboratory
Layperson possession without a prescription	Not directly addressed by statute
Layperson administration	Laypeople 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.
Layperson immunity	Laypeople is immune from civil liability, criminal liability, or professional liability for administering an opioid antagonist pursuant to the law.
Training and education requirements	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.

<u>ARKANSAS</u>	
Co-prescription requirements	<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"> • The opioid dosage prescribed or dispensed is equal to or in excess of fifty morphine milligram equivalents (50 MME) per day; • 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 • The patient has a history of opioid use disorder or drug overdose.
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	<p>A healthcare insurer, including Medicaid:</p> <ul style="list-style-type: none"> • Cannot require prior authorization for a patient to obtain coverage for naloxone; • 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 • If utilizing a tiered drug formulary, must place at least one naloxone product on the lowest-cost benefit tier.
Overdose reversal agents in schools	<ul style="list-style-type: none"> • 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.

<u>ARKANSAS</u>	
Overdose reversal agents in schools (continued)	<ul style="list-style-type: none"> 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.
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	According to information from PDMP/TTAC, Arkansas tracks naloxone administration within the state PDMP. ¹⁵ LAPP did not locate a statute directing this reporting.

¹⁵ “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed December 2024, https://www.pdmpassist.org/pdf/state_summaries/Arkansas_Summary_Profile.pdf.

<u>ARKANSAS</u>	
Express reference to overdose reversal agent vending machines	No
Other provisions of note	<ul style="list-style-type: none">• 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.• During transport to the veterinary hospital or clinic, 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.
Recently proposed legislation	None

<u>CALIFORNIA</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • CAL. BUS. & PROF. CODE § 741 (West 2024) (co-prescribing requirement) • CAL. BUS. & PROF. CODE § 4052.01 (West 2024) (pharmacist furnishing) • CAL. BUS. & PROF. CODE § 4119.8 (West 2024) (opioid antagonists in schools) • CAL. BUS. & PROF. CODE § 4119.9 (West 2024) (furnishing naloxone to law enforcement agencies) • CAL. CIV. CODE § 1714.22 (West 2024) (immunity provisions) • CAL. EDUC. CODE § 32282(L) (West 2024) (school safety plan) • CAL. EDUC. CODE § 49414.3 (West 2024) (opioid antagonists in schools) • CAL. EDUC. CODE § 49414.35 (West 2024) (use of naloxone in school by pupil over 12 years old; liability) • CAL. EDUC. CODE § 49428.6 (West 2024) (pupil not prohibited from carrying over-the-counter opioid antagonist) • CAL. EDUC. CODE § 49414.8 (West 2024) (emergency opioid antagonist to county offices of education; appropriations) • CAL. EDUC. CODE § 49428.16 (West 2024) (county working group on fentanyl education in schools) • CAL. EDUC. CODE § 51225.38 (West 2024) (health education course) • CAL. EDUC. CODE § 67384 (West 2024) (requirements for community college overdose prevention) • CAL. EDUC. CODE § 67384.5 (West 2024) (informational campaign and participation in Naloxone Distribution Project) • CAL. HEALTH & SAFETY CODE § 1179.80 (West 2024) (funding for programs) • CAL. HEALTH & SAFETY CODE § 1179.805 (West 2024) (provision of opioid antagonists to tribal governments) • CAL. HEALTH & SAFETY CODE § 1342.75 (West 2024) (coverage requirement for individual health care plans) • CAL. HEALTH & SAFETY CODE § 1799.113 (West 2024) (liability for opioid antagonist administration) • CAL. HEALTH & SAFETY CODE § 11834.26 (West 2024) (maintaining opioid antagonist on premises)

<u>CALIFORNIA</u>	
Statute(s) and effective date(s) (continued)	<ul style="list-style-type: none"> • CAL. HEALTH & SAFETY CODE § 11870 to 11872 (West 2024) (opioid antagonists in stadiums, concert venues, and amusement parks) • CAL. HEALTH & SAFETY CODE § 127697 (West 2024) (over-the-counter naloxone) • CAL. INS. CODE § 10123.1935 (West 2024) (coverage requirement; other options) • CAL. LAB. CODE § 6723 (West 2024) (first aid kit in workplace must include opioid antagonist) • CAL. WELF. & INST. CODE § 14132.968 (West 2024) (Medi-Cal naloxone requirement)
Term(s) used	Opioid antagonist; naloxone
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • January 1, 2014 amendment to CAL. CIV. CODE § 1714.22: <ul style="list-style-type: none"> ○ 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; ○ 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; ○ Expands the provision to all counties; and ○ Removes the statute’s expiration date. • January 1, 2022 <ul style="list-style-type: none"> ○ Amendment to CAL. HEALTH & 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.” ○ Amendment to CAL. CIV. CODE § 1714.22 revises the language used in statute to include “or any other opioid antagonist.” ○ Amendment to CAL. HEALTH & 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. • January 1, 2025 amendment to CAL. HEALTH & SAFETY CODE § 11871 requires that each stadium, concert venue, and amusement park shall ensure that the naloxone hydrochloride or other opioid antagonist is easily accessible and its location is known by emergency responders on the premises or otherwise widely known.

<u>CALIFORNIA</u>	
Standing order	California’s Public Health Officer issued a statewide standing order on June 22, 2018. ¹⁶ 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.
Express reference to over-the-counter overdose reversal agents	CAL. EDUC. CODE § 49428.6 local educational agencies shall not prohibit pupils in middle schools, junior high schools, high schools, or adult schools, while on a school site or participating in school, activities, from carrying fentanyl test strips or a federally approved opioid antagonist for over-the-counter use for the emergency treatment of people suffering, or reasonably believed to be suffering, from an opioid overdose. CAL. HEALTH & SAFETY CODE § 127697 allows California Health and Human Services to enter into partnerships regarding over-the-counter naloxone products. Partnerships entered into pursuant to this section may allow the development, manufacturing, or distribution of over-the-counter naloxone products by any entity that is authorized to do so under federal or state law.
People who can prescribe	Licensed healthcare provider who is authorized by law to prescribe an opioid antagonist
Prescriber immunity	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.

¹⁶ “California statewide naloxone standing order,” *California Medical Association*, last accessed June 2024, <https://www.cdph.ca.gov/Programs/CCDPHP/sapb/Pages/Naloxone-Standing-Order.aspx>.

<u>CALIFORNIA</u>	
People who can dispense or distribute	<ul style="list-style-type: none"> • Licensed healthcare provider who is authorized by law to prescribe an opioid antagonist • Pharmacist • School districts • County offices of education • Charter schools • Public health departments • Harm reduction/syringe exchange programs • Substance use disorder treatment providers • Homeless programs • Jails • Emergency services providers • Law enforcement • The governing board of each community college district <p>The last eight entities (public health departments to governing board of each community college district) must apply to the California Department of Public Health to use the statewide standing order to distribute.</p>
Dispenser immunity	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.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person at risk of an opioid-related overdose • Family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose • School district • County office of education • Charter school • Law enforcement agency • School nurses • Volunteers at schools who have been trained on the administration of naloxone • Pupil over 12 years of age while on a school site or participating in school activities • Each university or college affiliated student housing facility, fraternity or sorority facility
Layperson possession without prescription	Not directly addressed by statute

<u>CALIFORNIA</u>	
Layperson administration	<ul style="list-style-type: none"> • 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. • 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.
Layperson immunity	<ul style="list-style-type: none"> • 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. • 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. • 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. • 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. • 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.

<u>CALIFORNIA</u>	
Layperson immunity (continued)	<ul style="list-style-type: none"> • A local educational agency, or an employee of a local educational agency, shall not be subject to professional review, liable in a civil action, or subject to criminal prosecution for a pupil's acts or omissions in administering naloxone hydrochloride or another opioid antagonist, unless an act or omission of the local educational agency, or the employee of the local educational agency, constitutes gross negligence or willful and wanton misconduct connected to the administration of the naloxone hydrochloride or another opioid antagonist. • A pupil 12 years of age or older of a local educational agency who administers naloxone hydrochloride or another opioid antagonist on a school site or while participating in school activities, in good faith and not for compensation, to a person who appears to be experiencing an opioid overdose shall not be liable in a civil action or be subject to criminal prosecution for their acts or omissions in administering the naloxone hydrochloride or another opioid antagonist, unless the pupil's acts or omissions constitute gross negligence or willful and wanton misconduct connected to the administration of the naloxone hydrochloride or another opioid antagonist.
Training and education requirements	<ul style="list-style-type: none"> • 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. • 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. • 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. • 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.

<u>CALIFORNIA</u>	
Training and education requirements (continued)	<ul style="list-style-type: none"> • 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. • The governing board of each community college district shall, <ul style="list-style-type: none"> ○ in collaboration with campus-based and community-based recovery advocacy organizations, provide, as part of established campus orientations, educational and preventive information provided by the State Department of Public Health about opioid overdose and information about the use and location of fentanyl test strips and opioid overdose reversal medication to students at all campuses of their respective segments; ○ require that each campus train all students who live on campus on the use of opioid overdose reversal medications during student orientation for each academic semester or term; ○ ensure that each residential advisor and each house manager, or the equivalent positions, receives opioid overdose prevention and treatment training consistent with Naloxone Distribution Project terms and conditions. • If the governing board of a school district or the governing body of a charter school requires a course in health education for graduation from high school, the governing board of a school district or the governing body of a charter school shall include, commencing with the 2026-27 school year, instruction in the dangers associated with fentanyl use. The instruction shall include information on how to buy and use naloxone or other opioid antagonists in the form of a prefilled nasal product and an injection.
Co-prescription requirements	<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"> • Prescription dosage is 90 or more morphine milligram equivalent of an opioid medication per day; • Opioid medication is prescribed within a year from the date a prescription for benzodiazepine was dispensed; or • 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.

<u>CALIFORNIA</u>	
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	<ul style="list-style-type: none"> • Furnishing of naloxone by a pharmacist under CAL. BUS. & PROF. CODE § 4052.01 is a covered pharmacist services benefit that may be provided to a Medi-Cal beneficiary. • A group or individual health care service plan offering an outpatient prescription drug benefit shall provide coverage for at least one medication for the reversal of opioid overdose, including a naloxone product or another opioid antagonist approved by the United States Food and Drug Administration for medication without prior authorization, step therapy, or utilization review.
Overdose reversal agents in schools	<ul style="list-style-type: none"> • 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 people may use the drugs to provide emergency medical aid to people suffering, or reasonably believed to be suffering, from an opioid overdose. • 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. • 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.

<u>CALIFORNIA</u>	
Overdose reversal agents in schools (continued)	<ul style="list-style-type: none"> • 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. • The comprehensive safety plan for schools that serve pupils in any of grades 7 to 12 must include a protocol in the event a pupil is suffering or is reasonably believed to be suffering from an opioid overdose. • County offices of education are encouraged to establish a County Working Group on Fentanyl Education in Schools for the purposes of outreach, building awareness, and collaborating with local health agencies regarding fentanyl overdoses. The State Department of Education is required to curate and maintain on its internet website informational materials containing awareness and safety advice, for school staff, pupils, and parents or guardians of pupils, on how to prevent an opioid overdose and any relevant information developed by a County Working Group on Fentanyl Education in Schools. • The website shall also contain resource information on (1) an entity's application process for the statewide standing order issued by the State Public Health Officer; (2) an entity's participation in the Naloxone Distribution Project; and (3) the provision of emergency naloxone hydrochloride or another opioid antagonist.
Locations suggested or required to keep overdose reversal agents on premises	<ul style="list-style-type: none"> • 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. • 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.
Dispensing or administration reported to PDMP	Not addressed by statute

<u>CALIFORNIA</u>	
Express reference to overdose reversal agent vending machines	No
Other provisions of note	<ul style="list-style-type: none"> • 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. • 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. • The Division of Occupational Safety and Health, before December 1, 2027, shall submit a draft rulemaking proposal to require first aid materials in a workplace to include naloxone or other opioid antagonist and instructions for using the opioid antagonist.
Recently proposed legislation	Yes. See Recent State Legislation .

<u>COLORADO</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • COLO. REV. STAT. ANN. § 10-16-153 (West 2024) (provision by hospital) • COLO. REV. STAT. ANN. § 12-30-110 (West 2024) (third-party prescriptions and standing orders) • COLO. REV. STAT. ANN. § 12-245-210 (West 2024) (who may furnish opioid antagonist) • COLO. REV. STAT. ANN. § 12-255-128 (West 2024) (nurse prescribing) • COLO. REV. STAT. ANN. § 12-280-123 (West 2024) (co-prescribing) • COLO. REV. STAT. ANN. § 13-21-108.7 (West 2024) (civil immunity) • COLO. REV. STAT. ANN. § 17-1-113.4 (West 2024) (opioid treatment for people in custody) • COLO. REV. STAT. ANN. § 17-26-140 (West 2024) (continuity of care for person released from jail) • COLO. REV. STAT. ANN. § 18-1-712 (West 2024) (criminal immunity) • COLO. REV. STAT. ANN. § 22-1-119.1 (West 2024) (opioid antagonists in schools) • COLO. REV. STAT. ANN. § 25-1.5-115 (West 2024) (bulk purchase fund) • COLO. REV. STAT. ANN. § 25-20.5-1001 (West 2024) (making opioid antagonists available) • COLO. REV. STAT. ANN. § 25-20.5-1101 (West 2024) (harm reduction grant program) • COLO. REV. STAT. ANN. § 25.5-5-509 (West 2024) (reimbursement for opioid antagonist)
Term(s) used	Opioid antagonist

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Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • May 23, 2019 amendments to §§ 13-21-108.7 and 18-1-712 adds additional criminal and civil immunity for any act or omission made if the opioid antagonist is stolen and expands immunity protections to law enforcement agencies and a school district, school, or employee or agent of a school • July 14, 2020 <ul style="list-style-type: none"> ○ 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. ○ Amendment to § 12-245-210 expressly excludes furnishing opioid antagonists from the prohibition on practicing medicine by psychologist, social worker, marriage and family therapist, licensed professional counselor, unlicensed psychotherapist or addiction counselor in accordance with § 12-30-110. • September 14, 2020 amendments to §§ 12-280-123, 13-21-108.7 and 18-1-71 add that a pharmacist who dispenses a prescription order for an opioid must notify the patient about the availability of an opioid antagonist and grants civil and criminal immunity to a layperson who in good faith furnishes or administers an opiate antagonist, even if the opioid antagonist is expired • April 15, 2021 amendment to § 25-1.5-115 which allows for the: <ul style="list-style-type: none"> ○ Prioritization of the purchase of emergency opioid antagonist by eligible entities based on the need of the entity and the availability of the opioid antagonists; and ○ Expansion of entities that are eligible to receive funds for the purchase of emergency opioid antagonists to include a harm reduction organization, a law enforcement agency, or a first responder. • 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. • May 20, 2022 amendment to § 12-30-110 which: <ul style="list-style-type: none"> ○ Expands people who can prescribe and dispense emergency opioid antagonist to include mental health professionals; and ○ Clarifies that a mental health professional will not be civilly or criminally liable for prescribing or dispensing an emergency opioid antagonist.

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Substantive amendment(s) to law(s) (continued)	<ul style="list-style-type: none"> • 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 opioid antagonist if a prescriber dispenses an opiate antagonist upon discharge to a medical assistance recipient who is at risk of experiencing an opioid-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 opioid-related drug overdose event. • May 25, 2023 amendment to § 13-21-108.7 added a certified midwife with prescriptive authority to the definition of “health care provider” • August 7, 2023 amendment to § 12-30-110 removed mental health professionals from the definition of “prescriber” • June 6, 2024 amendment to § 13-21-1087 explicitly encourages the use of opioid antagonists, including expired opioid antagonists for the purpose of saving lives of people who suffer opioid overdoses. The amendment also • August 7, 2024 amendment to § 12-30-110 added an employee or agent of the school district, a district school, the charter school institute, an institute charter school, or a nonpublic school who operates or is on a school bus, to the list of people to whom a prescriber may prescribe or dispense an opioid antagonist.
Standing order	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. ¹⁷
Express reference to over-the-counter overdose reversal agents	No
People who can prescribe	<ul style="list-style-type: none"> • Licensed physician or physician assistant • Advanced practice registered nurse with prescriptive authority • Certified midwife with prescriptive authority

¹⁷ “Naloxone standing orders,” *Colorado Department of Public Health and Environment*, last accessed June 2024, <https://www.colorado.gov/pacific/cdphe/naloxoneorders>.

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Prescriber immunity	<ul style="list-style-type: none"> • Authorized prescriber is not liable for any civil damages and is immune from criminal prosecution resulting from prescribing an opioid antagonist in accordance with applicable law or any outcomes resulting from the eventual administration of the opioid antagonist by a layperson. • Prescriber does not engage in unprofessional conduct if the prescriber issues a standing order regarding opiate antagonists or prescribes or dispenses an opioid antagonist in a good-faith effort. • Law does not establish a duty or standard of care for prescribers regarding the prescribing, dispensing, or administering of an opiate antagonist.
People who can dispense or distribute	<ul style="list-style-type: none"> • Licensed physician or physician assistant • Advanced practice registered nurse with prescriptive authority • Pharmacist • Certified midwife with prescriptive authority • In accordance with § 12-30-110: <ul style="list-style-type: none"> • Psychologist • Social worker • Marriage and family therapist • Licensed professional counselor • Unlicensed psychotherapist, or • Addiction counselor
Dispenser immunity	<ul style="list-style-type: none"> • Authorized dispenser is not liable for any civil damages and is immune from criminal prosecution resulting from dispensing an opioid antagonist in accordance with applicable law or any outcomes resulting from the eventual administration of the opioid antagonist by a layperson. • Prescriber or pharmacist does not engage in unprofessional conduct if he or she dispenses an opioid antagonist in a good-faith effort.

<u>COLORADO</u>	
People who can receive or administer (“layperson”)	<ul style="list-style-type: none"> • Individual at risk of experiencing an opioid-related drug overdose event • Family member, friend, or other person in a position to assist an individual at risk of experiencing an opioid-related drug overdose event • Law enforcement agency or first responder • Employee or volunteer of a harm reduction organization • School district, school, or employee or agent of a school; or an employee or agent of the school district, a district school, the charter school institute, an institute charter school, or a nonpublic school who operates or is on a school bus • A unit of local government; • An institution of higher education or an employee or agent of the institution of higher education; • A library or an employee or agent of the library; • A community service organization or an employee or agent of the community service organization; • A religious organization or an employee or agent of the religious organization; • A local jail or an employee or agent of the local jail; • A multijurisdictional jail or an employee or agent of the multijurisdictional jail; • A municipal jail or an employee or agent of the municipal jail; • A correctional facility or an employee or agent of the correctional facility; • A private contract prison or an employee or agent of the private contract prison; • A community corrections program or an employee or agent of the community corrections program; • A pretrial services program or an employee or agent of the pretrial services program; • A probation department or an employee or agent of the probation department; • A local public health agency or an employee or agent of the local public health agency; or • A mental health professional
Layperson possession without prescription	Not directly addressed by statute
Layperson administration	Any person who may receive and possess an opioid antagonist may administer an opioid antagonist to an individual experiencing, or who a reasonable person would believe is experiencing, an opiate-related drug overdose event.

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Layperson immunity	<ul style="list-style-type: none"> • A person other than a health care provider who acts in good faith who furnishes or administers an opioid antagonist to an individual the person believes to be suffering an opioid-related drug overdose event or to an individual who is in a position to assist the individual at risk of experiencing an opioid-related drug overdose event or distributes the opioid antagonist is immune from criminal prosecution and not liable for any civil damages. • 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.
Training and education requirements	<ul style="list-style-type: none"> • Prescriber who prescribes or dispenses, or a pharmacist who dispenses, is strongly encouraged to educate People 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 opioid antagonist. • Law enforcement agency, first responder, harm reduction organization, or a mental health professional is strongly encouraged to educate employees and volunteers, as well as People receiving an opioid 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. • School employee or agent of the school may administer an opioid antagonist after receiving appropriate training.
Co-prescription requirements	<p>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.</p>

<u>COLORADO</u>	
Entities required to offer overdose reversal agents to certain individuals	<ul style="list-style-type: none"> • 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. • A hospital or emergency department must receive reimbursement under the state’s medical assistance program for the cost of an opioid antagonist if a prescriber dispenses an opiate antagonist upon discharge to a medical assistance recipient who is at risk of experiencing an opioid-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. • If a person is treated for substance use disorder at any time during the person’s incarceration, the county jail shall, at a minimum, provide the person, upon release from jail, at least eight milligrams of an opioid antagonist and provide education to the person about the appropriate use of the medication.
Requirements placed on insurers	Insurance carrier that provides coverage for an opioid antagonist pursuant to the terms of a health care coverage plan must reimburse a hospital for the cost of an opioid antagonist if the hospital gives the drug to a covered person upon discharge.
Overdose reversal agents in schools	<ul style="list-style-type: none"> • 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 opioid antagonists; and (2) an employee or agent of the school may, after receiving appropriate training, administer an opioid antagonist on school grounds to assist an individual who is at risk of experiencing an opioid-related drug overdose event. • 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.
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	No

<u>COLORADO</u>	
Express reference to overdose reversal agent vending machines	None
Other provisions of note	<ul style="list-style-type: none"> • Colorado has an opioid 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 opioid antagonists from the department. • An individual is immune from civil damages and criminal prosecution for any act or omission made if the drug is stolen. • A person that is not a private entity and that makes a defibrillator or AED available to aid the general public may also make available an opioid antagonist to aid an individual believed to be suffering from an opioid-related drug overdose event or to an individual who is in a position to assist the individual at risk of experiencing an opioid-related drug overdose event. This person may purchase opioid antagonists from the Department of Public Health in accordance with bulk purchasing regulations.
Recently proposed legislation	Yes. See Recent State Legislation .

<u>CONNECTICUT</u>	
Statute(s) and regulation(s) and initial effective date.	<ul style="list-style-type: none"> • CONN. GEN. STAT. ANN. § 7-294u (West 2024 (law enforcement requirements) • CONN. GEN. STAT. ANN. § 10a-55t (West 2024) (college campuses) • CONN. GEN. STAT. ANN. § 10-212a (West 2024) (school requirements) • CONN. GEN. STAT. ANN. § 17a-484f (West 2024) (regional behavioral health action organization requirements) • CONN. GEN. STAT. ANN. § 17a-673a (West 2024) (opioid use disorder treatment program requirements) • CONN. GEN. STAT. ANN. § 17a-674h (West 2024) (opioid antagonist bulk purchase fund) • CONN. GEN. STAT. ANN. § 17a-714a (West 2024) (immunity provisions) • CONN. GEN. STAT. ANN. § 17a-716 (West 2024) (sober living homes) • CONN. GEN. STAT. ANN. § 20-14o (West 2024) (opioid prescription requirements) • CONN. GEN. STAT. ANN. § 20-633c (West 2024) (prescribing by pharmacists) • CONN. GEN. STAT. ANN. § 20-633d (West 2024) (standing order) • CONN. GEN. STAT. ANN. § 20-633g (West 2024) (mobile pharmacy) • CONN. GEN. STAT. ANN. § 21a-286 (West 2024) (agreements to provide naloxone to host agencies; vending machines) • CONN. GEN. STAT. ANN. § 38a-447a (West 2024) (life insurance provisions) • CONN. GEN. STAT. ANN. § 38a-510b (West 2024) (prior authorization not required- individual coverage) • CONN. GEN. STAT. ANN. § 38a-544b (West 2024) (prior authorization not required – group coverage)
Term(s) used	Opioid antagonist; naloxone
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • May 28, 2014 amendment to §17a-714a adds immunity protections for layperson administration of naloxone. • June 30, 2015 amendment to §17a-714a adds immunity for health care professionals from professional sanctions. • 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.

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Substantive amendment(s) to law(s) (continued)	<ul style="list-style-type: none"> • 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. • 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. • 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.
Standing order	There is no statewide standing order. A prescribing practitioner ¹⁸ 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.
Express reference to over-the-counter overdose reversal agents	Not directly addressed by statute
People who can prescribe	<ul style="list-style-type: none"> • Physician • Dentist • Podiatrist • Optometrist • Physician assistant • Advance practice registered nurse • Nurse-midwife • Veterinarian • Licensed pharmacist trained and certified by a program approved by the Commissioner of Consumer Protection

¹⁸ 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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Prescriber immunity	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.
People who can dispense or distribute	<ul style="list-style-type: none"> • Licensed health care professional who is permitted by law to prescribe an opioid antagonist • Pharmacist
Dispenser immunity	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.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Any person • Law enforcement agency • Emergency medical services provider • Government agency or community health organization • Students and employees at institutions of higher education • School nurse or qualified school employee
Layperson possession without prescription	Not directly addressed by statute
Layperson administration	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.
Layperson immunity	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.

<u>CONNECTICUT</u>	
Training and education requirements	<ul style="list-style-type: none"> • 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. • People 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. • 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. • No school nurse or qualified school employee shall administer an opioid antagonist unless they complete a training program in the distribution and administration of opioid antagonist which training shall be developed by the Department of Education, Department of Public Health and Department of Consumer Protection.
Co-prescription requirements	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.
Entities required to offer overdose reversal agents to certain individuals	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 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.

<u>CONNECTICUT</u>	
Requirements placed on insurers	<ul style="list-style-type: none"> • 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. • No individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11), (12) and (16) of § 38a-469 delivered, issued for delivery, renewed, amended or continued in this state that provides coverage for prescription drugs and includes on its formulary naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of drug overdose shall require prior authorization for such drug. • No group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11), (12) and (16) of § 38a-469 delivered, issued for delivery, renewed, amended or continued in this state that provides coverage for prescription drugs and includes on its formulary naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of drug overdose shall require prior authorization for such drug.
Overdose reversal agents in schools	<ul style="list-style-type: none"> • 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 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.

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Overdose reversal agents in schools (continued)	<ul style="list-style-type: none"> • 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. • 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. • 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 be a qualified employee on the grounds of the school during regular school hours if the school nurse is absent.
Locations suggested or required to keep overdose reversal agents on premises	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.
Dispensing or administration reported to PDMP	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, here .
Express reference to overdose reversal agent vending machines	<p>Yes</p> <ul style="list-style-type: none"> • § 21a-286(a)(7) does not define “vending machine, but describes a “secure box” as a container that (A) is securely affixed in a public location, (B) can be accessed by individuals for public use, (C) is temperature controlled or stored in an environment with temperature controls, (D) is tamper-resistant, (E) is equipped with an alarm capable of detecting and transmitting a signal when accessed by individuals, and (F) is equipped with an alarm capable of alerting first responders when accessed by individuals, unless equipping the container with such an alarm is commercially impracticable.

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Express reference to overdose reversal agent vending machines (continued)	<ul style="list-style-type: none"> • § 21a-286(a)(8) describes a “secure machine” as a device that (A) restricts access to individuals participating in a syringe services program by utilizing a designated access number, personalized magnetic strip card or any other technology to identify such individuals for the purpose of providing access, and (B) is registered with the department in a form and manner prescribed by the commissioner. • (c)(2) A prescribing practitioner, or a pharmacist who is certified to prescribe an opioid antagonist pursuant to section 20-633c, 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 shall 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 shall 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: (A) Information concerning the signs and symptoms of an overdose; (B) instructions for the use of the opioid antagonist; (C) information about the services that are offered in this state to treat opioid use disorder; and (D) 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. • A prescribing practitioner or pharmacist who enters into an agreement pursuant to subsection (b), (c) or (d) of this section shall not be liable for damages in a civil action or subject to administrative or criminal prosecution for the administration or dispensing of an opioid antagonist by the host agency who is a party to such agreement.

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Other provisions of note	<ul style="list-style-type: none"> • 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. • 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 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. • 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. • § 12-412 was recently updated to exclude opioid antagonist from sales and use tax in the state.
Recently proposed legislation	Yes. See Recent State Legislation .

<u>DELAWARE</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • DEL. CODE ANN. tit. 16 § 138 (West 2024) (community-based access) • DEL. CODE ANN. tit. 16 §§ 3002G through 3006G. (West 2024) (opioid antagonist access program) • DEL. CODE ANN. tit. 18 § 3571X (West 2024) (health insurance requirements for medication assisted treatment). • DEL. CODE ANN. tit. 18 § 3343 (West 2024) (insurance for serious mental illness)
Term(s) used	Naloxone
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • July 20, 2017 amendment to tit. 16 § 3001G adds immunity protections for pharmacists who dispense naloxone. • June 3, 2021 amendment to 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. • November 2, 2022 amendment to repealed tit. 16 § 3001G (eff. August 4, 2014) and replaced it with tit. 16 §§ 3002G through 3006G. • July 17, 2023 amendment to tit. 16 §§ 3003G expands authority of Director of the Division of Public Health to designate a licensed physician or registered advance-practice nurse to sign a treatment protocol or standing order for the administration of an opioid antagonist.
Standing order	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 People who have completed opioid overdose responder training. The standing order was most recently reauthorized March 4, 2024. ¹⁹
Express reference to over-the-counter overdose reversal agents	Not directly addressed by protocol
People who can prescribe	Health care practitioner, who is defined as a(n): <ul style="list-style-type: none"> • Physician; • Advanced practice registered nurse; or • Physician assistant.

¹⁹ “Community-based naloxone access program intra-nasal naloxone distribution and administration standing order,” Del. Div. of Pub. Health, last accessed December 2024, <https://www.dhss.delaware.gov/dhss/dph/files/Community-Based-Naloxone-SO-2.27.24.pdf>.

<u>DELAWARE</u>	
Prescriber immunity	Unless it is established that the healthcare 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.
People who can dispense or distribute	<ul style="list-style-type: none"> • Health care practitioner • Pharmacists
Dispenser immunity	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 action under the professional licensing laws of the state; (2) criminal liability; or (3) liability for damages for injuries or death.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Any person who has completed a training at a community-based naloxone access program • “Public safety personnel,” who are defined as: <ul style="list-style-type: none"> ○ Law enforcement officers; ○ Lifeguards; ○ Park rangers; ○ Firefighters; ○ Ambulance and rescue personnel; ○ Communications and dispatch specialists; and ○ Other public employees and emergency services providers charged with maintaining the public safety
Layperson possession without prescription	Not directly addressed by statute
Layperson administration	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.
Layperson immunity	<ul style="list-style-type: none"> • 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. • A layperson who administers an opioid antagonist is rendering emergency care and is exempt from liability under tit. 16 § 6801.

<u>DELAWARE</u>	
Training and education requirements	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.
Co-prescription requirements	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.
Entities required to offer overdose reversal agents to certain individuals	Not directly addressed by statute
Requirements placed on insurers	<ul style="list-style-type: none"> • 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 one formulation of naloxone on the lowest tier of the drug formulary developed and maintained by the carrier. • Health insurer may not impose a prior authorization requirement for naloxone and must authorize coverage of naloxone without imposing a step therapy requirement.
Overdose reversal agents in schools	Not directly addressed by statute
Locations suggested or required to keep overdose reversal agents on premises	Not directly addressed by statute
Dispensing or administration reported to PDMP	According to information from PDMP/TTAC, Delaware tracks naloxone administration in the PDMP. ²⁰ LAPP did not locate a statute directing this reporting.
Express reference to overdose reversal agent vending machines	Not directly addressed by statute
Other provisions of note	None
Recently proposed legislation	None

²⁰ "PDMP Policies and Capabilities," Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed December 2024, https://www.pdmpassist.org/pdf/state_summaries/Delaware_Summary_Profile.pdf.

<u>DISTRICT OF COLUMBIA</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • D.C. CODE ANN. § 7-403 (West 2024) (layperson immunity) • D.C. CODE ANN. § 7-404 (West 2024) (immunity; third-party prescriptions)
Term(s) used	Opioid antagonist
Substantive amendment(s) to law(s)	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 person’s supervision status if the person administers an opioid antagonist.
Standing order	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. ²¹
Express reference to over-the-counter overdose reversal agents	Not directly addressed by statute
People who can prescribe	Physician
Prescriber immunity	A healthcare 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 healthcare professional’s actions with regard to prescribing the opioid antagonist constitute recklessness, gross negligence, or intentional misconduct.
People who can dispense or distribute	<ul style="list-style-type: none"> • Pharmacist • Employee or volunteer of a community-based organization who completes a training conducted by the Department of Health
Dispenser immunity	<ul style="list-style-type: none"> • Healthcare 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.

²¹ “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>.

<u>DISTRICT OF COLUMBIA</u>	
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person at risk of experiencing an opioid-related overdose • Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose • Employee or volunteer of a community-based organization
Layperson possession without prescription	It is not considered a crime for a person to possess an opioid antagonist
Layperson administration	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.
Layperson immunity	<ul style="list-style-type: none"> • 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. • 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.
Training and education requirements	<ul style="list-style-type: none"> • 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. • Upon prescribing, dispensing, or distributing an opioid antagonist, a healthcare 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.
Co-prescription requirements	Not addressed by statute

<u>DISTRICT OF COLUMBIA</u>	
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute
Overdose reversal agent in schools	Not addressed by statute
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	Not addressed by statute
Express reference to overdose reversal agent vending machines	Not addressed by statute
Other provisions of note	In July 2023, the District of Columbia passed a spending package which did not include a funding provision for, and therefore repealed, §§ 3 and 6 of the Opioid Overdose Treatment and Prevention Omnibus Amendment of 2020. That Act was the legislative basis for D.C. CODE ANN. § 7-3201 and D.C. CODE ANN. § 7-3204.01, both of which applied to the government's use of opioid antagonists, including immunity for government employees to distribute and possess opioid antagonists.
Recently proposed legislation	None

<u>FLORIDA</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • FLA. STAT. ANN. § 381.0038 (West 2024) (syringe exchange program) • FLA. STAT. ANN. § 381.887 (West 202) (immunity provisions) • FLA. STAT. ANN. § 395.1041 (West 2024) (overdose reporting) • FLA. STAT. ANN. § 456.44 (West 2024) (co-prescribing requirement) • FLA. STAT. ANN. § 465.0276 (West 2024) (co-prescribing for dispensing practitioner) • FLA. STAT. ANN. § 1002.20 (West 2024) (Opioid antagonists in schools) • FLA. STAT. ANN. § 1004.0971 (West 2024) (emergency opioid antagonist in Florida College System)
Term(s) used	Emergency opioid antagonist; naloxone
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • July 1, 2016 amendment to § 381.887 allows for naloxone to be dispensed under a standing order. • 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. • July 1, 2022 amendment to § 381.887 expands who can store and dispense emergency opioid antagonists to include certain specified people. This amendment also revised the language used from “opioid antagonist” to “emergency opioid antagonist.” • 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. • 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. • July 1, 2023 amendment to § 381.887 modified the definition of “authorized healthcare 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. • July 1, 2024 amendment to § 381.887 expanded the list of who can possess, store and administer emergency opioid antagonist to include personnel of the Department of Juvenile Justice and any contracted provider with direct contact with youth in the system.

<u>FLORIDA</u>	
Standing order	The Florida Department of Health issued a statewide naloxone standing order on May 3, 2017. ²² The most recent standing order was issued on September 30, 2022. ²³ 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 people exhibiting signs of opioid overdose.
Express reference to over-the-counter overdose reversal agents	No
People who can prescribe	<ul style="list-style-type: none"> • An “authorized healthcare practitioner,” defined as a licensed practitioner authorized by the laws of the state to prescribe drugs • 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
Prescriber immunity	An authorized healthcare 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.
People who can dispense or distribute	<ul style="list-style-type: none"> • Licensed practitioner authorized by the laws of the state to dispense drugs • Pharmacist • Sterile needle and syringe exchange program authorized by county commission
Dispenser immunity	Dispensing healthcare 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.

²² Executive Order No 17-146, Office of the Governor, May 3, 2017, <https://www.flgov.com/wp-content/uploads/2017/05/17146.pdf>.

²³ “Statewide standing order for naloxone,” Fla. Dep’t of Health, last accessed December 2024, <https://www.floridahealth.gov/licensing-and-regulation/ems-system/documents/standing-order-naloxone.pdf>.

<u>FLORIDA</u>	
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person at risk of experiencing an opioid overdose. • Family member, friend, or person in a position to have recurring contact with a person at risk of experiencing an opioid overdose (“caregiver”). • Emergency responders, including, but not limited to: <ul style="list-style-type: none"> ○ Law enforcement officers; ○ Paramedics; and ○ Emergency medical technicians • Crime laboratory personnel for the statewide criminal analysis laboratory system, including, but not limited to: <ul style="list-style-type: none"> ○ Analysts; ○ Evidence intake personnel; and ○ Supervisors • Personnel of a law enforcement agency or other agency including but not limited to correctional probation officers and child protective investigators
Layperson possession without prescription	Not addressed by statute
Layperson administration	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.
Layperson immunity	<ul style="list-style-type: none"> • 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 2024)) • A school district employee who administers an approved emergency opioid antagonist to a student in compliance with the law is immune from civil liability
Training and education requirements	Not addressed by statute
Co-prescription requirements	When treating a patient’s pain related to a traumatic injury with an Injury Severity Score of nine or greater, a prescriber or dispensing practitioner, who prescribes a Schedule II controlled substance opioid drug must concurrently prescribe an emergency opioid antagonist.
Entities required to offer overdose reversal agents to certain individuals	Any syringe or needle exchange program authorized by the state must Provide kits containing an emergency opioid antagonist, as defined in § 381.887, or provide referrals to a program that can provide such kits.

<u>FLORIDA</u>	
Requirements placed on insurers	Not addressed by statute
Overdose reversal agent in schools	<ul style="list-style-type: none"> • 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. • 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.
Locations suggested or required to keep overdose reversal agents on premises	An opioid antagonist delivery system shall be in each residence hall or dormitory residence owned or operated by the college or university
Dispensing or administration reported to PDMP	Not addressed by statute
Express reference to overdose reversal agent vending machines	Not addressed by statute
Other provisions of note	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.
Recently proposed legislation	Yes. See Recent State Legislation .

<u>GEORGIA</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • GA. CODE ANN. § 20-2-776.5 (West 2024) (opioid antagonist policy in schools) • GA. CODE ANN. § 26-4-116.2 (West 2024) (immunity provisions) • GA. CODE ANN. § 31-1-10 (West 2024) (standing order) • GA. CODE ANN. § 31-2A-20 (West 2024) (opioid antagonist required to be maintained and accessible in certain buildings) • GA. CODE ANN. § 31-11-55.1 (West 2024) (opioid antagonist training)
Term(s) used	Opioid antagonist; naloxone
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • 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. • July 1, 2024 amendment to § 26-4-116.2: <ul style="list-style-type: none"> • adds that a practitioner may dispense and supply an opioid antagonist to a person for use in accordance with a protocol; • adds that a person may supply an opioid antagonist to a person whom they reasonably believe to be experiencing an overdose; • removes the requirement that such opioid antagonist must have been prescribed in accordance with a written protocol; • adds civil, criminal and professional immunity for a practitioner and any other person who supplies an opioid antagonist; • expands the immunity to include protection for a harm reduction organization acting in good faith for supplying opioid antagonists to individuals at risk of experiencing an opioid related overdose.
Standing order	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 December 4, 2024 by a new officer. The standing order will remain in effect until it is revoked by the Officer or a successor. ²⁴
Express reference to over-the-counter overdose reversal agents	No
People who can prescribe	“Practitioner” means a physician licensed to practice medicine in the state

²⁴ ” Standing order for prescription of naloxone for overdose prevention,” Georgia Dep’t of Public Health, last accessed December 2024, <https://dph.georgia.gov/document/document/standing-order/download>.

<u>GEORGIA</u>	
Prescriber immunity	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.
People who can dispense or distribute	<ul style="list-style-type: none"> • Practitioner • Pharmacist • Any person • Any harm reduction organization
Dispenser immunity	<ul style="list-style-type: none"> • 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. • A 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 or supply an opioid antagonist • Any harm reduction organization acting in good faith and within its scope of services that supplies an opioid antagonist to individuals at risk of experiencing an opioid related overdose
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person at risk of experiencing an opioid related overdose • Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid related overdose • Pain management clinic • First responder, including, but not limited to: <ul style="list-style-type: none"> ○ Law enforcement agencies; ○ Fire departments; ○ Emergency medical technicians; and ○ Rescue agencies • Harm reduction organization • Schools • Any school personnel or school visitor
Layperson possession without prescription	Not addressed by statute

<u>GEORGIA</u>	
Layperson administration	<ul style="list-style-type: none"> • Layperson may administer an opioid antagonist to another person whom he or she believes is experiencing an opioid related overdose. • Any school personnel may administer an opioid antagonist to any person who the school personnel believes in good faith to be experiencing an opioid overdose: <ol style="list-style-type: none"> (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, such as while in a before-school or after-school program on school operated property
Layperson immunity	<ul style="list-style-type: none"> • Any person acting in good faith, other than a practitioner, who administers an opioid antagonist is immune from any civil liability or criminal responsibility • Any school personnel who in good faith administers or chooses not to administer an opioid antagonist pursuant to this Code section shall be immune from civil liability or professional discipline for any act or omission related to the administration of an opioid antagonist, except that such immunity shall not apply to an act or omission of willful or wanton misconduct, recklessness, or gross negligence • All employees, officers, agents, and contractors of government entities and all other individuals who receive training pursuant to § 31-2A-20 shall be immune from civil liability or professional discipline for any good faith act or omission to act related to the emergency administration of an opioid antagonist pursuant to this Code section

<u>GEORGIA</u>	
Training and education requirements	<ul style="list-style-type: none"> • 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. • The statewide standing order “strongly advise[s]” all people and entities eligible to receive naloxone to complete a training program on administration. • The Department of Behavioral Health and Developmental Disabilities shall develop a model training and implementation policy for opioid antagonist administration. All such educational resources and guidelines and the model training and implementation policy shall be maintained in a prominent manner on the department's principal public website. • Every government entity that is based in or operates out of a qualified government building shall establish and implement an internal training and implementation policy for opioid antagonist administration. The training shall: <ul style="list-style-type: none"> • Provide details about how an individual can access opioid antagonist administration training; • Specify the location or locations of the government entity's supply of opioid antagonists; • Contain an affirmative statement that any trained individual may administer an opioid antagonist to any person whom the trained individual believes in good faith to be experiencing an opioid related overdose; and • Contain the following statement: “Georgia law provides that any trained individual shall be immune from civil liability or professional discipline for any good faith act or omission to act in the emergency administration of an opioid antagonist to a person believed to be having an opioid related overdose.”
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute

<u>GEORGIA</u>	
Overdose reversal agents in schools	<ul style="list-style-type: none"> • No visitor or school personnel shall be prohibited from possessing an opioid antagonist on school property or at a school sponsored activity. • All local school systems or public schools, including charter schools, shall acquire and maintain a supply of opioid antagonists in any secure location where an individual may have an opioid overdose; provided, however, that, if there occurs a shortage of opioid antagonists, the local school systems or public schools, including charter schools, shall make a reasonable effort to maintain a supply of opioid antagonists. Any such supply shall be maintained in accordance with the manufacturer's instructions. • Any school personnel may administer an opioid antagonist to any person who the school personnel believes in good faith to be experiencing an opioid overdose: <ul style="list-style-type: none"> • While in school; • While at a school sponsored activity; • While under the supervision of school personnel; or • Before or after normal school activities, such as while in a before-school or after-school program on school operated property. • School personnel shall be authorized to carry an opioid antagonist on his or her person while in school, at a school sponsored activity, or on school operated property. • Upon the administration of any opioid antagonist pursuant to this Code section, the local school system or public school, including charter schools, shall immediately activate the emergency medical services system and notify the student's parent, guardian, or emergency contact or notify such other individual's emergency contact, if known • Any school personnel who in good faith administers or chooses not to administer an opioid antagonist pursuant to this Code section shall be immune from civil liability or professional discipline for any act or omission related to the administration of an opioid antagonist, except that such immunity shall not apply to an act or omission of willful or wanton misconduct, recklessness, or gross negligence. • A local school system or public school, including a charter school, shall be immune from civil liability for an act or omission related to the implementation of the provisions of this Code section, except that such immunity shall not apply to an act or omission of willful or wanton misconduct, recklessness, or gross negligence.

<u>GEORGIA</u>	
Locations suggested or required to keep overdose reversal agents on premises	<ul style="list-style-type: none"> • All school systems shall acquire and maintain a supply of opioid antagonists in any secure location where an individual may have an opioid overdose. • All qualified government buildings and courthouses shall maintain a supply of at least three-unit doses of opioid antagonist and ensure that such supply is available and accessible during regular business hours and outside regular business hours for all government entity events.
Dispensing or administration reported to PDMP	No
Express reference to overdose reversal agent vending machines	None
Other provisions of note	None
Recently proposed legislation	Yes. See Recent State Legislation .

<u>HAWAII</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • HAW. REV. STAT. ANN. § 329E-1 to -7 (West 2023) (overdose prevention) • HAW. REV. STAT. ANN. § 461-11.8 (West 2023) (pharmacist authority)
Term(s) used	Opioid antagonist
Substantive amendment(s) to law(s)	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.
Standing order	The law defines “standing order” as a prescription order for an opioid antagonist issued by a healthcare 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.
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	<ul style="list-style-type: none"> • “Healthcare professionals,” which are defined to include: <ul style="list-style-type: none"> ○ Physicians; ○ Physician assistants; and ○ Advanced practice registered nurses. • Pharmacist who completes a training program related to prescribing opioid antagonists.
Prescriber immunity	Healthcare 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.
People who can dispense or distribute	<ul style="list-style-type: none"> • Healthcare professionals (as defined) • Pharmacists • 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.

<u>HAWAII</u>	
Dispenser immunity	Healthcare 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.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Individual at risk of experiencing an opioid-related drug overdose • An individual requesting the opioid antagonist for an individual at risk for an opioid overdose • Another person in a position to assist an individual at risk of experiencing an opioid-related drug overdose • Harm reduction organization • Emergency medical technicians • Law enforcement officers • Firefighters • Lifeguards
Layperson possession without prescription	Any person may lawfully possess an opioid antagonist.
Layperson administration	A layperson can administer an opioid antagonist to another person whom he or she believes to be suffering from an opioid-related drug overdose.
Layperson immunity	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.
Training and education requirements	<ul style="list-style-type: none"> • 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.

<u>HAWAII</u>	
Training and education requirements (continued)	<ul style="list-style-type: none"> 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.
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	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.
Overdose reversal agents in schools	Not addressed by statute
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	No
Express reference to overdose reversal agent vending machines	No
Other provisions of note	None
Recently proposed legislation	Yes. See Recent State Legislation .

<u>IDAHO</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • IDAHO CODE ANN. § 54-1735 (West 2024) (emergency medication) • IDAHO CODE ANN. § 37-2726 (West 2024) (reporting naloxone to PDMP)
Term(s) used	Opioid antagonist; naloxone hydrochloride, emergency medication
Substantive amendment(s) to law(s)	None
Standing order	Idaho does not have a naloxone standing order, but any licensed healthcare professional, including pharmacists, in the state can dispense naloxone without a prescription to anyone with a valid reason to possess naloxone.
Express reference to over-the-counter overdose reversal agents	No
People who can prescribe	Any health professional licensed or registered under Title 54 of the Idaho Code
Prescriber immunity	A person who prescribes an opioid antagonist is not liable in a civil or administrative action or subject to criminal prosecution for such acts.
People who can dispense or distribute	<ul style="list-style-type: none"> • Any health professional licensed or registered under Title 54 of the Idaho Code • Any person acting in good faith and exercising reasonable care may distribute or dispense emergency medication to any person or entity
Dispenser immunity	A person who dispenses an opioid antagonist is not liable in a civil or administrative action or subject to criminal prosecution for such acts.
People who can receive or administer (“laypersons”)	Any person acting in good faith and exercising reasonable care
Layperson possession without prescription	Not directly addressed by statute
Layperson administration	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. The administering person shall contact emergency medical services as soon as possible.

<u>IDAHO</u>	
Layperson immunity	Any person who distributes, dispenses, or administers emergency medication pursuant to this subsection shall not be liable in a civil or administrative action or subject to criminal prosecution for such acts.
Training and education requirements	Not addressed by statute
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	Not addressed by statute
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	Under state statutory law, the dispensing of opioid antagonists is reportable to the state's PDMP.
Express reference to overdose reversal agent vending machines	No
Other provisions of note	IDAHO CODE ANN. § 54-1733B (West 2024), the statute governing immunity for ORA possession and administration, was repealed effective July 1, 2024. Opioid antagonists were then included under § 54-1735, the new umbrella of "emergency medications." This term also includes epinephrine auto-injectors.
Recently proposed legislation	Yes. See Recent State Legislation.

<u>ILLINOIS</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • 20 ILL. COMP. STAT. ANN. 301/5-23 (West 2024) (immunity provisions) • 20 ILL. COMP. STAT. ANN. 301/20-25 (West 2024) (opioid addiction treatment education) • 20 ILL. COMP. STAT. ANN. 2605/2605-51 (West 2024) (law enforcement training) • 50 ILL. COMP. STAT. ANN. 705/10.18 (West 2024) (law enforcement training) • 50 ILL. COMP. STAT. ANN. 740/8 (West 2024) (fire protection training) • 105 ILL. COMP. STAT. ANN. 5/22-30 (West 2024) (Opioid antagonists in schools) • 105 ILL. COMP. STAT. ANN. 110/3 (West 2024) (opioid overdose education in schools) • 215 ILL. COMP. STAT. ANN. 5/155.8 (West 2024) (life insurance coverage) • 215 ILL. COMP. STAT. ANN. 5/356z.23 (West 2024) (insurance coverage) • 225 ILL. COMP. STAT. ANN. 20/4.5 (West 2024) (social worker opioid antagonist administration) • 225 ILL. COMP. STAT. ANN. 85/19.1 (West 2024) (dispensing naloxone) • 235 ILL. COMP. STAT. ANN. 5/6-39 (West 2024) (opioid antagonists on premises of public venues) • 305 ILL. COMP. STAT. ANN. 5/5-5 (West 2024) (insurance reimbursement) • 305 ILL. COMP. STAT. ANN. 65/15 (West 2024) (availability of naloxone formulations in overdose prevention programs) • 405 ILL. COMP. STAT. ANN. 405/405-545 (West 2024) (state agency immunity) • 720 ILL. COMP. STAT. ANN. 570/312 (West 2024) (co-prescribing) • 745 ILL. COMP. STAT. ANN. 49/36 (West 2024) (pharmacist exemption) • 745 ILL. COMP. STAT. ANN. 49/69 (West 2024) (state agency liability) • 745 ILL. COMP. STAT. ANN. 49/70 (West 2024) (first responder immunity for administration)
Term(s) used	Opioid antagonist; naloxone hydrochloride

<u>ILLINOIS</u>	
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • September 9, 2015 amendment to 20 ILL. COMP. STAT. ANN. 301/5-23 allows a healthcare professional to prescribe or dispense naloxone, added criminal liability protections for such healthcare 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. • August 9, 2019 amendment to 20 ILL. COMP. STAT. ANN. 301/5-23 allows the Illinois Department of Human Services to support drug overdose prevention, recognition, and response projects. • January 1, 2022 amendment to 20 ILL. COMP. STAT. ANN. 301/5-23 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. • June 2, 2022 amendment to 215 ILL. COMP. STAT. ANN. 5/356z.23 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. • June 2, 2022 amendment to 720 ILL. COMP. STAT. ANN. 570/312 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. • June 2, 2022 amendment to 225 ILL. COMP. STAT. ANN 85/19.1 requires pharmacists to inform patients that opioids are addictive and offer to dispense an opioid antagonist. The amendment also removed the requirement that pharmacists complete a training program approved by the Department of Human Services before dispensing and opioid antagonist.

<u>ILLINOIS</u>	
Substantive amendment(s) to law(s) (continued)	<ul style="list-style-type: none"> • January 1, 2022 amendment to 20 ILL. COMP. STAT. ANN. 301/5-23 provides that a healthcare professional or other person acting under the direction of a healthcare 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. • January 1, 2023 amendment to 215 ILL. COMP. STAT. ANN. 5/356z.23 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. • January 1, 2024 amendment to 105 ILL. COMP. STAT. ANN. 5/22-30 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. • July 1, 2024 amendment to 105 ILL. COMP. STAT. ANN. 5/22-30 makes maintaining a supply of an opioid antagonist in schools mandatory rather than optional, unless there is a shortage in supply, in which case the district must make a reasonable effort to maintain the supply. • Jan. 1, 2025 amendment to 745 ILL. COMP. STAT. ANN. 49/70 extends immunity to any licensed clinical social worker or licensed social worker.
Standing order	<p>A statewide naloxone standing order took effect on September 7, 2017 and is renewed annually. The last renewal occurred on February 9, 2024. 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, schools, 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.²⁵</p>

²⁵ Naloxone FAQ, Ill. Dep't of Public Health, last accessed December 2024, <https://dph.illinois.gov/topics-services/opioids/naloxone.html>.

<u>ILLINOIS</u>	
Express reference to over-the-counter overdose reversal agents	No
People who can prescribe	<p>“Healthcare professional,” which is defined as a:</p> <ul style="list-style-type: none"> • Physician licensed to practice medicine; • Licensed physician assistant with prescriptive authority; • Licensed advanced practice registered nurse with prescriptive authority; and • Advanced practice registered nurse or physician assistant who practices in a hospital, hospital affiliate, or ambulatory surgical treatment center and possesses appropriate clinical privileges.²⁶
Prescriber immunity	<p>Healthcare 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>
People who can dispense or distribute	<ul style="list-style-type: none"> • “Healthcare professional,” as defined above, including a pharmacist licensed to practice pharmacy under the Pharmacy Practice Act • A healthcare professional or other person acting under the direction of a healthcare 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 • A State agency may make opioid antagonists available at a location where its employees work if the State agency trains employees in the use and administration of the opioid antagonists

²⁶ The definition also includes a pharmacist, but under the Pharmacy Practice Act, a pharmacist cannot prescribe drugs. (225 Ill. Comp. Stat. Ann. 85/5).

<u>ILLINOIS</u>	
Dispenser immunity	<ul style="list-style-type: none"> • Healthcare 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. • 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. • A healthcare professional or other person acting under the direction of a healthcare 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.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person who, in the judgment of the healthcare professional, can administer the drug in an emergency • Person who is not at risk of opioid overdose, but who, in the judgment of the healthcare professional, may be able to assist another individual during an opioid-related drug overdose • Law enforcement officer • Firefighter • Emergency medical services technician • School nurse or other trained school personnel • Licensee or music venue operator who is sufficiently trained • A licensed clinical social worker or licensed social worker
Layperson possession without prescription	A licensed clinical social worker or licensed social worker may possess and administer opioid antagonists in their professional capacity.
Layperson administration	<ul style="list-style-type: none"> • 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. • A licensed clinical social worker or licensed social worker may administer an opioid antagonist in their professional capacity.

<u>ILLINOIS</u>	
Layperson immunity	<ul style="list-style-type: none"> • 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. • A licensee or music venue operator who is sufficiently trained and in good faith administers or provides an opioid antagonist in accordance with this section, shall 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. • Law enforcement officers, Emergency Medical Technicians, Firemen, and First Responders, who in good faith provides emergency care, including the administration of an opioid antagonist, without fee or compensation to any person shall not. As a result of his or her acts or omissions, except willful and wanton misconduct on the part of the person, in providing care, be liable to a person to whom such care is provided for civil damages. • An employee of a State agency that uses and administrates opioid antagonists as described in this Section is exempt from civil liability under Section 69 of the Good Samaritan Act.
Training and education requirements	<ul style="list-style-type: none"> • Healthcare 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. • Information provided to a patient may be done by a healthcare professional or a community-based organization, substance use disorder program, or other organization with which the healthcare 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. • 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 (2) provide training in the administration of opioid antagonists.

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Training and education requirements (continued)	<ul style="list-style-type: none"> • 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. • The Office of Illinois Fire Marshall shall adopt rules and minimum standards for Fire Protection Training schools that includes training in the administration of opioid antagonists. • If a person employs a licensed clinical social worker or licensed social worker and the licensed clinical social worker or licensed social worker possess an opioid antagonist in a professional capacity, then the employer must (1) provide training in the administration of opioid antagonists; and (2) establish a policy to control the acquisition, storage, transportation, and administration of opioid antagonists. • All programs serving people with substance use issues licensed by the Department under this Act must provide educational information concerning treatment options for opioid addiction, including the use of a medication for the use of opioid addiction, recognition of and response to opioid overdose, and the use and administration of naloxone, to clients identified as having or seeking treatment for opioid addiction.
Co-prescription requirements	<ul style="list-style-type: none"> • A prescriber must offer a prescription for naloxone hydrochloride, or another similar drug approved by the Food and Drug Administration, under specified circumstances. • Prescribers who issue a prescription for an opioid shall inform the patient that opioids are addictive and that opioid antagonists are available by prescription or from a pharmacy.
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	<ul style="list-style-type: none"> • 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. • 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.

<u>ILLINOIS</u>	
Requirements placed on insurers (continued)	<ul style="list-style-type: none"> • Opioid antagonists prescribed for the treatment of an opioid overdose, including the medication product, administration devices, and any pharmacy fees or hospital fees related to the dispensing, distribution, and administration of the opioid antagonist, shall be covered under the medical assistance program for people who are otherwise eligible for public medical assistance. • A company authorized to transact life insurance in this State may not, based solely on whether an individual has been prescribed or has obtained through a standing order an opioid antagonist: <ol style="list-style-type: none"> (1) deny coverage to the individual; (2) limit the amount, extent, or kind of coverage available to the individual; or (3) 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 reasonably related to actual or anticipated loss experience for a particular risk.
Overdose reversal agents in schools	<ul style="list-style-type: none"> • 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. • Administration by school nurse or trained personnel may occur: <ol style="list-style-type: none"> (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. • School nurse or trained personnel may carry an opioid antagonist on his or her person. • School district, public school, charter school, or nonpublic school shall maintain a supply of an opioid antagonist in any secure location where an overdose may occur. • 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.

<u>ILLINOIS</u>	
Overdose reversal agents in schools (continued)	<ul style="list-style-type: none"> • Within 24 hours after the administration of an opioid antagonist, a school district, public school, charter school, or nonpublic school must notify the healthcare professional who provided the prescription for the opioid antagonist of its use. • 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. • 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 healthcare provider. • The comprehensive health education program shall include instruction, study and discussion on the dangers of fentanyl, including details on how to buy and use naloxone.
Locations suggested or required to keep overdose reversal agents on premises	<ul style="list-style-type: none"> • School district, public school, charter school, or nonpublic school shall maintain a supply of an opioid antagonist in any secure location where an overdose may occur. • If a licensee operates as a music venue (defined as “an indoor or outdoor location with a capacity of more than 1,000 people 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), the licensee shall 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. 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.
Dispensing or administration reported to PDMP	According to information from PDMP/TTAC, Illinois tracks naloxone dispensing and administration in the PDMP. ²⁷ LAPP did not locate a statute directing this reporting.
Express reference to overdose reversal agent vending machines	No

²⁷ “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.

<u>ILLINOIS</u>	
Other provisions of note	<ul style="list-style-type: none"> • 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. • The Department of Human Services shall, as part of the fiscal year 2024 Drug Overdose Prevention Program, make all FDA-approved formulations of naloxone that are cleared through the Minnesota Multistate Contracting Alliance for Pharmacy, and for which the manufacturer can set up a system for receiving, tracking, and distribution, available to eligible Drug Overdose Prevention Program participants and applicants. In 2024, the Illinois House adopted a resolution urging the Illinois Department of Human Services to review the value of expanding its naloxone tool kit to include all FDA approved versions of naloxone or other FDA-approved products to fight the Illinois opioid epidemic.
Recently proposed legislation	Yes. See Recent State Legislation .

<u>INDIANA</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • IND. CODE ANN. § 12-23-20-2 (West 2024) (co-prescription requirement) • IND. CODE ANN. § 16-31-3-23.5 (West 2024) (prescribing, dispensing, administration) • IND. CODE ANN. § 16-42-27-1 to -3 (West 2024) (immunity) • IND. CODE ANN. § 20-34-4.5-0.2 to -6 (West 2024) (Opioid antagonists in schools)
Term(s) used	Overdose intervention drug; naloxone
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • April 17, 2015 amendment to § 16-31-3-23.5 allows first responders to receive naloxone through a standing order. • 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. • 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. • July 1, 2023 amendment to § 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.
Standing order	The statewide naloxone standing order, authorized by § 16-42-27-2, 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 and opioid-related overdose. ²⁸ 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.
Express reference to over-the-counter overdose reversal agents	None

²⁸ “Statewide standing order (“Standing Order”) for naloxone standing order,” Ind. State Dep’t of Health, last accessed December 2024, <https://www.in.gov/health/files/Dr.-Weaver-Naloxone-Standing-Order-January-to-December-2024-with-physician-license-CSO-24-01.pdf>.

<u>INDIANA</u>	
People who can prescribe	<ul style="list-style-type: none"> • Physician • Physician assistant • Advanced practice registered nurse
Prescriber immunity	Prescriber who prescribes an overdose intervention drug in compliance with the law is immune from civil liability arising from those actions.
People who can dispense or distribute	<ul style="list-style-type: none"> • Physician • Physician assistant • Advanced practice registered nurse • Pharmacist
Dispenser immunity	Prescriber or pharmacist who dispenses an overdose intervention drug in compliance with the law is immune from civil liability arising from those actions.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person at risk of experiencing an opioid-related overdose • 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 • Advanced emergency medical technician • Community corrections officer • Emergency medical responder • Emergency medical technician • Firefighter or volunteer firefighter • Law enforcement officer • Paramedic • Probation officer • School nurse or other trained school employee
Layperson possession without prescription	Not directly addressed by statute
Layperson administration	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.
Layperson immunity	Layperson is immune from civil liability for actions associated with the administration of an overdose intervention drug in good faith.

<u>INDIANA</u>	
Training and education requirements	<ul style="list-style-type: none"> • 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. • 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. • 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.
Co-prescription requirements	Healthcare 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.
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	<ul style="list-style-type: none"> • School or a school corporation may fill a prescription or statewide standing order for naloxone and store naloxone in the school. • 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. • 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.

<u>INDIANA</u>	
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	According to information from PDMP/TTAC, Indiana tracks naloxone dispensing in the PDMP. ²⁹ LAPPAs did not locate a statute directing this reporting.
Express reference to overdose reversal agent vending machines	Not addressed by statute
Other provisions of note	None
Recently proposed legislation	Yes. See Recent State Legislation .

²⁹ “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed December 2024, https://www.pdmpassist.org/pdf/state_summaries/Indiana_Summary_Profile.pdf.

<u>IOWA</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • IOWA CODE ANN. § 124.551 (West 2024) (reporting to PDMP) • IOWA CODE ANN. § 135.190 (West 2024) (general immunity provisions; opioid antagonist in schools) • IOWA CODE ANN. § 135.190A (West 2024) (opioid antagonist medication fund) • IOWA CODE ANN. § 147A.18 (West 2024) (possession by first responders and immunity)
Term(s) used	Opioid antagonist
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • 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. • 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. • July 1, 2023 amendment to § 147A.18 adds provisions related to “secondary distributors.” Adds immunity protections for dispensing pharmacists.
Standing order	IOWA CODE ANN. §§ 147A.18 and 135.190 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. ³⁰ On July 1, 2023, Iowa implemented a statewide opioid antagonist protocol to give pharmacists prescriptive authority. ³¹
Express reference to over-the-counter overdose reversal agents	None

³⁰ “Naloxone standing order,” Iowa Dep’t of Public Health, last accessed December 2024, <https://dial.iowa.gov/media/7104/download?inline>.

³¹ “Opioid antagonist statewide protocol,” Iowa Board of Pharmacy, last accessed December 2024, <https://dial.iowa.gov/media/8470/download?inline>.

<u>IOWA</u>	
People who can prescribe	<p>“Licensed healthcare professional,” which is defined as:</p> <ul style="list-style-type: none"> • Person licensed to practice medicine and surgery or osteopathic medicine and surgery; • Licensed advanced registered nurse practitioner who is registered with the Board of Nursing; and • Physician assistant licensed to practice under the supervision of a physician.
Prescriber immunity	<p>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.</p>
People who can dispense or distribute	<ul style="list-style-type: none"> • Pharmacist • Secondary distributor which is defined as a: <ul style="list-style-type: none"> ○ Law enforcement agency; ○ Emergency medical services program; ○ Fire department; ○ School district; ○ Healthcare provider; ○ Licensed behavioral health provider; ○ County health department; or ○ Department of health and human services. • “Person in a position to assist” which is defined as a: <ul style="list-style-type: none"> ○ Family member; ○ Friend; ○ Caregiver; ○ Community based organization; ○ Healthcare provider; ○ Employee of a substance use disorder treatment facility; ○ School employee; ○ First responder; and ○ Other person who may be in a place to render aid to a person at risk of experiencing an opioid-related overdose.
Dispenser immunity	<p>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</p>

<u>IOWA</u>	
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • “Person in a position to assist” (as defined) • “Secondary distributor” (as defined) • “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.
Layperson possession without prescription	Not directly addressed by statute
Layperson administration	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.
Layperson immunity	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.
Training and education requirements	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.
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	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.
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute

<u>IOWA</u>	
Dispensing or administration reported to PDMP	<ul style="list-style-type: none"> • 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. • According to information from PDMP/TTAC, Iowa tracks naloxone dispensing and administration in the PDMP.³² LAPP did not locate a statute or regulation.
Express reference to overdose reversal agent vending machines	None
Other provisions of note	<ul style="list-style-type: none"> • 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 people experiencing an opioid-related overdose. • IOWA CODE ANN. § 155A.46 (West 2024) was recently revised to remove pharmacist ability to order and administer opioid antagonists to patients over eighteen years old. However, § 135.190 states “notwithstanding any other provision of law to the contrary, a pharmacist licensed under chapter 155A may, by standing order or through collaborative agreement, dispense, furnish, or otherwise provide an opioid antagonist to a person in a position to assist or to a secondary distributor.”
Recently proposed legislation	Yes. See Recent State Legislation .

³² “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed December 2024, https://www.pdmpassist.org/pdf/state_summaries/Iowa_Summary_Profile.pdf.

<u>KANSAS</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • KAN. STAT. ANN. § 65-16,127 (West 2024) (statewide protocol) • KAN. STAT. ANN. § 65-1683(d) (West 2024) (PDMP)
Term(s) used	Emergency opioid antagonist
Substantive amendment(s) to law(s)	July 1, 2023 amendment to § 65-16,127 adds dispensing to the allowable actions of any first responder, scientist or technician, operating under a first responder agency or school nurse.
Standing order	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. ³³
Express reference to over-the-counter overdose reversal agents	Not addressed by statute
People who can prescribe	<p>“Healthcare provider,” which is defined as a:</p> <ul style="list-style-type: none"> • Physician licensed to practice medicine and surgery; • Licensed dentist; • “Mid-level practitioner,” which is defined to include a: <ul style="list-style-type: none"> ○ Certified nurse-midwife; ○ Licensed advanced practice registered nurse; and ○ Licensed physician assistant. • Any person authorized by law to prescribe medication.
Prescriber immunity	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.
People who can dispense or distribute	<ul style="list-style-type: none"> • Pharmacist • Any first responder, scientist or technician, operating under a first responder agency • School nurse

³³ “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 December 2024, <https://www.ktracs.ks.gov/home/showpublisheddocument/8340/638587061786800000>.

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Dispenser immunity	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.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person believed to be at risk of experiencing an opioid overdose • Family member, friend, caregiver, or other person in a position to assist a person who experiencing an opioid overdose • “First responder,” which is defined as a(n): <ul style="list-style-type: none"> ○ Emergency medical service provider; ○ Law enforcement officer; and ○ Member of any organized fire department. • Scientist or technician operating under a criminal forensic laboratory • School nurse
Layperson possession without prescription	Not directly addressed by statute
Layperson administration	Layperson can administer an emergency opioid antagonist when he or she believes, in good faith, that an individual is experiencing an opioid overdose.
Layperson immunity	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.
Training and education requirements	<ul style="list-style-type: none"> • First responder, scientist or technician operating under a criminal forensic laboratory, or school nurse is authorized to possess, store, dispense 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, distribute 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.

<u>KANSAS</u>	
Training and education requirements (continued)	<ul style="list-style-type: none"> 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.
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	School nurse is authorized to possess, store, and administer emergency opioid antagonists as clinically indicated.
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	The Board of Pharmacy may require the inclusion of information to the PDMP including the dispensation or administration of an emergency opioid antagonist. However, according to information from PDMP/TTAC, Kansas does not track naloxone dispensing or administration in the PDMP.
Express reference to overdose reversal agent vending machines	No
Other provisions of note	None
Recently proposed legislation	Yes. See Recent State Legislation .

<u>KENTUCKY</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • KY. REV. STAT. ANN. § 15.291 (West 2024) (allocation of funds) • KY. REV. STAT. ANN. § 205.536 (West 2024) (Medicaid requirement) • KY. REV. STAT. ANN. § 217.177 (West 2024) (pharmacy requirement) • KY. REV. STAT. ANN. § 217.186 (West 2024) (dispensing naloxone) • KY. REV. STAT. ANN. § 304.17A-611 (West 2024) (insurance coverage)
Term(s) used	Naloxone; opioid antagonist
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • 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. • 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. • July 14, 2022 amendment to § 217.186 and § 217.177 replaces the word “naloxone” with “opioid antagonist” in existing law.
Standing order	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. ³⁴ 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 17, 2024. The statewide protocol must be renewed annually. ³⁵
Express reference to over-the-counter overdose reversal agents	No
People who can prescribe	“Licensed healthcare provider,” which is not defined by the statute

³⁴ “Protocol to initiate dispensing of naloxone for opioid overdose prevention and response,” Ky. Board of Pharmacy, last accessed December 2024,

<https://pharmacy.ky.gov/Documents/Sample%20Naloxone%20Protocol%20and%20Education%20Sheets.pdf>.

³⁵ “Kentucky Statewide Physician Protocol to Initiate Dispensing of Naloxone for Opioid Overdose Prevention and Response,” Ky. Dep’t of Pub. Health, last accessed December 2024,

<https://pharmacy.ky.gov/professionals/Documents/2024KYNaloxoneRx.pdf>.

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Prescriber immunity	Licensed healthcare provider who, acting in good faith, prescribes naloxone to a person or agency who, in the judgment of the healthcare 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.
People who can dispense or distribute	Pharmacist
Dispenser immunity	Pharmacist who, acting in good faith, directly or by standing order, dispenses naloxone to a person or agency who, in the judgment of the healthcare 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.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person or agency who is capable of administering naloxone for an emergency opioid overdose • Peace officer • Jailer • Firefighter • Paramedic or emergency medical technician • School employee authorized to administer medication • 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
Layperson possession without prescription	Not directly addressed by statute
Layperson administration	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.
Layperson immunity	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.

<u>KENTUCKY</u>	
Training and education requirements	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.
Co-prescription requirements	A pharmacy that offers hypodermic syringes or needles for sale must also make a verbal, physical, or electronic offer to provide a naloxone prescription.
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	<ul style="list-style-type: none"> • An insurer of a health benefit plan shall not require or conduct a prospective or concurrent review for a prescription drug containing an opioid antagonist. • To the extent consistent with the federal regulations referenced in subsection (1) of this section, the Department for Medicaid Services or any managed care organization contracted to provide Medicaid benefits pursuant to KRS Chapter 205 shall not require or conduct a prospective or concurrent review, as defined in KRS 304.17A-600, for a prescription drug that contains an opioid antagonist.
Overdose reversal agents in schools	<ul style="list-style-type: none"> • 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. • 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.
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	Not addressed by statute

<u>KENTUCKY</u>	
Express reference to overdose reversal agent vending machines	No
Other provisions of note	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.
Recently proposed legislation	None

<u>LOUISIANA</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • LA. STAT. ANN. § 14:403.11 (West 2024) (first responder immunity) • LA. STAT. ANN. § 17:436.1 (West 2024) (opioid antagonists in schools) • LA. STAT. ANN. § 40:978.1 (West 2024) (first responder training) • LA. STAT. ANN. § 40:978.2 (West 2024) (immunity provisions) • LA. STAT. ANN. § 40:1146 (West 2024) (stock of emergency medications allowed) • LA. STAT. ANN. § 40:2159.1 (West 2024) (residential substance use disorder facilities) • La. Admin. Code Tit. 46, Pt. LIII, § 2901 (West 2024) (PDMP reporting)
Term(s) used	Naloxone
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • June 5, 2016 amendment to § 40:978.2 made it lawful for any person to possess naloxone. • August 1, 2024 amendment to § 17:436.1 makes it mandatory that each governing body of a public or private elementary or secondary school adopt a policy authorizing a school to maintain a supply of naloxone and adds to the training requirements. The amendment also expands immunity for administration of naloxone.
Standing order	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 2025 order on January 1, 2025. ³⁶ 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.
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	“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.

³⁶ “Standing order for the distribution or dispensing of naloxone or other opioid antagonists,” La. Dep’t of Health, last accessed January 2025, <https://ldh.la.gov/assets/HealthyLa/Pharmacy/NaloxoneStandingOrder.pdf>.

<u>LOUISIANA</u>	
Prescriber immunity	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.
People who can dispense or distribute	<ul style="list-style-type: none"> • Licensed medical practitioner • Pharmacist • 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
Dispenser immunity	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.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Any person • “First responder,” which is defined as including a(n): <ul style="list-style-type: none"> ○ Peace officer; ○ Firefighter; and ○ Emergency medical services practitioner • School nurse or other trained school employee • “Qualified entity,” which is defined as Any public or private entity that is associated with a location where a medical emergency can occur, including: <ul style="list-style-type: none"> ○ Licensed early learning centers ○ Colleges and universities ○ Places of employment ○ Restaurants ○ Amusement parks ○ Recreation camps ○ After-school programs ○ Sports paying fields and arenas ○ Other similar locations
Layperson possession without prescription	Any person may lawfully possess naloxone or another opioid antagonist.

<u>LOUISIANA</u>	
Layperson administration	<ul style="list-style-type: none"> • Layperson can administer naloxone or another opioid antagonist to a person he or she reasonably believes to be undergoing an opioid-related drug overdose. • A qualified entity may authorize trained personnel to administer life-saving medications to an individual on the qualified entity's premises or during a qualified-entity-affiliated activity with whom the trained personnel as defined in this Section believes in good faith is experiencing a medical emergency.
Layperson immunity	<ul style="list-style-type: none"> • 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. • Any first responder administering an opiate antagonist in a manner consistent with addressing opiate overdose shall not be liable for any civil damages as a result of any act or omission in rendering such care or services or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the person involved in said emergency, unless the damage or injury was caused by willful or wanton misconduct or gross negligence.
Training and education requirements	<ul style="list-style-type: none"> • 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. • 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. Before administering an opioid antagonist pursuant to this Section, a first responder shall complete the training necessary to safely and properly administer an opioid antagonist to individuals who are undergoing or who are believed to be undergoing an opioid-related drug overdose. The training, at a minimum, shall cover (a) Techniques on how to recognize symptoms of an opioid-related overdose (b) Standards and procedures for the storage and administration of an opioid antagonist; and (c) Emergency follow-up procedures.

<u>LOUISIANA</u>	
Training and education requirements (continued)	<ul style="list-style-type: none"> • The deputy secretary of public safety services of the Department of Public Safety and Corrections shall develop and promulgate, in accordance with the Administrative Procedure Act, a set of best practices for use by a fire department or law enforcement agency in the administration and enforcement of this Section including but not limited to the training necessary to safely and properly administer an opioid antagonist to individuals who are undergoing or who are believed to be undergoing an opioid-related drug overdose, the standards and procedures for the storage and administration of an opioid antagonist, and emergency follow-up procedures. • 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 and procedures for the storage and administration of naloxone or another opioid antagonist; and (3) emergency follow-up procedures. • 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. • The governing body of public or private elementary and secondary schools shall require that school employees other than school nurses receive training that addresses techniques on how to recognize signs of opioid-related overdose, standards and procedures for the storage and administration of naloxone or another opioid antagonist, and emergency follow-up procedures, including the requirement to summon emergency services either immediately before or immediately after administering the naloxone or other opioid antagonist.
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute

<u>LOUISIANA</u>	
Overdose reversal agents in schools	<ul style="list-style-type: none"> • Governing authority of each public and nonpublic elementary and secondary school shall adopt a policy that authorizes a school to maintain a supply of naloxone or other opioid. • Such a policy shall require that school employees other than school nurses receive training that addresses techniques on how to recognize signs of opioid-related overdose, standards and procedures for the storage and administration of naloxone or another opioid antagonist, and emergency follow-up procedures, including the requirement to summon emergency services either immediately before or immediately after administering the naloxone or other opioid antagonist. • The governing authority of a public or nonpublic school may authorize school nurses and other trained school personnel to administer lifesaving medication to a student or other person on a school premises or during a school-affiliated activity whom they believe in good faith to be experiencing a medical emergency in accordance with a standing protocol of licensed health professionals authorized to prescribe medication, regardless of whether the student or other person has a prescription for the medication. Training for the administration of such medication may be provided by a medical emergency training organization, a registered nurse, or a licensed physician. • The governing authority may enter into arrangements with manufacturers or suppliers of such medications to obtain them at fair market, free, or reduced prices. • The following are not liable for damages in a civil action for injury, death, or loss to person or property that allegedly arises from an act or omission associated with administration or self-administration of a lifesaving medication, unless the act or omission constitutes willful or wanton misconduct: <ul style="list-style-type: none"> • A public or nonpublic school • A public or nonpublic school employee or volunteer • A licensed health professional authorized to prescribe medication who personally furnishes or prescribes a lifesaving medication • A training organization and its personnel
Locations suggested or required to keep overdose reversal agents on premises	<ul style="list-style-type: none"> • Public and private elementary and secondary schools • Each licensed residential substance use facility that provides treatment for opioid use disorder shall provide onsite access to at least one form of FDA-approved opioid antagonist treatment

<u>LOUISIANA</u>	
Dispensing or administration reported to PDMP	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.
Express reference to overdose reversal agent vending machines	None
Other provisions of note	None
Recently proposed legislation	None, other than legislation enacted in 2024.

<u>MAINE</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • ME. REV. STAT. ANN. tit. 20-A, § 6307 (West 2024) (opioid antagonists in schools) • ME. REV. STAT. ANN. tit. 20-A, § 6307-A (West 2024) (training for secondary students) • ME. REV. STAT. ANN. tit. 22, § 2353 (West 2024) (immunity provisions) • ME. REV. STAT. ANN. tit. 24-A, § 2159-E (West 2024) (life insurance requirements) • ME. REV. STAT. ANN. tit. 32, § 13815 (West 2024) (pharmacy prescribing) • ME. REV. STAT. ANN. tit. 32, § 85 (West 2024) (emergency medical People) • ME. REV. STAT. ANN. tit. 32, § 86 (West 2024) (ambulance service)
Term(s) used	Naloxone hydrochloride
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • October 15, 2015 amendment to tit. 22, § 2353 allows: (1) a healthcare 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. • May 2, 2018 amendment to tit. 22, § 2353 and tit. 32, § 13815 allows a pharmacist to prescribe and dispense naloxone to an individual of any age at risk of experiencing an opioid-related drug overdose. • September 19, 2019 amendment to tit. 22, § 2353 added the naloxone requirements for recovery residences. • June 11, 2021 tit. 22, § 2353 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. • August 5, 2023 amendment to tit. 22, § 2353 added immunity for overdose prevention programs providing or maintaining naloxone. Added immunity for individuals not authorized to possess, obtain, store, administer, or dispense naloxone. • August 5, 2023 amendment to all relevant statutes expanded the terminology to apply to naloxone hydrochloride or another opioid overdose-reversing medication.

<u>MAINE</u>	
Substantive amendment(s) to law(s) (continued)	<ul style="list-style-type: none"> January 1, 2024 amendment to tit. 22, § 2353 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. July 1, 2024 amendment to tit. 32, § 85 requires all emergency medical services People to administer and dispense naloxone hydrochloride, as opposed to making it optional.
Standing order	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.
Express reference to over-the-counter overdose reversal agents	No
People who can prescribe	<ul style="list-style-type: none"> “Healthcare professional,” which is defined as a person licensed under Title 32 of the Maine Revised Statutes who is authorized to prescribe naloxone hydrochloride Pharmacist
Prescriber immunity	Healthcare 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.
People who can dispense or distribute	<ul style="list-style-type: none"> Pharmacist Overdose prevention program that dispenses without charge or compensation Emergency medical services people, ambulance service people, and non-transporting emergency medical services people Ambulance service or non-transporting emergency medical service
Dispenser immunity	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.

<u>MAINE</u>	
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Individual at risk of experiencing an opioid-related drug overdose • 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 • Law enforcement agency • Regional or county jail • Correctional facility • Municipal fire department • Overdose prevention program
Layperson possession without prescription	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.
Layperson administration	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.
Layperson immunity	<ul style="list-style-type: none"> • 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. • 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. • An overdose prevention program is immune from criminal and civil liability for providing or maintaining naloxone hydrochloride containers.

<u>MAINE</u>	
Training and education requirements	<ul style="list-style-type: none"> • 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. • 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. • An emergency medical services person must be trained to dispense naloxone hydrochloride.
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	<p>An insurer authorized to do business in Maine may not:</p> <ul style="list-style-type: none"> • 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; • 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 • 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.

<u>MAINE</u>	
Overdose reversal agents in schools	<ul style="list-style-type: none"> • 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. • 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 healthcare 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 healthcare professional, based on the school nurse's or other licensed healthcare professional's professional judgment, suspects to be experiencing an opioid overdose. • 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.

<u>MAINE</u>	
Overdose reversal agents in schools (continued)	<ul style="list-style-type: none"> 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 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.
Locations suggested or required to keep overdose reversal agents on premises	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 person involved in the operation of the recovery residence.
Dispensing or administration reported to PDMP	According to information from PDMP/TTAC, Maine tracks naloxone dispensing in the PDMP. ³⁷ LAPPa did not locate a statute directing this reporting.
Express reference to overdose reversal agent vending machines	No
Other provisions of note	A law enforcement officer who performs duties as a uniformed patrol officer must carry naloxone hydrochloride at all times when on duty.
Recently proposed legislation	None, other than legislation enacted in 2024.

³⁷ “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed December 2024, https://www.pdmpassist.org/pdf/state_summaries/Maine_Summary_Profile.pdf.

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Statute(s) and effective date(s)	<ul style="list-style-type: none"> • MD. CODE ANN., EDUC. § 7-426.5 (West 2024) (opioid antagonists in schools) • MD. CODE ANN., EDUC. § 11-1201 to -1204 (West 2024) (higher education) • MD. CODE ANN., EDUC. § 13-516 (West 2024) (emergency medical services) • MD. CODE ANN., EDUC. § 13-518 (West 2024) (co-locating naloxone with external defibrillator) • MD. CODE ANN., HEALTH – GEN. § 8-408 (West 2024) (naloxone protocols for specific entities) • MD. CODE ANN., HEALTH – GEN. § 13-3101 to -3109 (West 2024) (immunity) • MD. CODE ANN., HEALTH – GEN. § 13-3502 (West 2024) (co-prescribing) • MD. CODE ANN., HEALTH – GEN. § 19-310.3 (West 2024) (protocol for discharge after overdose) • MD. CODE ANN., HEALTH – GEN. § 21-2A-02 (West 2024) (PDMP) • MD. CODE ANN., INS. § 15-850 (West 2024) (health insurance requirements) • MD. CODE REGS. 10.13.03.03 (West 2024) (co-prescribing regulation)
Term(s) used	Naloxone; opioid overdose reversal drug
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • June 1, 2017 amendment to HEALTH – GEN. § 13-3101 to -3109 removed the requirement that an individual receive a certificate before obtaining naloxone. The amendment also allows any healthcare provider with prescribing authority to prescribe and dispense naloxone. • July 1, 2022 amendment to HEALTH – GEN. §§ 13-3101 to -3109, 19-310.3 revises existing statutory language from “naloxone” to “opioid overdose reversal drug approved by the Federal Food and Drug Administration.” • July 1, 2022 amendment to HEALTH – GEN. § 19-310.3 requires that each hospital offers an opioid overdose reversal drug approved by the federal Food and Drug Administration, free of charge, to a patient who received treatment for a substance use disorder, opioid use disorder, or nonfatal drug overdose event. • July 1, 2023 amendment to 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.

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Standing order	Under HEALTH – GEN. § 13-3106, 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 June 30, 2024. The order will expire on June 30, 2025. ³⁸ The standing order authorizes any Maryland licensed pharmacist to dispense naloxone to any individual.
Express reference to over-the-counter overdose reversal agents	No
People who can prescribe	Licensed healthcare provider with prescribing authority.
Prescriber immunity	<ul style="list-style-type: none"> • Licensed healthcare 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. • A cause of action may not arise against any licensed healthcare 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.
People who can dispense or distribute	<ul style="list-style-type: none"> • Licensed healthcare provider who has dispensing authority • Pharmacist
Dispenser immunity	<ul style="list-style-type: none"> • Licensed healthcare 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. • A cause of action may not arise against any licensed healthcare provider or pharmacist for any act or omission when the healthcare provider or pharmacist in good faith dispenses naloxone and the necessary paraphernalia for the administration of naloxone to an individual.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Individual who is at risk of experiencing an opioid overdose • Individual in a position to assist an individual at risk of experiencing an opioid overdose • Emergency medical services • School nurse, health services personnel, or other personnel • People acting on behalf of state and local correctional facilities, and the division of probation and parole

³⁸ “Statewide naloxone standing order,” Md. Dep’t of Health, last accessed December 2024, https://drive.google.com/file/d/1qRRh8f0_sfMA9umccUgQ33ppmK3cQRHY/view.

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Layperson possession without prescription	Not addressed directly by statute
Layperson administration	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.
Layperson immunity	<ul style="list-style-type: none"> • 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 CTS. & JUD. PROC. §§ 5-603 (“emergency medical care”) and 5-629 (“administration of drug or vaccine”). • 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. • The owner or operator of a public building is not civilly liable for any act or omission in the provision and maintenance of naloxone under the initiative developed under EDUC. § 13-518 if the owner or operator has satisfied any requirements established for providing and maintaining naloxone under the initiative.
Training and education requirements	<ul style="list-style-type: none"> • 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. • 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.

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Co-prescription requirements	<p>Maryland's Secretary of Health must establish guidelines for the co-prescribing of opioid overdose reversal drugs that are applicable to all licensed healthcare 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 healthcare 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.</p>
Entities required to offer overdose reversal agents to certain individuals	<ul style="list-style-type: none"> • 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. • 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. • 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. • All 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. • 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.

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Requirements placed on insurers	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.
Overdose reversal agents in schools	<ul style="list-style-type: none"> • 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. • 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. • 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. • 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. • 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. • 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. • The EMS Board in collaboration with the Maryland Department of Health shall develop and implement an initiative under the Public Access Automated External Defibrillator Program to require that naloxone be co-located with each automated external defibrillator placed in a public building, which includes a facility that is supported by public funds and primarily used to provide secondary or higher education.

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Locations suggested or required to keep overdose reversal agents on premises	<ul style="list-style-type: none"> • The EMS Board in collaboration with the Maryland Department of Health shall develop and implement an initiative under the Public Access Automated External Defibrillator Program to require that naloxone be co-located with each automated external defibrillator placed in a “public building,” which is defined as: (1) a public mass transportation accommodation, such as a terminal or station, that is supported by public funds; (2) an improvement of a public area used for gathering or amusement, including a public park or recreation center; or (3) a facility that is supported by public funds and primarily used to provide secondary or higher education. • The initiative developed under paragraph (1) of this subsection shall ensure that up to two doses of naloxone are maintained in a location that: (1) is visible and in close physical proximity to the automated external defibrillator; and (2) has a label that clearly indicates to the public the availability of naloxone.
Dispensing or administration reported to PDMP	The PDMP monitors the dispensing of naloxone medication by all prescribers and dispensers in the state.
Express reference to overdose reversal agent vending machines	No
Other provisions of note	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.
Recently proposed legislation	Yes. See Recent State Legislation .

<u>MASSACHUSETTS</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • MASS. GEN. LAWS ANN. ch. 29, § 2RRRR (West 2024) (naloxone bulk purchase trust fund) • MASS. GEN. LAWS ANN. ch. 94C, § 19 (West 2024) (third-party prescriptions) • MASS. GEN. LAWS ANN. ch. 94C, § 19B (West 2024) (immunity provisions) • MASS. GEN. LAWS ANN. ch. 94C, § 19B ½ (West 2024) (West 2023) (exchange) • MASS. GEN. LAWS ANN. ch. 94C, § 19C (West 2024) (naloxone rescue kits) • MASS. GEN. LAWS ANN. ch. 111C, § 9A (West 2024) (naloxone for K9s) • MASS. GEN. LAWS ANN. ch. 112, § 12FF (West 2024) (layperson immunity) • MASS. GEN. LAWS ANN. ch. 123, § 35 (West 2024) (naloxone stocking requirement)
Term(s) used	Opioid antagonist; naloxone
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • August 8, 2018 amendment to ch. 123, § 35 requires any facility that houses those committed for substance use disorder must maintain a supply of naloxone or other opioid antagonist. • August 8, 2018 amendment to ch. 94C, § 19B: <ul style="list-style-type: none"> ○ Adds the immunity protections for dispensers; and ○ Expands access to naloxone through a statewide standing order, rather than requiring each pharmacy to secure and file a standing order individually.
Standing order	MASS. GEN. LAWS ANN. ch. 94C, § 19B(b) 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 January 22, 2024. ³⁹
Express reference to over-the-counter overdose reversal agents	No
People who can prescribe	“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.

³⁹ “Standing order for dispensing naloxone rescue kits,” last accessed December 2024, <https://www.mass.gov/doc/statewide-standing-order/download>.

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Prescriber immunity	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.
People who can dispense or distribute	<ul style="list-style-type: none"> • Licensed pharmacist • Practitioner • A municipality or non-municipal public agency that is duly registered pursuant to MASS. GEN. LAWS ANN. ch. 94C § 7(g) (West 2024) may convey or exchange naloxone or another opioid antagonist approved by the department to or with another duly registered entity
Dispenser immunity	<ul style="list-style-type: none"> • 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. • 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.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person at risk of experiencing an opiate-related overdose. • Family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose.
Layperson possession without prescription	Not directly addressed by statute
Layperson administration	Layperson may, in good faith, administer an opioid antagonist to an individual appearing to be experiencing an opioid-related overdose.
Layperson immunity	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.
Training and education requirements	Not addressed by statute
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute

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Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	Not addressed by statute
Locations suggested or required to keep overdose reversal agents on premises	A facility used for commitment under this section for a person found to be a person with a substance use disorder shall maintain or provide for the capacity to possess, dispense and administer all drugs approved by the federal Food and Drug Administration for use in opioid agonist treatment, including partial agonist treatment, and opioid antagonist treatment for opioid use disorder and shall make such treatment available to any person for whom such treatment is medically appropriate.
Dispensing or administration reported to PDMP	According to information from PDMP/TTAC, Massachusetts tracks naloxone dispensing and administration in the PDMP. ⁴⁰ LAPPA did not locate a statute directing this reporting.
Express reference to overdose reversal agent vending machines	No
Other provisions of note	<ul style="list-style-type: none"> • A municipality or non-municipal public agency that is duly registered pursuant to MASS. GEN. LAWS ANN. ch. 94C § 7(g) (West 2024) 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. • 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.

⁴⁰ “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed December 2024, https://www.pdmpassist.org/pdf/state_summaries/Massachusetts_Summary_Profile.pdf.

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Other provisions of note (continued)	<ul style="list-style-type: none"> • 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. • 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. • 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.
Recently proposed legislation	Yes. See Recent State Legislation .

<u>MICHIGAN</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • MICH. COMP. LAWS ANN. § 15.671 to 15.677 (West 2024) (possession by government employee) • MICH. COMP. LAWS ANN. § 333.7422 (West 2024) (prescribing, dispensing, possessing) • MICH. COMP. LAWS ANN. § 333.17744b (West 2024) (third-party prescriptions and immunity) • MICH. COMP. LAWS ANN. § 333.17744c (West 2024) (administration) • MICH. COMP. LAWS ANN. § 333.17744e (West 2024) (standing order) • MICH. COMP. LAWS ANN § 333.20919 (West 2024) (protocol for emergency medical responders) • MICH. COMP. LAWS ANN § 333.20965 (West 2024) (emergency medical responder immunity) • MICH. COMP. LAWS ANN. § 691.1503 (West 2024) (layperson immunity)
Term(s) used	Opioid antagonist
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • September 24, 2019 amendment to § 333.17744b allows for third-party prescriptions to agencies authorized to purchase, possess, and distribute an opioid antagonist. • December 29, 2020 amendment to §15.677 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. • July 21, 2022 amendment to § 333.17744e 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.

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Standing order	Under § 333.17744e 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 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. ⁴¹
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	<p>“Prescriber,” which is defined as a:</p> <ul style="list-style-type: none"> • Licensed dentist; • Licensed Doctor of Medicine; • Licensed Doctor of Osteopathic Medicine and surgery; • Licensed doctor of podiatric medicine and surgery; • Licensed physician’s assistant; • Licensed optometrist certified to administer and prescribe therapeutic pharmaceutical agents; • Advanced practice registered nurse; • Licensed veterinarian; and • 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.
Prescriber immunity	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.

⁴¹“Standing order information packet-naloxone prescription for opioid overdose prevention,” Dep’t of Health and Human Svcs., last accessed December 2024 ,https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder25/Folder2/Folder125/Folder1/Folder225/Standing_Order.pdf?rev=d4a1b21e170b4020a4506ee663d926da.

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People who can dispense or distribute	<ul style="list-style-type: none"> • “Dispensing prescriber,” which is defined as a prescriber, other than a veterinarian, who dispenses prescription drugs • Pharmacist • Governmental agency authorized to purchase, possess, and distribute an opioid antagonist under the Administration of Opioid Antagonists Act • 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”
Dispenser immunity	<ul style="list-style-type: none"> • 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. • 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. • 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. • 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.

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People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Individual at risk of experiencing an opioid-related overdose • Family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose • Person who meets all the following requirements: <ul style="list-style-type: none"> ○ Acts at the direction of the prescriber or dispensing prescriber; ○ Upon receipt of an opioid antagonist, properly stores the opioid antagonist; ○ Dispenses or administers an opioid antagonist under a valid prescription issued to an individual or a patient; and ○ Performs the requirements without charge or compensation. • Employee or agent of a governmental agency • Public school employees • Medical first responders and other emergency medical professionals
Layperson possession without prescription	Person that is acting in good faith and with reasonable care may possess an opioid antagonist.
Layperson administration	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.
Layperson immunity	<ul style="list-style-type: none"> • 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. • 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. • 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. • Emergency medical professionals are immune from liability for administering an opioid antagonist to an individual who is suffering or is exhibiting symptoms of an opioid related overdose, unless they act or fail to act as a result of gross negligence or willful misconduct.

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Training and education requirements	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
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	Public school employee may possess and administer an opioid antagonist if he or she is properly trained in the administration of that opioid antagonist.
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	According to information PDMP/TTAC, Michigan tracks naloxone dispensing and administration in the PDMP. ⁴² LAPP did not locate a statute directing this reporting.
Express reference to overdose reversal agent vending machines	None
Other provisions of note	None
Recently proposed legislation	Yes. See Recent State Legislation .

⁴² “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed December 2024, https://www.pdmpassist.org/pdf/state_summaries/Michigan_Summary_Profile.pdf.

<u>MINNESOTA</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • MINN. STAT. ANN. § 62Q.529 (West 2024) (health plans) • MINN. STAT. ANN. § 121A.224 (West 2024) (opiate antagonist in schools) • MINN. STAT. ANN. § 144E.103 (West 2024) (ambulance equipment) • MINN. STAT. ANN. § 151.37 (West 2024) (opiate antagonist protocol) • MINN. STAT. ANN. § 241.31 (West 2024) (community corrections program) • MINN. STAT. ANN. § 241.415 (West 2024) (release plans) • MINN. STAT. ANN. § 245A.242 (West 2024) (emergency overdose treatment) • MINN. STAT. ANN. § 254B.19 (West 2024) (chemical use assessment) • MINN. STAT. ANN. § 254B.181 (West 2024) (sober homes) • MINN. STAT. ANN. § 254G.04 (West 2024) (treatment facility opiate plan) • MINN. STAT. ANN. § 256.042 (West 2024) (Opiate Epidemic Response Advisory Council) • MINN. STAT. ANN. § 256B.0625 (West 2024) (medical services for needy families) • MINN. STAT. ANN. § 256I.052 (West 2024) (housing support) • MINN. STAT. ANN. § 604A.04 (West 2024) (immunity provisions) • MINN. STAT. ANN. § 626.8443 (West 2024) (peace officer training and use of opiate antagonists)
Term(s) used	Opiate antagonist
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • May 23, 2019 amendment to § 151.37 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 people authorized to administer an opiate antagonist. • July 1, 2020 amendment to § 151.37 requires the Board of Pharmacy to create a standardized protocol for pharmacists to follow in prescribing opioid antagonists. It also requires a pharmacist to complete a training prior to prescribing opiate antagonists and must provide counseling to the patient on the use of the opiate antagonist.

<u>MINNESOTA</u>	
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • July 1, 2023 amendment to § 151.37 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. • May 26, 2024 amendment to § 245A.242 adds that (1) emergency opiate antagonists are not required to be stored in a locked area and staff and adult clients may carry this medication on them and store it in an unlocked location; and (2) staff People who only administer emergency opiate antagonist medications only require the training required by paragraph (a), which any knowledgeable trainer may provide. The trainer is not required to be a registered nurse or part of an accredited educational institution • July 1, 2024 amendment to § 604A.04 adds that a local unit of government, if acting in good faith, may distribute and administer and opiate antagonist.
Standing order	The Minnesota Department of Health, in response to recent legislative changes that require many select groups to carry an opiate antagonist, created a standing order and protocol to be used by: the mandated groups to obtain and distribute opiate antagonists per their individual mandates, practitioners in the mandated groups to administer an opiate antagonist, and groups that are not mandated to carry and administer naloxone but may choose to do so. The protocol and standing order were issued July 2, 2024. ⁴³
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	<ul style="list-style-type: none"> • Licensed physician • Licensed advanced practice registered nurse authorized to prescribe drugs • Licensed physician assistant authorized to prescribe drugs • Pharmacist
Prescriber immunity	Licensed healthcare 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.

⁴³ “Naloxone standing order and protocol,” Minn. Dep’t of Health, last accessed December 2024, <https://www.health.state.mn.us/communities/opioids/documents/naloxonestandingorder.pdf>.

<u>MINNESOTA</u>	
People who can dispense or distribute	<ul style="list-style-type: none"> • Licensed healthcare professional who is permitted by law to prescribe an opiate antagonist • Pharmacist • A local unit of government, if acting in good faith
Dispenser immunity	<ul style="list-style-type: none"> • Licensed healthcare 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.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person who is not a healthcare professional • Emergency medical responder • Peace officer • Correctional employees of a state or local political subdivision • Staff of community-based health disease prevention or social service programs • Volunteer firefighter • Nurse or any other personnel employed by, or under contract with, a charter, public, or private school • Transit rider investment program personnel • Local unit of government
Layperson possession without prescription	Not directly addressed by statute
Layperson administration	Layperson can administer an opiate antagonist to another person whom he or she believes in good faith to be suffering from a drug overdose.
Layperson immunity	Person who is not a healthcare 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.

<u>MINNESOTA</u>	
Training and education requirements	<ul style="list-style-type: none"> • 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"> ○ Emergency medical responder; ○ Peace officer; ○ Correctional employees of a state or local political subdivision; ○ Staff of community-based health disease prevention or social service programs; ○ Volunteer firefighter; ○ Nurse or any other personnel employed by, or under contract with, a charter, public, or private school. ○ Transit rider investment program personnel. ○ Licensed substance disorder treatment program ○ Children’s residential facility ○ Detoxification program ○ Withdrawal management program ○ Intensive residential treatment services or residential crisis stabilization • A chief law enforcement officer must provide basic training to peace officers employed by the chief’s agency on identifying People who are suffering from narcotics overdoses and the proper use of opiate antagonist to treat a narcotics overdose
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	<ul style="list-style-type: none"> • The Commissioner of Corrections must provide individuals with known or stated histories of opioid use disorder with emergency opiate antagonist rescue kits upon release.
Requirements placed on insurers	<ul style="list-style-type: none"> • 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. • Medical assistance includes coverage of opiate antagonists under public welfare and medical assistance for needy families.

<u>MINNESOTA</u>	
Overdose reversal agents in schools	<ul style="list-style-type: none"> • A school district or charter school must maintain a supply of opiate antagonist at each school site to be administered in compliance with § 151.37. 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. • A licensed practical nurse is authorized to possess and administer an opiate antagonist in a school setting.
Dispensing or administration reported to PDMP	Not addressed by statute
Express reference to overdose reversal agent vending machines	None
Other provisions of note	<ul style="list-style-type: none"> • 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. • A residential treatment facility must complete an initial service plan within 24 hours of service initiation that includes an opioid educational material packet. The material must include education on the use, availability and administration of an opiate antagonist to respond to an overdose. • Any substance use treatment vendor is required to complete a comprehensive assessment for an individual seeking treatment. If an individual is diagnosed with opioid use disorder, the vendor must provide information on the use, availability and administration of an opiate antagonist to respond to an opioid overdose.
Recently proposed legislation	Yes. See Recent State Legislation .

<u>MISSISSIPPI</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • MISS. CODE ANN. § 41-29-319 (West 2024) (immunity provisions) • MISS. CODE ANN. § 41-29-321 (West 2024) (training)
Term(s) used	Opioid antagonist
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • July 1, 2017 amendment to § 41-29-319 allows for naloxone to be issued via a standing order. • July 1, 2023 amendment to § 41-29-319 allows an education employee to store, distribute, and administer an opioid antagonist and provides him or her with immunity. • May 8, 2024 amendment to § 41-29-319 allows “community organization,” defined as “an organization aimed at making desired improvements to a community’s social health, well-being, and overall functioning,” to receive, administer, store, and distribute opioid antagonists. • May 8, 2024 amendment to § 41-29-319 allows “high-risk opioid overdose touchpoint,” defined as “a healthcare entity, public health program, criminal justice system or hospitality industry that may interact with individuals that are considered high risk of experiencing or witnessing an opioid overdose, or deliver harm-reduction services, or engage in treatment of substance use disorders” to receive, administer, store, and distribute opioid antagonists.
Standing order	The first statewide standing order took effect on May 31, 2018. The current version of the order took effect on October 29, 2024 and will expire on October 28, 2025. ⁴⁴
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	“Practitioner,” which is defined as a physician licensed to practice medicine in the state or any licensed healthcare provider who is authorized to prescribe an opioid antagonist.
Prescriber immunity	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.

⁴⁴ “Mississippi statewide naloxone standing order,” Miss. State Dep’t of Health, last accessed December 2024, https://www.mbp.ms.gov/sites/default/files/inline-images/Opioid_Antagonist_Standing_Order_2024.pdf.

<u>MISSISSIPPI</u>	
People who can dispense or distribute	<ul style="list-style-type: none"> • Pharmacist • Practitioner • Education employee • Community organization • High-risk opioid overdose touchpoint (defined as a healthcare entity, public health program, criminal justice system or hospitality industry that may interact with individuals that are considered high risk of experiencing or witnessing an opioid overdose, or deliver harm-reduction services, or engage in treatment of substance use disorders)
Dispenser immunity	<ul style="list-style-type: none"> • 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. • Any education employee, community organization or high-risk opioid overdose touchpoint who stores, distributes or administers an opioid antagonist under subsection (7) of this section, are immune from any civil or criminal liability or professional licensing sanctions.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person at risk of experiencing an opioid-related overdose • Registered pain management clinic • Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose • Emergency medical technicians • Firefighters • Law enforcement officers • Education employee • Community organization • High-risk opioid overdose touchpoint
Layperson possession without prescription	Not directly addressed by statute
Layperson administration	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.
Layperson immunity	Any person other than a practitioner who administers an opioid antagonist is immune from any civil or criminal liability.

<u>MISSISSIPPI</u>	
Training and education requirements	<ul style="list-style-type: none"> • 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. • 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. • First responders trained to possess and administer opioid antagonists must be retrained at least every three years.
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	<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. An education employee may store or distribute an opioid antagonist.</p> <ul style="list-style-type: none"> • 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. • The Department of Health may distribute an opioid antagonist to any education employee upon a request made in writing by the education employee. • Any education employee who stores, distributes, or administers an opioid antagonist is immune from any civil or criminal liability or professional licensing sanctions.
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute

<u>MISSISSIPPI</u>	
Dispensing or administration reported to PDMP	Not addressed by statute
Express reference to overdose reversal agent vending machines	None
Other provisions of note	None
Recently proposed legislation	None, other than legislation enacted in 2024.

<u>MISSOURI</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • MO. ANN. STAT. § 190.255 (West 2024) (training) • MO. ANN. STAT. § 191.1165 (West 2024) (health insurance requirements) • MO. ANN. STAT. § 195.206 (West 2024) (immunity provisions) • MO. ANN. STAT. § 338.205 (West 2024) (storage and dispensing by non-pharmacists)
Term(s) used	Opioid antagonist, naloxone hydrochloride
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • August 28, 2017 amendment to § 195.206 allows for naloxone to be issued under a standing order. • August 23, 2023 amendment to §§ 190.255 and 195.206 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.”
Standing order	Under § 195.206, 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 first took effect on August 28, 2017. The standing order was last updated on June 3, 2024 and will expire on June 2, 2025. ⁴⁵
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	Physician
Prescriber immunity	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.
People who can dispense or distribute	Licensed pharmacist

⁴⁵ “Naloxone HCL dispensing procedures,” last accessed December 2024, <https://health.mo.gov/data/opioids/pdf/naloxone-standing-order.pdf>.

<u>MISSOURI</u>	
Dispenser immunity	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.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Any person • “Qualified first responder,” which is defined to include: <ul style="list-style-type: none"> ○ State and local law enforcement agency staff; ○ Fire department personnel; ○ Fire district personnel; and ○ Licensed emergency medical technician
Layperson possession without prescription	It is permissible for any person to possess an opioid antagonist without a prescription.
Layperson administration	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.
Layperson immunity	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.
Training and education requirements	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.
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute

<u>MISSOURI</u>	
Requirements placed on insurers	<ul style="list-style-type: none"> • 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. • Naloxone must be placed on the lowest cost-sharing tier of the formulary managed by the health insurer or the pharmacy benefits manager. • 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. • Missouri HealthNet program must cover naloxone.
Overdose reversal agents in schools	Not addressed by statute
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	None
Express reference to overdose reversal agent vending machines	None
Other provisions of note	None
Recently proposed legislation	Yes. See Recent State Legislation .

<u>MONTANA</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • MONT. CODE ANN. § 20-5-426 (West 2024) (Opioid antagonists in schools) • MONT. CODE ANN. § 50-32-601 to 611 (West 2024) (Help Save Lives from Overdose Act)
Term(s) used	Opioid antagonist
Substantive amendment(s) to law(s)	None
Standing order	MONT. CODE ANN. § 50-32-604 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, 2025.
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	“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.
Prescriber immunity	Medical practitioner may not be subject to disciplinary action or civil or criminal liability for injury resulting from the prescribing of an opioid antagonist
People who can dispense or distribute	<ul style="list-style-type: none"> • Medical practitioner • Pharmacist
Dispenser immunity	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.

<u>MONTANA</u>	
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person who is at risk of experiencing an opioid-related drug overdose • 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 • First responder or a first responder entity, which includes: <ul style="list-style-type: none"> ○ Paid or volunteer firefighter; ○ Law enforcement officer; or ○ Another authorized person who responds to an emergency in a professional or volunteer capacity • Harm reduction organization or its representative • Montana state crime laboratory or its representative • 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 • Probation, parole, or detention officer • County or other local public health department or its representative • Veterans’ organization or its representative • School nurse or other authorized school personnel
Layperson possession without prescription	Not directly addressed by statute
Layperson administration	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.
Layperson immunity	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.
Training and education requirements	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.
Co-prescription requirements	Not addressed by statute

<u>MONTANA</u>	
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	<ul style="list-style-type: none"> • 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. • 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. • School must provide training to authorized personnel. • 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.
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	No
Express reference to overdose reversal agent vending machines	None
Other provisions of note	None
Recently proposed legislation	None

<u>NEBRASKA</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • NEB. REV. STAT. ANN. § 28-470 (West 2024) (immunity provisions) • NEB. REV. STAT. ANN. § 71-2454 (West 2024) (PDMP reporting)
Term(s) used	Naloxone
Substantive amendment(s) to law(s)	July 18, 2023 amendment to § 28-470 added school personnel to the list of individuals provided immunity for the administration of naloxone.
Standing order	The Nebraska Department of Health and Human Services issues its most recent standing order on August 11, 2024. The standing order expires on August 10, 2025. ⁴⁶
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	<p>“Health professional,” which is defined to include:</p> <ul style="list-style-type: none"> • Physician; • Physician assistant; and • Nurse practitioner
Prescriber immunity	Healthcare professional who is authorized to prescribe naloxone, if acting with reasonable care, may prescribe naloxone without being subject to administrative action or criminal prosecution.
People who can dispense or distribute	<ul style="list-style-type: none"> • Health professional • Pharmacist
Dispenser immunity	Healthcare 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.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person who is likely to experience an opioid-related overdose • 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 • “Emergency responder,” which is defined to include: <ul style="list-style-type: none"> ○ Emergency medical responder; ○ Emergency medical technician; ○ Advanced emergency medical technician; and ○ Paramedic • Peace officer or law enforcement employee
Layperson possession without prescription	Not directly addressed by statute

⁴⁶ “Nebraska naloxone standing order,” Neb. Dep’t. of Health and Hum. Svcs., last accessed December, 2024, <https://dhhs.ne.gov/DOP%20document%20library/Naloxone%20standing%20order.pdf>.

<u>NEBRASKA</u>	
Layperson administration	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.
Layperson immunity	<ul style="list-style-type: none"> • 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. • 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.
Training and education requirements	Not addressed by statute
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	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.

<u>NEBRASKA</u>	
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	Under state statutory law, all dispensed naloxone prescriptions must be reported to the PDMP.
Express reference to overdose reversal agent vending machines	None
Other provisions of note	None
Recently proposed legislation	Yes. See Recent State Legislation .

<u>NEVADA</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • NEV. REV. STAT. ANN. § 386.861 (West 2024) (opioid antagonist defined) • NEV. REV. STAT. ANN. § 386.865 (West 2024) (opioid antagonist in schools) • NEV. REV. STAT. ANN. § 386.870 (West 2024) (opioid antagonist in schools) • NEV. REV. STAT. ANN. § 388A.547 (West 2024) (opioid antagonist in charter schools) • NEV. REV. STAT. ANN. § 391.291(West 2024) (school nurse requirements) • NEV. REV. STAT. ANN. § 394.1995 (West 2024) (opioid antagonist in private schools) • NEV. REV. STAT. ANN. § 453C.010 to .140 (West 2024) (opioid antagonist) • NEV. REV. STAT. ANN. § 453C.105 (West 2024) (opioid antagonist in schools) • NEV. REV. STAT. ANN. § 454.303 (West 2024) (school employees) • NEV. REV. STAT. ANN. § 458.102 (West 2024) (bulk purchase fund) • NEV. REV. STAT. ANN. § 639.2357 (West 2024) (transfer of an opioid antagonist)
Term(s) used	Opioid antagonist
Substantive amendment(s) to law(s)	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 healthcare professional.
Standing order	Nevada does not have a statewide naloxone standing order. A registered pharmacist may, with or without a prescription from a healthcare 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 healthcare professional may establish a standing order with a pharmacist.
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	<p>“Healthcare professional,” which is defined to include:</p> <ul style="list-style-type: none"> • Physician; • Physician assistant; and • Advanced practice registered nurse

<u>NEVADA</u>	
Prescriber immunity	<ul style="list-style-type: none"> • Healthcare 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. • A healthcare 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.
People who can dispense or distribute	<ul style="list-style-type: none"> • Healthcare professional • Pharmacist
Dispenser immunity	Healthcare 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.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person at risk of experiencing an opioid-related drug overdose • Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose • Law enforcement officer • Emergency medical technician, advanced emergency medical technician, or paramedic • School nurse or other employee of a public or private school
Layperson possession without prescription	<ul style="list-style-type: none"> • 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. • The State Board of Pharmacy may not prohibit a pharmacist from furnishing an opioid antagonist to a person without a prescription.
Layperson administration	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.
Layperson immunity	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.

<u>NEVADA</u>	
Training and education requirements	<ul style="list-style-type: none"> • 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. • 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.
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute

<u>NEVADA</u>	
Overdose reversal agents in schools	<ul style="list-style-type: none"> • A healthcare 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. • 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. • A charter school that obtains an order from a healthcare professional for an opioid antagonist must designate at least two employees to receive training on the proper storage and administration of an opioid antagonist. • Public schools must ensure that any opioid antagonist kept on the premises is kept in a secure location. • School districts must develop a policy regarding the storage and transportation of an opioid antagonist. • 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. • 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. • 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.
Locations suggested or required to keep overdose reversal agents on premises	None

<u>NEVADA</u>	
Dispensing or administration reported to PDMP	No
Express reference to overdose reversal agent vending machines	No
Other provisions of note	<ul style="list-style-type: none"> • 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. • 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. • 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
Recently proposed legislation	None

<u>NEW HAMPSHIRE</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • N.H. REV. STAT. ANN. § 318-B:15 (West 2024) (immunity provisions) • N.H. REV. STAT. ANN. § 417:4 (West 2024) (insurance practices)
Term(s) used	Opioid antagonist
Substantive amendment(s) to law(s)	None
Standing order	New Hampshire does not have a statewide naloxone standing order, but § 318-B:15 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.
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	Healthcare professional authorized to prescribe an opioid antagonist.
Prescriber immunity	No healthcare 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.
People who can dispense or distribute	<ul style="list-style-type: none"> • Healthcare professional authorized to prescribe an opioid antagonist • Pharmacist
Dispenser immunity	No healthcare 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.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person at risk of experiencing an opioid-related overdose • Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose
Layperson possession without prescription	Not directly addressed by statute
Layperson administration	A person may administer an opioid antagonist to another person who he or she believes is suffering an opioid-related overdose.

<u>NEW HAMPSHIRE</u>	
Layperson immunity	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.
Training and education requirements	Not addressed by statute
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	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.
Overdose reversal agents in schools	Not addressed by statute
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	According to information by PDMP/TTAC, New Hampshire tracks naloxone administration in the PDMP. ⁴⁷ LAPP did not locate a statute directing this reporting.
Express reference to overdose reversal agent vending machines	None

⁴⁷ "PDMP Policies and Capabilities," Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed December 2024, https://www.pdmpassist.org/pdf/state_summaries/New_Hampshire_Summary_Profile.pdf.

<u>NEW HAMPSHIRE</u>	
Other provisions of note	None
Recently proposed legislation	None

<u>NEW JERSEY</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • N.J. STAT. ANN. § 18A:40-12.24 to -12.27 (West 2024) (Opioid antagonists in schools) • N.J. STAT. ANN. § 24:6J-1 to 7 (West 2024) (Overdose Prevention Act) • N.J. STAT. ANN. § 24:21-15.2 (West 2024) (co-prescription requirements) • N.J. STAT. ANN. § 26:2S-38 (West 2024) (prescription drug benefit coverage) • N.J. STAT. ANN. § 26:5C-28 (West 2024) (harm reduction services) • N.J. STAT. ANN. § 30:4D-6m (West 2024) (insurance requirement) • N.J. STAT. ANN. § 30:4D-6q (West 2024) (Medicaid requirement) • N.J. STAT. ANN. § 45:14-67.2 (West 2024) (pharmacist dispensing) • N.J. STAT. ANN. § 52:14-17.29ff (West 2024) (state employee insurance coverage)
Term(s) used	Opioid antidote; naloxone; naloxone hydrochloride
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • December 1, 2018 amendment to § 24:6J-4 allows for a school, school district, or school nurse to issue naloxone through a standing order. • August 31, 2021 amendment to § 24:6J-4 expanded the authorization for any person or entity to obtain, distribute, and administer opioid antidotes. • August 31, 2021 amendment to § 24:6J-5 removed some of the previous overdose prevention information dissemination requirements. • August 31, 2021 amendment to § 24:6J-5.1 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. • August 31, 2021 amendment to § 45:14-67.2 requires the Commissioner of Health to issue a standing order authorizing all pharmacists to dispense an opioid antidote, removing the requirement that the pharmacist request such standing order. The standing order must be posted on the website of the Commissioner of Health.

<u>NEW JERSEY</u>	
Standing order	.J. STAT. ANN. § 24:6J-4 and § 45:14-67.2 provide 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. ⁴⁸
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	“Prescriber,” which is defined as a healthcare practitioner authorized by law to prescribe medications. This includes, but is not limited to: <ul style="list-style-type: none"> • Physicians; • Physician assistants; and • Advanced practice nurses.
Prescriber immunity	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.
People who can dispense or distribute	<ul style="list-style-type: none"> • Prescriber • Pharmacist • Entities authorized to provide harm reduction services
Dispenser immunity	Prescriber, pharmacist, or other entity who dispenses an opioid antidote in good faith is not, as a result of 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.
People who can receive or administer (“laypersons”)	Any person or entity
Layperson possession without prescription	Not directly addressed by statute

⁴⁸ “2nd Revised Standing Order for Pharmacists to Dispense Opioid Antidote for Overdose Prevention.” New Jersey Department of Health, last accessed December 2024, <https://nj.gov/governor/news/news/562021/docs/DOHSO202101.pdf>.

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Layperson administration	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.
Layperson immunity	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.
Training and education requirements	<ul style="list-style-type: none"> • Prescriber or other healthcare 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 healthcare practitioner or dispensing pharmacist in the patient's medical record or another appropriate record. • The Commissioner of Human Services may develop training materials in video, electronic, or other appropriate formats, and disseminate these materials to healthcare practitioners. • If the person is admitted to a healthcare facility or receives treatment in the emergency department of a healthcare facility, a staff member designated by the healthcare 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

<u>NEW JERSEY</u>	
Training and education requirements (continued)	<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 healthcare practitioner, additionally develop an individualized substance use disorder treatment plan for the person.</p> <ul style="list-style-type: none"> • 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 healthcare 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.
Co-prescription requirements	<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"> • The person has a history of substance use disorder; • The opioid drug is for a daily dose of 90 morphine milligram equivalents; or • The patient holds a current, valid prescription for a benzodiazepine that is a Schedule III or Schedule IV controlled dangerous substance.
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	<ul style="list-style-type: none"> • The New Jersey Division of Medical Assistance and Health Services must ensure the provision of benefits for naloxone to eligible people receiving services funded by the Division of Mental Health and Addiction Services in the Department of Human Services, as well as to eligible people 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. • 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. • 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.

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Overdose reversal agents in schools	<ul style="list-style-type: none"> • 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. • 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. • 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. • 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.

<u>NEW JERSEY</u>	
Overdose reversal agents in schools (continued)	<ul style="list-style-type: none"> • 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. • 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. • 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
Locations suggested or required to keep overdose reversal agents on premises	<p>“Recognized places of public access,” which includes:</p> <ul style="list-style-type: none"> • Public library • Institution of higher education • Occupational school • Public transportation hub
Dispensing or administration reported to PDMP	According to information from PDMP/TTAC, New Jersey tracks naloxone administration in the PDMP. ⁴⁹ LAPP did not locate a statute directing this reporting.
Express reference to overdose reversal agent vending machines	None

⁴⁹ “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed December 2024, https://www.pdmpassist.org/pdf/state_summaries/New_Jersey_Summary_Profile.pdf.

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Other provisions of note	<ul style="list-style-type: none"> • 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. • 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.
Recently proposed legislation	Yes. See Recent State Legislation .

<u>NEW MEXICO</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • N.M. STAT. ANN. § 24-2D-7 (West 2024) (co-prescription requirement) • N.M. STAT. ANN. § 24-23-1 (West 2024) (immunity provisions) • N.M. STAT. ANN. § 24-23-3 (West 2024) (opioid treatment centers) • N.M. STAT. ANN. § 29-7-7.6 (West 2024) (law enforcement naloxone kits) • N.M. STAT. ANN. § 33-2-51 (West 2024 (corrections department))
Term(s) used	Opioid antagonist
Substantive amendment(s) to law(s)	None
Standing order	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. ⁵⁰
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	“Licensed prescriber,” is defined as any individual who is authorized by law to prescribe an opioid antagonist in the state.
Prescriber immunity	Not addressed by statute
People who can dispense or distribute	<ul style="list-style-type: none"> • Licensed prescriber • Pharmacist
Dispenser immunity	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.

⁵⁰ “New Mexico statewide standing order for registered pharmacist naloxone,” last accessed December 2024, <https://www.nmhealth.org/publication/view/regulation/2126/>.

<u>NEW MEXICO</u>	
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person at risk of experiencing an opioid-related drug overdose • Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose • Employee, volunteer, or representative of a community-based entity providing overdose prevention and education services that is registered with the Department of Health • “First responder,” which is defined to include a(n): <ul style="list-style-type: none"> ○ Law enforcement officer; ○ Firefighter or certified volunteer firefighter; and ○ Emergency medical services personnel
Layperson possession without prescription	Person may possess an opioid antagonist regardless of whether the person holds a prescription for the opioid antagonist.
Layperson administration	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.
Layperson immunity	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.
Training and education requirements	<ul style="list-style-type: none"> • 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. • Pharmacists dispensing under the standing order must provide individuals receiving naloxone with opioid overdose and naloxone administration education.

<u>NEW MEXICO</u>	
Co-prescription requirements	<ul style="list-style-type: none"> • Healthcare 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. • 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.
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	Not addressed by statute
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	No
Express reference to overdose reversal agent vending machines	None
Other provisions of note	<ul style="list-style-type: none"> • 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. • 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.
Recently proposed legislation	Yes. See Recent State Legislation .

<u>NEW YORK</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • N.Y. EDUC. LAW § 922 (McKinney 2024) (overdose prevention in school) • N.Y. EDUC. LAW § 6438 (McKinney 2024) (exemption to professional misconduct) • N.Y. EDUC. LAW § 6438-a (McKinney 2024) (exemption to professional misconduct) • N.Y. EDUC. LAW § 6509-d (McKinney 2024) (exemption to professional misconduct) • N.Y. INS. LAW § 2617 (McKinney 2024) (unfair discrimination by insurer) • N.Y. MENTAL HYG. LAW § 19.09 (McKinney 2024) (online directory) • N.Y. PUB. BLDGS. LAW § 140 (McKinney 2024) (public buildings) • N.Y. PUB. HEALTH LAW § 273 (McKinney 2024) (prior authorization) • N.Y. PUB. HEALTH LAW § 3309 (McKinney 2024) (third-party prescriptions) • N.Y. SOC. SERV. LAW § 367-a (McKinney 2024) (medical assistance for needy families)
Term(s) used	Opioid antagonist, naloxone
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • August 11, 2015 amendment to PUB. HEALTH LAW § 3309 adds schools to the list of entities that can receive a third-party prescription. • June 22, 2016 amendment to PUB. HEALTH LAW § 3309 adds public libraries to the list of entities that can receive a third-party prescription. • August 24, 2020 amendment to PUB. HEALTH LAW § 3309 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. • June 27, 2022 amendment to PUB. HEALTH LAW § 3309 sets forth co-prescribing requirements of an opioid antagonist when certain enumerated risk factors are present. • April 22, 2023 amendment to PUB. HEALTH LAW § 3309 adds that the Commissioner of Public Health must establish guidelines for onsite opioid overdose response capacity in nightlife establishments. • December 17, 2024 amendment to PUB. HEALTH LAW § 3309 requires public buildings to be equipped with opioid antagonists by December 17, 2025.

<u>NEW YORK</u>	
Standing order	Under PUB. HEALTH LAW § 3309, 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 healthcare 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.
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	“Healthcare professional,” which is defined as a person licensed, registered, or authorized to prescribe prescription drugs.
Prescriber immunity	Not addressed by statute
People who can dispense or distribute	<ul style="list-style-type: none"> • Healthcare professional • Pharmacist • Organization registered as an opioid overdose prevention program • School district • Public library • Board of Cooperative Educational Services, county vocational education and extension board, charter school, non-public elementary and/or secondary school • Restaurant, bar, retail store, shopping mall, barber shop, beauty parlor, theater, sporting or event center, inn, hotel, motel
Dispenser immunity	Not addressed by statute
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person at risk of experiencing an opioid-related overdose • Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose • Organization registered as an opioid overdose prevention program • School district • Public library • Board of Cooperative Educational Services, county vocational education and extension board, charter school, non-public elementary and/or secondary school • Restaurant, bar, retail store, shopping mall, barber shop, beauty parlor, theater, sporting or event center, inn, hotel, motel.
Layperson possession without prescription	Not directly addressed by statute
Layperson administration	A recipient of an opioid antagonist may administer the opioid antagonist to a person the recipient reasonably believes is experiencing an opioid overdose.

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Layperson immunity	<ul style="list-style-type: none"> • 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. • 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.
Training and education requirements	<ul style="list-style-type: none"> • The Commissioner of Public Health is authorized to establish training standards for the administration of opioid antagonists. • 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 2024); and (6) any other information deemed relevant by the Commissioner of Health.
Co-prescription requirements	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.
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute

<u>NEW YORK</u>	
Requirements placed on insurers	<ul style="list-style-type: none"> • When a patient’s healthcare 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. • 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. • The department shall publish a statewide formulary of opioid dependence agents and opioid antagonists, which shall include as “preferred drugs” all drugs in such classes, which shall include all subclasses of a given drug that have a different pharmacological route of administration, subject to restrictions on cost to Medicaid.
Overdose reversal agents in schools	<ul style="list-style-type: none"> • A school can be issued naloxone through a third-party prescription. • 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. • 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 PUB. HEALTH LAW § 3309.

<u>NEW YORK</u>	
Overdose reversal agents in schools (continued)	<ul style="list-style-type: none"> • 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 PUB. HEALTH LAW § 3309 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. • 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 PUB. HEALTH LAW § 3309 will not be subject to criminal, civil, or administrative liability solely by reason of such action.
Locations suggested or required to keep overdose reversal agents on premises	<ul style="list-style-type: none"> • Each campus of the state university of New York and every campus of the city university of New York shall provide and maintain onsite in each college-owned or college-operated housing opioid antagonists, as defined in section thirty-three hundred nine of the public health law, in quantities and types deemed by the commissioner of health. Such opioid antagonists shall be accessible by every resident assistant for use during emergencies to any student, staff or other individual on college-owned or college-operated housing premises suspected of having an opioid overdose whether or not there is a previous history of opioid abuse. • Beginning December 17, 2025, it shall be an additional duty of each such superintendent or chief executive officer of each of the public institutions and buildings of the state to equip each such building with opioid antagonists.
Dispensing or administration reported to PDMP	No
Express reference to overdose reversal agent vending machines	None

<u>NEW YORK</u>	
Other provisions of note	<ul style="list-style-type: none"> • 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. • 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. • 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.
Recently proposed legislation	Yes. See Recent State Legislation .

<u>NORTH CAROLINA</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • N.C. GEN. STAT. ANN. § 90-12.7 (West 2024) (immunity) • N.C. GEN. STAT. ANN. § 90-113.27 (West 2024) (syringe exchange programs)
Term(s) used	Opioid antagonist
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • August 1, 2015 amendment to § 90-12.7 adds immunity provisions for pharmacists who dispense opioid antagonists. • July 1, 2017 amendment to § 90-12.7 allows a practitioner to directly or by standing order prescribe an opioid antagonist to any governmental or nongovernment organization. • June 29, 2023 amendment to § 90-12.7 adds that opioid antagonist can be obtained over-the-counter.
Standing order	North Carolina has a statewide naloxone standing order. The current order took effect on March 24, 2022 and does not expire. ⁵¹
Express reference to over-the-counter overdose reversal agents	Yes. § 90-12.7 allows opioid antagonists that were obtained over-the-counter to be distributed in the same manner as that obtained via prescription or standing order.
People who can prescribe	“Practitioner” acting in good faith and with reasonable care. The term is not defined by the statute.
Prescriber immunity	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.
People who can dispense or distribute	<ul style="list-style-type: none"> • Pharmacist • Governmental or nongovernmental organization, including: <ul style="list-style-type: none"> ○ Local health department; ○ Law enforcement agency; and ○ Organization that promotes scientifically proven ways of mitigating health risks associated with substance use disorders and other high-risk behaviors
Dispenser immunity	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.

⁵¹ “North Carolina State Health Director’s standing order for naloxone,” last accessed December 2024, <https://www.dph.ncdhhs.gov/media/841/download?attachment>.

<u>NORTH CAROLINA</u>	
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person at risk of experiencing an opiate-related overdose • Family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose • Governmental or nongovernmental organization (as defined) <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>
Layperson possession without prescription	Not directly addressed by statute
Layperson administration	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.
Layperson immunity	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.
Training and education requirements	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.
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	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.
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	Not addressed by statute
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute

<u>NORTH CAROLINA</u>	
Dispensing or administration reported to PDMP	No
Express reference to overdose reversal agent vending machines	None
Other provisions of note	None
Recently proposed legislation	Yes. See Recent State Legislation .

<u>NORTH DAKOTA</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • N.D. CENT. CODE ANN. § 23-01-42 (West 2024) (immunity provisions) • N.D. CENT. CODE ANN. § 43-15-10 (West 2024) (pharmacist authority) • N.D. ADMIN. CODE 61-04-12-02 (West 2024) (naloxone protocol)
Term(s) used	Opioid antagonist; naloxone
Substantive amendment(s) to law(s)	May 1, 2023 amendment to § 23-01-42 removed the requirement that a healthcare professional provide training on the use of opioid antagonist before prescribing, distributing or dispensing an opioid antagonist. It also removed the restriction on who a healthcare professional could prescribe, distribute, and dispense. The amendment also removed the restriction on who could possess an opioid antagonist.
Standing order	Under § 43-15-10 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 2024).
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	<p>“Healthcare professional,” which is defined as a licensed or certified healthcare professional who is working within the scope of practice for that profession, which may include a:</p> <ul style="list-style-type: none"> • Physician; • Physician assistant; and • Advanced practice registered nurse.
Prescriber immunity	<ul style="list-style-type: none"> • Individual who prescribes an opioid antagonist as authorized under the law is immune from civil and criminal liability for such action. • Healthcare professional who prescribes an opioid antagonist as authorized under the law is not subject to professional discipline for such action. • Immunity does not apply if the healthcare professional’s actions constitute recklessness, gross negligence, or intentional misconduct.
People who can dispense or distribute	<ul style="list-style-type: none"> • Healthcare professional • Pharmacist

<u>NORTH DAKOTA</u>	
Dispenser immunity	<ul style="list-style-type: none"> • Individual who distributes or dispenses an opioid antagonist as authorized under the law is immune from civil and criminal liability for such action. • Healthcare professional or pharmacist who distributes or dispenses an opioid antagonist as authorized under the law is not subject to professional discipline for such action. • Immunity does not apply if the healthcare professional's or pharmacist's actions constitute recklessness, gross negligence, or intentional misconduct.
People who can receive or administer ("laypersons")	Any individual
Layperson possession without prescription	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.
Layperson administration	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.
Layperson immunity	<ul style="list-style-type: none"> • Individual who receives, possesses, or administers an opioid antagonist as authorized under the law is immune from civil and criminal liability for such action. • Immunity does not apply if the individual's actions constitute recklessness, gross negligence, or intentional misconduct.
Training and education requirements	<ul style="list-style-type: none"> • 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. • 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.
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	Not addressed by statute

<u>NORTH DAKOTA</u>	
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	No
Express reference to overdose reversal agent vending machines	None
Other provisions of note	None
Recently proposed legislation	None

<u>OHIO</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • OHIO REV. CODE ANN. §§ 3715.50 through .505 (West 2024) (overdose reversal drugs) • OHIO REV. CODE ANN. § 4729.511 (West 2024) (distributor requirements) • OHIO REV. CODE ANN. § 4729.541 (West 2024) (People exempt from licensure) • OHIO REV. CODE ANN. § 4765.52 (West 2024) (administering to dog or cat)
Term(s) used	Opioid reversal drug; naloxone
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • December 16, 2020 amendment to § 4729.44 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. • In April 2023, Ohio repealed its previously enacted overdose reversal drug statutes and replaced them with §§ 3715.50 through 505.
Standing order	Under § 3715.502 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.
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	<ul style="list-style-type: none"> • Physician • Physician assistant • Advanced practice registered nurse
Prescriber immunity	<ul style="list-style-type: none"> • 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.

<u>OHIO</u>	
Prescriber immunity (continued)	<ul style="list-style-type: none"> • 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.
People who can dispense or distribute	<ul style="list-style-type: none"> • Licensed health professional • Pharmacist or pharmacy intern • Overdose reversal drug distributor • 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"> ○ Is in its original manufacturer's packaging; ○ Contains the manufacturer's instructions for use; and ○ Is stored in accordance with the manufacturer's or distributor's instructions
Dispenser immunity	<ul style="list-style-type: none"> • 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. • 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. • Any person or government entity exercising the authority conferred in § 3715.50 is exempt licensure as a terminal distributor of dangerous drugs. • An overdose reversal drug distributor who in good faith complies with the distribution priorities of §4729.511 is not liable for or subject to any of the following for an act or omission arising from that compliance: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action.

<u>OHIO</u>	
People who can receive or administer (“laypersons”)	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.
Layperson possession without prescription	<ul style="list-style-type: none"> • 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"> ○ Is in its original manufacturer’s packaging; ○ Contains the manufacturer’s instructions for use; and ○ Is stored in accordance with the manufacturer’s or distributor’s instructions.
Layperson administration	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.
Layperson immunity	<ul style="list-style-type: none"> • 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.
Training and education requirements	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.
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	Not directly addressed by statute

<u>OHIO</u>	
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	No
Express reference to overdose reversal agent vending machines	Yes. Section 3715.50 refers to overdose reversal drug being delivered through an “automated mechanism” which is not further defined. The statute further requires the person or government entity maintaining the automated mechanism to: (a) Ensure that the mechanism is securely fastened to a permanent structure or is of an appropriate size and weight to reasonably prevent it from being removed from its intended location; (b) Provide to any individual who accesses the supply instructions regarding emergency administration of the drug, including a specific instruction to summon emergency services as necessary; (c) Develop a process for monitoring and replenishing the supply maintained in the automated mechanism; (d) Store the overdose reversal drug in accordance with the manufacturer's or distributor's instructions.
Other provisions of note	<ul style="list-style-type: none"> • 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.

<u>OHIO</u>	
Other provisions of note (continued)	<ul style="list-style-type: none"> • 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. • A terminal distributor of overdose reversal drugs shall prioritize the sale, distribution and delivery of overdose reversal drugs to: (a) children’s hospital; (b) a hospital; (c) an emergency medical service organization; (d) a facility that is operated as an urgent care center. • Any emergency responder may administer an overdose reversal drug to a dog or cat if administering such has been authorized by the medical director or cooperating physician advisory board of an emergency medical service organization and the drug is administered in accordance with a written protocol established by a veterinarian.
Recently proposed legislation	Yes. See Recent State Legislation .

<u>OKLAHOMA</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • OKLA. STAT. ANN. tit. 43A, § 2-401.1 (West 2024) (emergency opioid antagonists for Department of Corrections) • OKLA. STAT. ANN. tit. 43A, § 2-401.2 (West 2024) (emergency opioid antagonists for hospitals) • OKLA. STAT. ANN. tit. 57, § 4.1 (West 2024) (distributing opioid antagonists to discharged inmates) • OKLA. STAT. ANN. tit. 59, § 478.1 (West 2024) (telemedicine) • OKLA. STAT. ANN. tit. 63 § 1-2506.1 to -2506.2 (West 2024) (prescriptions and administration) • OKLA. STAT. ANN. tit. 63 § 1-706.21 (West 2024) (hospital distribution of opioid antagonist) • OKLA. STAT. ANN. tit. 63 § 2-312.2 (West 2024) (sale of naloxone) • OKLA. STAT. ANN. tit. 70 § 1210.242 (West 2024) (authority to administrate naloxone) • OKLA. STAT. ANN. tit. 76 § 5 (West 2024) (Good Samaritan Act)
Term(s) used	Opioid antagonist
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • November 1, 2017 amendment to tit. 63 § 1-2506.1 adds forensic laboratory personnel to list of first responders eligible to administer. • November 1, 2018 amendment to tit. 63 § 1-2506.2 adds protections under the Good Samaritan Act for any provider prescribing or administering an opiate antagonist. • July 1, 2019 amendment to tit. 63 § 1-2506.1 adds certified alcohol and drug counselors and licensed alcohol and drug counselors to list of first responders eligible to administer. • November 1, 2019 amendment to tit. 63 § 1-2506.1 adds personnel at the state’s Department of Corrections to list of first responders eligible to administer. • April 18, 2024 amendment to tit. 63 § 1-2506.2 revises the language granting immunity to a family member who administers an opioid antagonist. It also revises the language granting immunity to a provider who prescribes or administers an opioid antagonist. • April 18, 2024 amendment to tit. 63 § 1-2506.1 revises the language granting immunity to a first responder who administers an opioid antagonist.
Standing order	Under tit. 63 § 2-312.2, 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.

<u>OKLAHOMA</u>	
Express reference to over-the-counter overdose reversal agents	No
People who can prescribe	“Provider.” The term is not defined by statute.
Prescriber immunity	Any provider who prescribes or administers an opioid antagonist in good faith and in a manner consistent with addressing opioid overdose shall not be liable for any civil damages as a result of any acts or omissions by such provider except for committing gross negligence or willful wanton wrongs in prescribing or administering such emergency opioid antagonist.
People who can dispense or distribute	<ul style="list-style-type: none"> • Pharmacist • “First responder,” which includes: <ul style="list-style-type: none"> ○ Law enforcement officials; ○ Emergency medical technicians; ○ Firefighters; ○ Medical personnel at schools including any public or charter schools, technology center schools and institutions of higher education; ○ Forensic laboratory personnel; ○ 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 ○ Certified or licensed alcohol and drug counselors.
Dispenser immunity	Any first responder providing an opioid antagonist in good faith shall not be liable for any civil damages as a result of any acts or omissions by such first responder except for committing gross negligence or willful wanton wrongs in administering or providing such emergency opioid antagonist.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Family member of an individual who is at risk of an opioid overdose • 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 • First responder, as defined above
Layperson possession without prescription	Not directly addressed by statute
Layperson administration	Layperson may administer an opioid antagonist when he or she encounters a person exhibiting signs of an opioid overdose.

<u>OKLAHOMA</u>	
Layperson immunity	<ul style="list-style-type: none"> • Any family member who administers an emergency opioid antagonist in good faith and in a manner consistent with addressing opioid overdose shall not be liable for any civil damages as a result of any acts or omissions by such family member in administering such emergency opioid antagonist. • Any first responder providing an opioid antagonist in good faith shall not be liable for any civil damages as a result of any acts or omissions by such first responder except for committing gross negligence or willful wanton wrongs in administering or providing such emergency opioid antagonist. • Where no prior contractual relationship exists, any person who in good faith renders or attempts to render emergency care consisting of artificial respiration, restoration of breathing, use of an emergency opioid antagonist to prevent opioid overdose, or preventing or retarding the loss of blood, or aiding or restoring heart action or circulation of blood to the victim or victims of an accident or emergency, wherever required, shall not be liable for any civil damages as a result of any acts or omissions by such person in rendering the emergency care.
Training and education requirements	<ul style="list-style-type: none"> • 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. • 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. • 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.
Co-prescription requirements	Not addressed by statute

<u>OKLAHOMA</u>	
Entities required to offer overdose reversal agents to certain individuals	<ul style="list-style-type: none"> • Subject to the persons 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. • 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. • 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.
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	<ul style="list-style-type: none"> • 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.

<u>OKLAHOMA</u>	
Overdose reversal agents in schools (continued)	<ul style="list-style-type: none"> • Administration of a public school may authorize one or more people 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 people 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. • 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.
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	According to information from PDMP/TTAC, Oklahoma tracks naloxone dispensing and administration in the PDMP. ⁵² LAPP did not locate a statute directing this reporting.
Express reference to overdose reversal agent vending machines	None

⁵² “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed December 2024, https://www.pdmpassist.org/pdf/state_summaries/Oklahoma_Summary_Profile.pdf.

<u>OKLAHOMA</u>	
Other provisions of note	<ul style="list-style-type: none">• Telemedicine encounters within the state may be used to prescribe opioid antagonists if there is a valid physician-patient relationship.• Subject to allocation of federal funding for the purchase of emergency opioid antagonists, the Department of Mental Health and Substance Abuse Services shall distribute emergency opioid antagonists to hospitals for distribution by hospitals of emergency opioid antagonists to patients not covered by the state Medicaid program or by a health benefit plan.• Subject to allocation of federal funding for the purchase of emergency opioid antagonists, the Department of Mental Health and Substance Abuse Services shall provide emergency opioid antagonists to the Department of Corrections and to county jails for the purpose of implementing tit. 57, § 4.1.
Recently proposed legislation	Yes. See Recent State Legislation .

<u>OREGON</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • OR. REV. STAT. ANN. § 339.869 (West 2024) (Opioid antagonists in schools- policy) • OR. REV. STAT. ANN. § 339.870 (West 2024) (liability of school employees) • OR. REV. STAT. ANN. § 689.800 to .813 (West 2024) (Opioid Overdose Reversal Drugs)
Term(s) used	Short-acting opioid antagonist
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • October 6, 2017 amendment to § 689.681 (now 689.800) removes the requirement that the Oregon Health Authority establish criteria for training on treatments for opiate overdoses and removes the requirement that people have completed the training in order to receive immunity for any act or omission committed during the course of administering naloxone. • September 29, 2019 amendment to § 689.682 (now § 689.802) allows a pharmacy to co-prescribe naloxone with an opioid. • January 1, 2020 amendment to § 689.684 (now § 689.804) 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. • August 4, 2023 to all statutes removed the word “naloxone” and replaced it with the phrase “short-acting opioid antagonist.”
Substantive amendment(s) to law(s) (continued)	<ul style="list-style-type: none"> • August 4, 2023 amendment to § 689.681 (now § 689.800) 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. • August 31, 2023 amendment to § 431A.855 removed the requirement to report prescribed naloxone to the PDMP. • January 1, 2023 amendment to § 339.869 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. • January 2, 2024 amendment to §§ 689.680 through 686 renumbered to §§ 689.800 through .813 and included in newly enacted section on Opioid Overdose Reversal Drug.

<u>OREGON</u>	
Standing order	<ul style="list-style-type: none"> • Under § 689.808 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. • 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.
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	<ul style="list-style-type: none"> • “Healthcare professional.” The term is not defined by statute • Pharmacist
Prescriber immunity	Not addressed by statute
People who can dispense or distribute	<ul style="list-style-type: none"> • Healthcare professional • Pharmacist • Law enforcement officer • Firefighter • Emergency medical services provider • Any person designated by the state Board of Pharmacy by rule • “Social services agencies,” which includes, but is not limited to: <ul style="list-style-type: none"> ○ Homeless shelters; and ○ Crisis centers.
Dispenser immunity	<ul style="list-style-type: none"> • 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. • 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.

<u>OREGON</u>	
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Individuals likely to experience an opiate overdose • Family members of individuals likely to experience an opiate overdose • Social services agencies • School nurse or other school employee • Law enforcement officer • Firefighter • Emergency medical services provider • Other People who work with individuals who have experienced an opioid overdose • Any individual who requests
Layperson possession without prescription	Not directly addressed by statute
Layperson administration	<ul style="list-style-type: none"> • Any person, having once lawfully obtained short-acting opioid antagonist may possess, distribute, or administer it for the purpose of reversing opioid overdose. • Per § 689.804, 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.
Layperson immunity	<ul style="list-style-type: none"> • 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. • 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. • The owner and any staff members of a building or facility in which a kit, obtained pursuant to a standing order issued under § 689.808, 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.
Training and education requirements	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.

<u>OREGON</u>	
Co-prescription requirements	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.
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	<ul style="list-style-type: none"> • 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. • 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. • 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.

<u>OREGON</u>	
Overdose reversal agents in schools (continued)	<ul style="list-style-type: none"> • 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. • 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. • 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.
Locations suggested or required to keep overdose reversal agents on premises	The owner of any building or facility to which the public has legal access may have in the building or facility one or more kits stored in a location in the building or facility easily accessible by members of the public if the kit or kits are obtained pursuant to a standing order issued under ORS 689.808.
Dispensing or administration reported to PDMP	Prior to September 25, 2023, Oregon required opioid antagonist prescriptions to be reported to the PDMP.
Express reference to overdose reversal agent vending machines	None

<u>OREGON</u>	
Other provisions of note	<ul style="list-style-type: none"> • 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. • 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.
Recently proposed legislation	Yes. See Recent State Legislation .

<u>PENNSYLVANIA</u>	
Statute(s) and effective date(s)	35 PA. STAT. AND CONS. STAT. § 780-113.8 (West 2024) (drug overdose medication)
Term(s) used	Naloxone
Substantive amendment(s) to law(s)	January 3, 2023 amendment to § 780.113.8 removes the word “naloxone” and replaces it with “opioid antagonist.”
Standing order	A statewide naloxone standing order first took effect on October 28, 2015. The most recent order that is publicly available is dated November 15, 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. ⁵³
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	Healthcare professional otherwise authorized to prescribe an opioid antagonist.
Prescriber immunity	Licensed healthcare 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.
People who can dispense or distribute	<ul style="list-style-type: none"> • Healthcare professional otherwise authorized to prescribe naloxone • Pharmacist
Dispenser immunity	Licensed healthcare 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.

⁵³ “Standing order DOH-003-2023,” Penn. Dep’t of Health, last accessed December 2024, <https://www.pa.gov/content/dam/copapwp-pagov/en/health/documents/topics/documents/opioids/General%20Public%20Standing%20Order.pdf>.

<u>PENNSYLVANIA</u>	
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person at risk of experiencing an opioid-related overdose • Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose • Law enforcement officer • Firefighter
Layperson possession without prescription	Not addressed by statute
Layperson administration	Layperson can administer an opioid antagonist to another person whom he or she believes to be suffering an opioid-related drug overdose.
Layperson immunity	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.
Training and education requirements	<p>Pennsylvania Department of Health must:</p> <ul style="list-style-type: none"> • 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 • 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.
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	Not addressed by statute

<u>PENNSYLVANIA</u>	
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	According to information from the PDMP/TTAC, Pennsylvania tracks naloxone administration in the PDMP. ⁵⁴ LAPP did not locate a statute directing this reporting.
Express reference to overdose reversal agent vending machines	None
Other provisions of note	None
Recently proposed legislation	Yes. See Recent State Legislation .

⁵⁴ “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed December 2024, https://www.pdmpassist.org/pdf/state_summaries/Pennsylvania_Summary_Profile.pdf.

<u>RHODE ISLAND</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • R.I. GEN. LAWS ANN. § 16-21-35 (West 2024) (opioid antagonists in schools) • R.I. GEN. LAWS ANN. § 21-28-3.18 (West 2024) (reporting to PDMP) • R.I. GEN. LAWS ANN. § 21-28-3.20 (West 2024) (co-prescribing) • R.I. GEN. LAWS ANN. § 21-28.9-3 (West 2024) (layperson immunity) • R.I. GEN. LAWS ANN. § 27-4.1-1 (West 2024) (life insurance requirements) • R.I. GEN. LAWS ANN. § 27-4.8-1 (West 2024) (group life insurance requirements) • R.I. GEN. LAWS ANN. § 27-18-82, § 27-19-73, §27-20-69, § 27-41-86 (West 2024) (health insurance requirements)
Term(s) used	Naloxone; opioid antagonist
Substantive amendment(s) to law(s)	July 15, 2019 amendment to § 16-21-35 expands the naloxone requirement to private schools in addition to public schools.
Standing order	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.
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	Healthcare professional who is licensed in Rhode Island to prescribe an opioid antagonist, which includes: <ul style="list-style-type: none"> • Physician; • Physician assistant; and • Advanced practice registered nurse.
Prescriber immunity	<ul style="list-style-type: none"> • Healthcare 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 healthcare 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. • A healthcare 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.

<u>RHODE ISLAND</u>	
People who can dispense or distribute	<ul style="list-style-type: none"> • Healthcare professional who is licensed in Rhode Island to dispense an opioid antagonist, which includes the individuals noted above and pharmacists • State and municipal law enforcement personnel • State and municipal emergency services personnel, which includes: <ul style="list-style-type: none"> ○ Emergency medical technicians; ○ Paramedics; and ○ Fire department personnel.
Dispenser immunity	<ul style="list-style-type: none"> • Healthcare 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 healthcare 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. • Healthcare 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. • 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. • 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.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Individual at risk of experiencing an opioid-related overdose • 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 • State and municipal law enforcement personnel • State and municipal emergency services personnel • Trained school nurse or teacher
Layperson possession without prescription	Person who is not otherwise licensed to administer naloxone who administers naloxone in an emergency is not engaged in the unlawful possession of naloxone.

<u>RHODE ISLAND</u>	
Layperson administration	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.
Layperson immunity	<ul style="list-style-type: none"> • 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. • 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. • Use of naloxone is considered first aid or emergency treatment for the purpose of any statute relating to liability.
Training and education requirements	<ul style="list-style-type: none"> • Healthcare 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. • State and municipal law enforcement personnel and emergency medical personnel distributing opioid antagonists must provide instructions on administration and use of the opioid antagonist.
Co-prescription requirements	Director of Health must develop, and make available to healthcare 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.
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute

<u>RHODE ISLAND</u>	
Requirements placed on insurers	<ul style="list-style-type: none"> • 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. • No individual or group 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.
Overdose reversal agents in schools	<ul style="list-style-type: none"> • 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. • 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. • Any school nurse, teacher, or other school personnel using an opioid antagonist will be protected from both civil and criminal liability. • 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.
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	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.
Express reference to overdose reversal agent vending machines	None

<u>RHODE ISLAND</u>	
Other provisions of note	None
Recently proposed legislation	Yes. See Recent State Legislation.

<u>SOUTH CAROLINA</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • S.C. CODE ANN. § 17-5-135 (West 2024) (coroner administration of opioid antidote) • S.C. CODE ANN. § 44-53-361 (West 2024) (co-prescribing) • S.C. CODE ANN. § 44-53-1640 (West 2024) (reporting to PDMP) • S.C. CODE ANN. § 44-53-1645 (West 2024) (requirement to review patient history) • S.C. CODE ANN. § 44-130-10 to -60 (West 2024) (prescribing, dispensing, and administering) • S.C. CODE ANN. § 44-130-70 (West 2024) (prescriptions for community distributors) • S.C. CODE ANN. § 44-130-75 (West 2024) (hospital distribution) • S.C. CODE ANN. § 44-130-80 (West 2024) (hospital reporting of administered opioid antidotes) • S.C. CODE ANN. § 44-130-90 (West 2024) (administration of opioid antidotes by coroners) • S.C. CODE ANN. § 59-63-95 (West 2024) (administration of lifesaving medications in schools)
Term(s) used	Opioid antidote, naloxone hydrochloride
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • June 5, 2016 amendment to § 44-130-40 allows a pharmacist to dispense an opioid antidote pursuant to a written joint protocol. • January 1, 2021 amendment to § 44-130-60 requires an administering first responder to report for inclusion in the PDMP. • June 19, 2023 amendment to § 44-53-361 allows a physician, when prescribing an opioid medication, to directly provide naloxone, rather than by offering co-prescription.
Standing order	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 people without a prescription. The protocol was last updated on February 23, 2022. ⁵⁵
Express reference to over-the-counter overdose reversal agents	None

⁵⁵ “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 December 2024, <http://naloxonesavessc.org/wp-content/uploads/2022/04/Naloxone-Joint-Protocol-to-Initiate-Dispensing-of-Naloxone-HCl-without-a-Prescription-Feb.-23-2022.pdf>.

<u>SOUTH CAROLINA</u>	
People who can prescribe	<p>“Prescriber,” which is defined to include a:</p> <ul style="list-style-type: none"> • Physician; • Advanced practice registered nurse; and • Physician assistant.
Prescriber immunity	<p>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.</p>
People who can dispense or distribute	<ul style="list-style-type: none"> • Pharmacist • Physician • “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 • A hospital, by and through a healthcare provider employed by the hospital
Dispenser immunity	<ul style="list-style-type: none"> • 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. • A hospital or a healthcare provider employed by the hospital that distributes an opioid antidote is not subject to civil or criminal liability. • A community distributor that distributes an opioid antidote is not, as a result of an act or omission, subject to civil or criminal liability. • A physician who directly furnishes naloxone at the time of co-prescribing an opioid medication is not subject to professional disciplinary actions including, but not limited to, disciplinary actions initiated by any board or licensing agency. However, failure to offer a prescription or provide education and use information at the time of co-prescribing an opioid antidote may be subject to discipline by the licensing board.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person who is at risk of experiencing an opioid-related overdose • Caregiver for a person who is at risk of experiencing an opioid overdose whom the prescriber has not personally examined • “First responder,” which is defined to include a(n): <ul style="list-style-type: none"> ○ Emergency medical services provider; ○ Law enforcement officer; and ○ Fire department worker. • Coroner, deputy coroner, or coroner's designee

<u>SOUTH CAROLINA</u>	
Layperson possession without prescription	Not directly addressed by statute
Layperson administration	<ul style="list-style-type: none"> • 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. • 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.
Layperson immunity	<ul style="list-style-type: none"> • 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. • 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. • 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.
Training and education requirements	<ul style="list-style-type: none"> • 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. • Prescriber must document in the medical record that the opioid overdose information has been provided to the person or the caregiver. • 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.

<u>SOUTH CAROLINA</u>	
Co-prescription requirements	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.
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	<ul style="list-style-type: none"> • 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. • 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. • “Lifesaving medication” is a prescription medication that can be administered to a person experiencing a medical emergency.

<u>SOUTH CAROLINA</u>	
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	<ul style="list-style-type: none"> • 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. • If a person is administered an opioid antidote in a hospital emergency department or other healthcare 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. • 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. • 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.
Express reference to overdose reversal agent vending machines	None
Other provisions of note	None
Recently proposed legislation	None

<u>SOUTH DAKOTA</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • S.D. CODIFIED LAWS § 13-33A-9 to -11 (West 2024) (Opioid antagonists in schools) • S.D. CODIFIED LAWS § 34-20A-98 to -103 (West 2024) (first responder administration and immunity) • S.D. CODIFIED LAWS § 34-20A-104 to -108 (West 2024) (prescriptions for opioid antagonists)
Term(s) used	Opioid antagonist
Substantive amendment(s) to law(s)	None
Standing order	A licensed healthcare professional may issue naloxone through a standing order. South Dakota issued a statewide standing order pharmacists to dispense naloxone hydrochloride on September 14, 2023. The standing order expires September 13, 2025. ⁵⁶
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	Healthcare professional who is authorized to prescribe
Prescriber immunity	Healthcare 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 healthcare 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.
People who can dispense or distribute	Healthcare professional who is authorized to dispense
Dispenser immunity	Healthcare 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 healthcare 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.

⁵⁶ “Standing order for naloxone distribution from pharmacies in South Dakota,” S.D. Dep’t of Health and Soc. Serv., last accessed December 2024, <https://39508254.fs1.hubspotusercontent-na1.net/hubfs/39508254/09.14.2023-South-Dakota-Statewide-Standing-Order.pdf>.

<u>SOUTH DAKOTA</u>	
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person at risk of experiencing an opioid-related overdose • Family member, friend, or other close third party to a person at risk for an opioid-related drug overdose • “First responder,” which is defined to include a: <ul style="list-style-type: none"> ○ Law enforcement officer; ○ Driver and attendant responding to an emergency call as part of an ambulance service; and ○ Firefighter. • School personnel trained to administer
Layperson possession without prescription	Not directly addressed by statute
Layperson administration	Not addressed by statute
Layperson immunity	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.
Training and education requirements	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.
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute

<u>SOUTH DAKOTA</u>	
Overdose reversal agents in schools	<ul style="list-style-type: none"> • 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. • 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 healthcare 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.
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	No
Express reference to overdose reversal agent vending machines	None
Other provisions of note	<p>An employer may acquire and make available on the employer's premises an opioid antagonist that is dispensed or distributed by a licensed healthcare 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.</p> <p>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>
Recently proposed legislation	None

<u>TENNESSEE</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • TENN. CODE ANN. § 49-50-1604 (West 2024) (opioid antagonists in schools) • TENN. CODE ANN. § 53-11-308 (West 2024) (co-prescription requirement) • TENN. CODE ANN. § 53-11-401 (West 2024) (failure to comply with co-prescription requirement) • TENN. CODE ANN. § 55-10-430 (West 2024) (opioid antagonist; driving) • TENN. CODE ANN. § 63-1-152 (West 2024) (immunity provisions) • TENN. CODE ANN. § 63-1-157 (West 2024) (pharmacy practice agreement) • TENN. CODE ANN. § 63-1-401 (West 2024) (co-prescribing study) • TENN. CODE ANN. § 63-10-204 (West 2024) (pharmacist prescribing) • TENN. CODE ANN. § 68-1-136 (West 2024) (needle exchange program)
Term(s) used	Opioid antagonist
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • July 1, 2015 amendment to § 63-1-152 added a requirement that the Commissioner of Health make available recommendations for training of first responders. • July 1, 2022 amendment to § 63-1-152 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. • July 1, 2022 amendment to § 63-1-157 revises the language used to describe overdose from “opiate-related overdose” to a “drug-related overdose.” • March 28, 2024 amendment to § 49-50-1604 requires a school within an LEA or a nonpublic school to allow anyone to possess an opioid antagonist while the person is on school property or attending a school-sponsored activity held at a location that is not school property. The amendment also requires that the principal or head of any school that maintains an opioid antagonist ensure it is stored in accordance with the manufacturer’s instructions.

<u>TENNESSEE</u>	
Standing order	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. There is currently no statewide standing order in Tennessee, however, pharmacists may fill out and maintain the collaborative pharmacy practice document at any time. ⁵⁷ Additionally, as of May 1, 2024, pharmacists may independently prescribe naloxone in accordance with the product’s federal food and drug administration-approved labeling or guidelines of the federal centers for disease control and prevention.
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	<ul style="list-style-type: none"> • Licensed healthcare practitioner otherwise authorized to prescribe an opioid antagonist • Pharmacist
Prescriber immunity	<ul style="list-style-type: none"> • 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 § 63-1-152. • 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.
People who can dispense or distribute	<ul style="list-style-type: none"> • Pharmacist • Other licensed healthcare practitioner not specified by statute • A first responder acting under a standing order may receive and store an opioid antagonist and may provide an opioid antagonist • Syringe service program volunteer or employee

⁵⁷ Tennessee Department of Health opioid antagonist collaborative pharmacy practice policy,” Tenn. Dep’t of Health, last accessed December 2024, https://www.tn.gov/content/dam/tn/health/documents/opioid_response/TDH_Naloxone_Collaborative_practice.pdf.

<u>TENNESSEE</u>	
Dispenser immunity	<ul style="list-style-type: none"> • 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 § 63-1-152. • 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. • In addition to any other applicable immunity or limitation on civil liability, a syringe services program nongovernmental organization and an employee or volunteer of that organization are not subject to civil liability for establishing, operating, or participating in a program established pursuant to this section in the absence of gross negligence or willful, intentional, or malicious conduct.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person at risk of experiencing an opiate related overdose • Family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose • School nurse, school resource officer, or other trained school personnel • 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
Layperson possession without prescription	Not addressed by statute
Layperson administration	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.
Layperson immunity	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.

<u>TENNESSEE</u>	
Training and education requirements	<ul style="list-style-type: none"> • 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. • Commissioner of Health or the commissioner’s designee must make available recommendations for training of first responders in the appropriate use of opioid antagonists. • 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.
Co-prescription requirements	<ul style="list-style-type: none"> • 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. • 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.
Entities required to offer overdose reversal agents to certain individuals	A syringe service program established under § 68-1-136 is required to offer access to naloxone for the treatment of drug overdose or referral to programs that provide access.
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	<ul style="list-style-type: none"> • 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. • 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.

<u>TENNESSEE</u>	
Overdose reversal agents in schools (continued)	<ul style="list-style-type: none"> 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.
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	No
Express reference to overdose reversal agent vending machines	None
Other provisions of note	<ul style="list-style-type: none"> 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. Evidence that a person was administered within 24 hours prior to an alleged moving violation, an opioid antagonist for an opioid related overdose, creates a presumption that their ability to drive was sufficiently impaired as to constitute a law violation.
Recently proposed legislation	Yes. See Recent State Legislation .

<u>TEXAS</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • TEX. ALCO. BEV. CODE ANN. § 5.61 (West 2024) (alcoholic beverage commission training) • TEX. ALCO. BEV. CODE ANN. § 28.20 (West 2024) (mixed beverage permit overdose training) • TEX. ALCO. BEV. CODE ANN. § 32.26 (West 2024) (private club registration permit overdose training) • TEX. EDUC. CODE ANN. § 38.221 to .228 (West 2024) (opioid antagonists in schools) • TEX. GOV'T. CODE ANN. § 772.0078 (West 2024) (opioid antagonist grant program) • TEX. HEALTH & SAFETY CODE ANN. § 461A.059 (West 2024) (opioid antagonist program) • TEX. HEALTH & SAFETY CODE ANN. § 483.101 to .107 (West 2024) (immunity) • TEX. INS. CODE ANN. § 1101.251 to .253 (West 2024) (insurance) • TEX. OCC. CODE ANN. § 170.001 to .003 (West 2024) (physician prescribing)
Term(s) used	Opioid antagonist
Substantive amendment(s) to law(s)	June 17, 2023 amendment to HEALTH & SAFETY § 461A.059 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.
Standing order	There is no statewide standing order in place in Texas. Instead, 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. To utilize the standing order, a pharmacist must fill out an online application and complete a training module. ⁵⁸
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	“Prescriber,” which is defined as a person authorized by law to prescribe an opioid antagonist

⁵⁸ “Texas pharmacist naloxone standing order application,” Texas Pharmacy Association, last accessed December 2024, <https://www.texaspharmacy.org/page/TXPHARMNALOX>.

<u>TEXAS</u>	
Prescriber immunity	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.
People who can dispense or distribute	<ul style="list-style-type: none"> • Pharmacist • 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
Dispenser immunity	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.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person at risk of experiencing an opioid-related drug overdose. • Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose • “Emergency services personnel,” which is defined to include: <ul style="list-style-type: none"> ○ Emergency medical services personnel; ○ Emergency room personnel; and ○ 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
Layperson possession without prescription	Any person may possess an opioid antagonist regardless of whether the person holds a prescription for the opioid antagonist.
Layperson administration	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.
Layperson immunity	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.

<u>TEXAS</u>	
Training and education requirements	<ul style="list-style-type: none"> • Each school district, open-enrollment charter school, and private school that adopts a policy under § 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. • 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. • 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 § 5.61 each year. This does not apply to a mixed beverage permit holder that is a restaurant. • 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 in § 5.61 each year. This does not apply to the holder of a private club registration permit that is a restaurant.
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	<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"> • Deny coverage to the individual; • Limit the amount, extent, or kind of coverage available to the individual; or • 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.

<u>TEXAS</u>	
Overdose reversal agents in schools	<ul style="list-style-type: none"> • 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. • 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. • Not later than the 10th 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. • 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.
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	No

<u>TEXAS</u>	
Express reference to overdose reversal agent vending machines	None
Other provisions of note	<ul style="list-style-type: none"> • 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 people 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. • 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 people likely to be in a position to respond to an opioid overdose.
Recently proposed legislation	Yes. See Recent State Legislation .

<u>UTAH</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • UTAH CODE ANN. § 26B-4-509 (West 2024) (prescribing opiate antagonist) • UTAH CODE ANN. § 26B-4-510 (West 2024) (standing prescription) • UTAH CODE ANN. § 26B-4-511 (West 2024) (overdose outreach providers) • UTAH CODE ANN. § 26B-4-513 (West 2024) (co-prescribing guidelines) • UTAH CODE ANN. § 26B-4-514 (West 2024) (informational pamphlet) • UTAH CODE ANN. § 26B-7-117 (West 2024) (syringe service providers) • UTAH CODE ANN. § 58-17b-507 (West 2024) (professional conduct - pharmacist) • UTAH CODE ANN. § 58-17b-507 (West 2024) (pharmacist prescribing) • UTAH CODE ANN. § 58-31b-703 (West 2024) (professional conduct – nurse) • UTAH CODE ANN. § 58-37-7 (West 2024) (naloxone education and offer to dispense) • UTAH CODE ANN. § 58-37-19 (West 2024) (initial opiate prescription) • UTAH CODE ANN. § 58-67-702 (West 2024) (professional conduct – physician) • UTAH CODE ANN. § 58-68-702 (West 2024) (professional conduct – osteopathic) • UTAH CODE ANN. § 58-69-702 (West 2024) (professional conduct – dentist) • UTAH CODE ANN. § 58-70a-505 (West 2024) (professional conduct – physician assistant)
Term(s) used	Opiate antagonist
Substantive amendment(s) to law(s)	None

<u>UTAH</u>	
Standing order	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 17, 2023. 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. ⁵⁹
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	<p>“Healthcare provider,” which is defined to include a:</p> <ul style="list-style-type: none"> • Physician; • Advanced practice registered nurse; • Physician assistant; and • Individual licensed to engage in the practice of dentistry.
Prescriber immunity	<ul style="list-style-type: none"> • Healthcare 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. • 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.
People who can dispense or distribute	<ul style="list-style-type: none"> • Healthcare provider • Pharmacist • “Overdose outreach provider,” which is defined to include a(n): <ul style="list-style-type: none"> ○ Law enforcement agency; ○ Fire department; ○ Emergency medical services provider and personnel; ○ Organization providing treatment or recovery services for drug or alcohol use; ○ Organization providing support services for an individual, or family of an individual, with a substance use disorder; ○ Organization providing substance use or mental health services under contract with a local substance use authority or a local mental health authority; ○ Organization providing services to the homeless; and ○ Local health department.

⁵⁹ “Utah statewide standing order dispensing naloxone for opioid overdose prevention,” Utah Department of Health, last accessed December 2024, <https://opidemic.utah.gov/wp-content/uploads/Standing-Order-2023.pdf>.

<u>UTAH</u>	
Dispenser immunity	<ul style="list-style-type: none"> • Healthcare 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. • 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. • 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.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Individual who is at an increased risk of experiencing an opiate-related drug overdose event • Overdose outreach provider • 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, defined as: <ul style="list-style-type: none"> • law enforcement agency • the department or a local health department, as defined in § 26A-1-102 • an organization that provides drug or alcohol treatment services • an organization that provides services to the homeless • an organization that provides training on the proper administration of an opiate antagonist in response to an opiate-related drug overdose event • a school
Layperson possession without prescription	Not directly addressed by statute
Layperson administration	Layperson can administer an opiate antagonist to an individual whom the person believes to be experiencing an opiate-related drug overdose event.
Layperson immunity	Overdose outreach provider and a person other than a healthcare facility or healthcare 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.

<u>UTAH</u>	
Training and education requirements	<ul style="list-style-type: none"> • Healthcare 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. • 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. • When 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.
Co-prescription requirements	<ul style="list-style-type: none"> • 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. • When 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.

<u>UTAH</u>	
Co-prescription requirements (continued)	<ul style="list-style-type: none"> • 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. • The department of health is instructed to establish by rule scientifically based guidelines for controlled substance prescribers to co-prescribe an opiate antagonist to a patient.
Entities required to offer overdose reversal agents to certain individuals	Syringe service providers must ensure a recipient of a new syringe is given verbal and written instruction on options for obtaining an opiate antagonist.
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	Schools are included in the list of people who may receive and administer an opiate antagonist without liability to a person suffering from an opiate overdose.
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	Not addressed by statute
Express reference to overdose reversal agent vending machines	None

<u>UTAH</u>	
Other provisions of note	<ul style="list-style-type: none"> • The Department of Health and Human Services is required to make rules to designate naloxone as a drug that may be prescribed by a pharmacist. • An opiate overdose outreach pilot program was recently 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. • Entities eligible to seek grants include: <ul style="list-style-type: none"> ○ Law enforcement agency; ○ Local health department; ○ Organization that provides drug or alcohol treatment services; ○ Organization that provides services to the homeless; ○ Organization that provides training on the proper administration of an opiate antagonist; ○ Public school, private school, or an institution within the state system of higher education; and ○ Any other organization that is able to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event.
Recently proposed legislation	None

<u>VERMONT</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • VT. STAT. ANN. tit.18, § 4256 (West 2024) (overdose prevention centers) • VT. STAT. ANN. tit.18, § 4257 (West 2024) (immunity provisions) • VT. STAT. ANN. tit. 18, § 4774 (West 2024) (opioid abatement fund) • VT. STAT. ANN. tit. 26, § 2080 (West 2024) (pharmacist) • VT. STAT. ANN. tit. 33 § 2004 (West 2024) (manufacturer fee) • VT. STAT. ANN. tit. 33, § 2004a (West 2024) (evidence-based education fund)
Term(s) used	Opioid antagonist
Substantive amendment(s) to law(s)	May 25, 2023 amendment to tit.18, § 4257 (formerly tit.18, § 4240) removes the requirement that after a person has administered an opioid antagonist, he or she must immediately call for emergency medical services.
Standing order	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. ⁶⁰
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	<p>“Healthcare professional,” which is defined to include a(n):</p> <ul style="list-style-type: none"> • Physician; • Physician assistant; and • Advanced practice registered nurse. • Pharmacist under a state protocol approved the department of health.
Prescriber immunity	Healthcare 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.
People who can dispense or distribute	<ul style="list-style-type: none"> • Healthcare professional • Pharmacist • Person acting on behalf of a community-based overdose prevention program

⁶⁰ “Standing order for distribution of naloxone prescription for overdose prevention,” Vt. Dep’t of Health, last accessed December, 2024

https://www.healthvermont.gov/sites/default/files/documents/pdf/RESP_Naloxone_standingorder.pdf

<u>VERMONT</u>	
Dispenser immunity	<ul style="list-style-type: none"> • Healthcare 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. • 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.
People who can receive or administer ("laypersons")	<ul style="list-style-type: none"> • Person at risk of experiencing an opioid-related overdose • Family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose • Person acting on behalf of a community-based overdose prevention program
Layperson possession without prescription	Not directly addressed by statute
Layperson administration	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.
Layperson immunity	<ul style="list-style-type: none"> • 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. • 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.

<u>VERMONT</u>	
Training and education requirements	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.
Co-prescription requirements	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.
Entities required to offer overdose reversal agents to certain individuals	Overdose prevention centers in the state must provide overdose prevention education and distribute overdose reversal medications, including naloxone.
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	Not addressed by statute
Locations suggested or required to keep overdose reversal agents on premises	Overdose prevention centers
Dispensing or administration reported to PDMP	According to information from PDMP/TTAC, Vermont tracks naloxone dispensing and administration in the PDMP. ⁶¹ LAPP did not locate a statute directing this reporting.
Express reference to overdose reversal agent vending machines	None

⁶¹ “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed December 2024, https://www.pdmpassist.org/pdf/state_summaries/Vermont_Summary_Profile.pdf.

<u>VERMONT</u>	
Other provisions of note	<ul style="list-style-type: none"> • Healthcare 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. • 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. • 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. • 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.
Recently proposed legislation	Yes. See Recent State Legislation .

<u>VIRGINIA</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • VA. CODE ANN. § 2.2-2833 (West 2024) (state agency requirement) • VA. CODE ANN. § 8.01-225 (West 2024) (immunity provisions) • VA. CODE ANN. § 9.1-102 (West 2024) (law enforcement training) • VA. CODE ANN. § 22.1-206.01 (West 2024) (overdose prevention and reversal education) • VA. CODE ANN. § 22.1-274.4:1 (West 2024) (opioid antagonist in educational settings) • VA. CODE ANN. § 32.1-127 (West 2024) (comprehensive harm reduction program) • VA. CODE ANN. § 32.1-127 (West 2024) (dispensing naloxone in emergency departments) • VA. CODE ANN. § 54.1-2519 and 54.1-2521 (West 2024) (reporting to PDMP) • VA. CODE ANN. § 54.1-3303.1 (West 2024) (pharmacist-initiated treatment) • VA. CODE ANN. § 54.1-3408 (West 2024) (Opioid antagonists in schools; possession by laypersons)
Term(s) used	Naloxone; opioid antagonist
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • April 15, 2015 amendment to § 8.01-225 added immunity protections for individuals who prescribe and dispense naloxone. • March 5, 2019 amendment to § 54.1-3408 added provisions for schools to possess and administer naloxone. • July 1, 2020 amendments to §§ 8.01-225 and 54.1-3408 <ul style="list-style-type: none"> ○ Allows an employee or other individual acting on behalf of a public place to possess and administer naloxone or another opioid antagonist; and ○ 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. • July 1, 2023 amendment to § 54.1-3408 removes the training requirements related to the possession and administration of naloxone.
Standing order	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. ⁶²

⁶² “Statewide standing order for naloxone,” Va. Dep’t of Health, last accessed December 2024, https://www.vdh.virginia.gov/content/uploads/sites/3/2022/01/Naloxone-Standing-Order_1-14-2022.pdf.

<u>VIRGINIA</u>	
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	“Prescriber,” which is defined as a practitioner who is authorized to issue a prescription.
Prescriber immunity	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 § 54.1-3408 or in his or her role as an emergency medical services agency member.
People who can dispense or distribute	<ul style="list-style-type: none"> • Pharmacist • Healthcare provider providing services in a hospital emergency department • Emergency medical services personnel • 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
Dispenser immunity	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 § 54.1-3408 or in his or her role as an emergency medical services agency member.

<u>VIRGINIA</u>	
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person who is not otherwise authorized to administer naloxone • Law enforcement officers • Department of Forensic Science employees • Employees of the Office of the Chief Medical Examiner • Employees of the Department of General Services Division of Consolidated Laboratory Services • Employees of the Department of Corrections designated as probation and parole officers or as correctional officers • Employees of regional jails • 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
People who can receive or administer (“laypersons”) (continued)	<ul style="list-style-type: none"> • Firefighters • 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 • State agency
Layperson possession without prescription	Not directly addressed by statute
Layperson administration	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.
Layperson immunity	<ul style="list-style-type: none"> • 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 § 54.1-3408 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.

<u>VIRGINIA</u>	
Layperson immunity (continued)	<ul style="list-style-type: none"> Any employee of any public elementary or secondary school, school board, or local health department who, during regular school hours, on school premises, or during a school-sponsored activity, in good faith administers an opioid antagonist for opioid overdose reversal to any individual who is believed to be experiencing or about to experience a life-threatening opioid overdose, regardless of whether such employee was trained in administration of an opioid antagonist pursuant to subsection B, shall be immune from any disciplinary action or civil or criminal liability for any act or omission made in connection with the administration of an opioid antagonist in such incident, unless such act or omission was the result of gross negligence or willful misconduct.
Training and education requirements	<ul style="list-style-type: none"> The Department of Criminal Justice shall establish training standards and publish and periodically update model policies for law-enforcement personnel in 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 Each local school board shall develop policies and procedures for (i) partnering with a program administered or approved by the Department of Health to provide training in opioid antagonist administration for the purpose of organizing and providing the training and certification required pursuant to subdivision 1 and (ii) maintaining records of each employee of each such public elementary and secondary school who is trained and certified in the administration of an opioid antagonist.
Co-prescription requirements	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.
Entities required to offer overdose reversal agents to certain individuals	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.
Requirements placed on insurers	Not addressed by statute

<u>VIRGINIA</u>	
Overdose reversal agents in schools	<ul style="list-style-type: none"> • Each local school board shall develop a plan, in accordance with subsection X of § 54.1-3408 and the guidelines developed by the Department of Health in collaboration with the Department of Education, for the procurement, placement, and maintenance in each public elementary and secondary school of a supply of opioid antagonists in an amount equivalent to at least two unexpired doses for the purposes of opioid overdose reversal. Such plan shall provide for the development and implementation of policies and procedures relating to the procurement, placement, and maintenance of such supply of opioid antagonists in each such school, including policies and procedures: <ol style="list-style-type: none"> 1. Providing for the placement and maintenance in each public elementary and secondary school of a supply of opioid antagonists in an amount equivalent to at least two unexpired doses, including policies and procedures by which each such school shall request a replacement dose of an opioid antagonist any time a dose has expired, is administered for overdose reversal, or is otherwise rendered unusable and by which each such request shall be timely fulfilled; 2. Requiring each such school to inspect its opioid antagonist supply at least annually and maintain a record of the date of inspection, the expiration date on each dose, and, in the event that a dose of such opioid antagonist is administered for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose, the date of such administration; and 3. Relating to the proper and safe storage of such opioid antagonist supply in each such school. • Each school board must develop policies relating to the possession and administration of opioid antagonists by any school nurse or employee of the school board who is authorized by a prescriber and trained in the administration of an opioid antagonist to any student, faculty, or staff member who is believed to be experiencing or about to experience a life-threatening opioid overdose.

<u>VIRGINIA</u>	
Overdose reversal agents in schools (continued)	<ul style="list-style-type: none"> • Each local school board shall develop a plan, in accordance with the guidelines and model curriculum developed by the Department of Health in collaboration with the Department of Education, in accordance with the protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, for providing at each public secondary school that includes grades nine through 12 a program of instruction on opioid overdose prevention and reversal. • Such program of instruction shall include instruction in identifying the signs of a possible opioid overdose and training in the administration of an opioid antagonist for the reversal of a potentially life-threatening opioid overdose.
Locations suggested or required to keep overdose reversal agents on premises	<ul style="list-style-type: none"> • Each state agency shall possess naloxone or other opioid antagonists used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. • A comprehensive harm reduction program shall include access to overdose prevention kits that contain naloxone or other opioid antagonist approved by the FDA for opioid overdose reversal.
Dispensing or administration reported to PDMP	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.”
Express reference to overdose reversal agent vending machines	None
Other provisions of note	None
Recently proposed legislation	None

<u>WASHINGTON</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • WASH. REV. CODE ANN. § 28A.210.390 (West 2024) (opioid antagonists in schools) • WASH. REV. CODE ANN. § 28A.210.395 (West 2024) (school policy and grant program) • WASH. REV. CODE ANN. § 28B.10.577 (West 2024) (higher education) • WASH. REV. CODE ANN. § 28B.10.578 (West 2024) (training in universities) • WASH. REV. CODE ANN. § 41.05.525 (West 2024) (prior authorization – state health plans) • WASH. REV. CODE ANN. § 41.05.527 (West 2024) (health care authority participation in bulk purchasing) • WASH. REV. CODE ANN. § 43.216.021 (West 2024) (training for department of children, youth, and families) • WASH. REV. CODE ANN. § 48.43.760 (West 2024) (insurance requirements – health plans) • WASH. REV. CODE ANN. § 48.43.760 (West 2024) (insurance requirements – bulk purchasing) • WASH. REV. CODE ANN. § 69.41.095 (West 2024) (immunity provisions) • WASH. REV. CODE ANN. § 70.14.170 (West 2024) (bulk purchasing) • WASH. REV. CODE ANN. § 70.41.480 (West 2024) (dispensation of emergency medications by hospital) • WASH. REV. CODE ANN. § 70.41.485 (West 2024) (dispensation of emergency medications by hospital) • WASH. REV. CODE ANN. § 71.24.522 (West 2024) (training for parents of children with substance use disorder) • Wash. Rev. Code Ann. § 71.24.594 (West 2024) (distribution by behavioral health agencies) • WASH. REV. CODE ANN. § 71.24.597 (West 2024) (coordinated purchasing) • WASH. REV. CODE ANN. § 74.09.630 (West 2024) (Medicaid reimbursement) • WASH. REV. CODE ANN. § 74.09.630 (West 2024) (Medicaid participation in bulk purchase) • WASH. REV. CODE ANN. § 74.09.645 (West 2024) (prior authorization – Medicaid)
Term(s) used	Opioid overdose reversal medication; naloxone

<u>WASHINGTON</u>	
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • July 28, 2019 amendment to § 69.41.095 allows the Secretary of Health to issue a standing order for naloxone. • June 6, 2024 amendment to § 28A.210.390 removed the 2000 student requirement for a school district to obtain overdose reversal medications. Now each school district must maintain a supply. The amendment also encouraged school districts to maintain a supply in each first aid kit on the property. • June 6, 2024 amendment to § 48.43.762 added requirements all health plans to reimburse a hospital that bills for opioid overdose medication related services. • June 6, 2024 amendment to § 41.05.527 added requirements that health plans offered to public employees must reimburse a hospital that bills for opioid overdose reversal medication related services.
Standing order	A statewide naloxone standing order took effect on August 27, 2019. The Department of Health issued the most current standing order on April 22, 2024 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. ⁶³
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	“Practitioner,” which is defined as a healthcare practitioner who is authorized by law to prescribe legend drugs
Prescriber immunity	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 § 69.41.095 or the outcomes of any actions authorized by that statute.
People who can dispense or distribute	<ul style="list-style-type: none"> • Practitioner • Pharmacist • Certified behavioral health agency

⁶³ “Standing order to dispense naloxone,” Wash. State Dep’t of Health, last accessed January 2025, <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//150-127-StatewideStandingOrderToDispenseNaloxone.pdf>.

<u>WASHINGTON</u>	
Dispenser immunity	<ul style="list-style-type: none"> • 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 § 69.41.095 or the outcomes of any actions authorized by that statute. • 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. • A hospital, its employees, and its practitioners are immune from suit in any action, civil or criminal, or from professional or other disciplinary action, for action or inaction in compliance with the requirement of dispensing an overdose reversal medication to a patient upon discharge from the hospital for opioid related emergency.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person at risk of experiencing an opioid-related overdose. • Family member or other person or entity in a position to assist a person at risk of experiencing an opioid-related overdose. • “First responder,” which is defined to include a: <ul style="list-style-type: none"> ○ Career or volunteer firefighter; ○ Law enforcement officer; and ○ Paramedic. • School nurse or a healthcare professional or trained staff person located at a healthcare clinic on public school property or under contract with the school district and designated trained school personnel.
Layperson possession without prescription	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.
Layperson administration	In order to be eligible for immunity, the person must act in good faith and with reasonable care.
Layperson immunity	Person who administers an opioid overdose reversal medication is not subject to criminal or civil liability for any actions authorized by § 69.41.095 or the outcomes of any actions authorized by that statute.

<u>WASHINGTON</u>	
Training and education requirements	<ul style="list-style-type: none"> • 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. • 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. • 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. • 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. • 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. • Institutions of higher education must provide staff working in residence halls education and training on administering naloxone.
Co-prescription requirements	<p>Healthcare 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.</p>

<u>WASHINGTON</u>	
Entities required to offer overdose reversal agents to certain individuals	A hospital shall provide 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 with opioid overdose reversal medication upon discharge, unless the treating practitioner determines in their clinical and professional judgment that dispensing or distributing opioid overdose reversal medication is not appropriate or the practitioner has confirmed that the patient already has opioid overdose reversal medication. If the hospital dispenses or distributes opioid overdose reversal medication it must provide directions for use.
Requirements placed on insurers	<ul style="list-style-type: none"> • For health plans issued or renewed on or after January 1, 2023, health carriers must participate in the opioid overdose reversal medication bulk purchasing and distribution program once the program is operational. A health plan may not impose enrollee cost sharing related to opioid overdose reversal medication provided through the bulk purchasing and distribution program. • For health plans issued or renewed on or after January 1, 2025, a health carrier must reimburse a hospital or psychiatric hospital that bills for the following outpatient services: <ul style="list-style-type: none"> • (a) For opioid overdose reversal medication dispensed or distributed to a patient under § 70.41.485 as a separate reimbursable expense; and • (b) For the administration of long-acting injectable buprenorphine as a separate reimbursable expense. • 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: <ul style="list-style-type: none"> • Health plan offered to public employees and school employees; • Medicaid managed care plan; and • Private health plans. • 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.

<u>WASHINGTON</u>	
Requirements placed on insurers (continued)	<ul style="list-style-type: none"> • All Medicaid managed care organizations must participate in the bulk purchasing and distribution program once established. • The healthcare authority must participate in the bulk purchasing and distribution program once established.
Overdose reversal agents in schools	<ul style="list-style-type: none"> • School districts must obtain and maintain at least one set of opioid overdose reversal medication doses in each of its high schools. • 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 healthcare professional or trained staff person located at a healthcare clinic on public school property or under contract with the school district; or (3) designated trained personnel. • 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. • 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. • School districts are encouraged to include opioid overdose reversal medication in each first aid kit maintained on school property and in any coach or sports first aid kit maintained by the public school, provided that these kits are not accessible to people other than school personnel who have been designated to distribute or administer opioid overdose reversal medication under this section. • Public schools are encouraged to include at least one location of opioid overdose reversal medication on the school's emergency map.

<u>WASHINGTON</u>	
Overdose reversal agents in schools (continued)	<ul style="list-style-type: none"> • 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. • Each public and private institution of higher education shall provide opioid and fentanyl prevention education and awareness information to all students. Education may be offered in person or electronically and must include information on the “good Samaritan” statute in RCW 69.50.315. This education must be posted on each institution's public website for students, parents, and legal guardians to view. • Each public and private institution of higher learning shall ensure naloxone and fentanyl strips are made available to students on campus in various accessible locations such as student wellness centers, student union buildings, and student housing
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	No
Express reference to overdose reversal agent vending machines	None

<u>WASHINGTON</u>	
Other provisions of note	<ul style="list-style-type: none"> • 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. • As soon as reasonably practicable, the healthcare 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 healthcare 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 healthcare systems, and, self-insured plans to pay the dosage-based assessments; (3) the types of healthcare facilities, healthcare providers, or other entities that are required to or are permitted to participate in the program; (4) the billing procedures for any participating healthcare facility, healthcare provider, or other entity participating in the program; and (5) any other rules necessary to establish, implement, or administer the program.
Recently proposed legislation	None, other than legislation enacted in 2024.

<u>WEST VIRGINIA</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • W. VA. CODE ANN. § 16-46-1 to -6 (West 2024) (Access to Opioid Antagonist Act) • W. VA. CODE ANN. § 16-46-7 (West 2024) (standing orders) • W. VA. CODE ANN. § 18-5-22d (West 2024) (opioid antagonists in schools) • W. VA. CODE ANN. § 18-34-1 (West 2024) (overdose education in schools) • W. VA. CODE ANN. § 60A-9-4 (West 2024) (reporting to PDMP)
Term(s) used	Opioid antagonist, opioid reversal agents
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • June 10, 2016 amendment to § 16-46-5 expands immunity protections to pharmacists who dispense an opioid antagonist and people who administer an opioid antagonist. • March 6, 2020 amendment to § 16-46-6 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.
Standing order	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 for pharmacies on December 1, 2023. ⁶⁴ The standing order is to be reviewed at least every four years.
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	Licensed healthcare provider acting in good faith and exercising reasonable care. The phrase is defined as a person, partnership, corporation, professional limited liability company, healthcare facility, or institution licensed by or certified in the state to provide health care or professional healthcare services, including: <ul style="list-style-type: none"> • Medical physicians; • Allopathic and osteopathic physicians; • Pharmacists;

⁶⁴ “Standing order naloxone prescription for overdose prevention,” W. Va. Dep’t of Health and Hum. Res., last accessed December 2024, https://www.wvbop.com/www/download_resource.asp?id=431.

<u>WEST VIRGINIA</u>	
People who can prescribe (continued)	<ul style="list-style-type: none"> • Physician assistants or osteopathic physician assistants who hold a certificate to prescribe drugs; • Advanced nurse practitioners who hold a certificate to prescribe drugs; • Hospitals; • Emergency service agencies; and • Others as allowed by law to prescribed drugs.
Prescriber immunity	Licensed healthcare 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 healthcare provider's gross negligence or willful misconduct.
People who can dispense or distribute	<ul style="list-style-type: none"> • Pharmacist • Pharmacy intern under supervision of a pharmacist • Any governmental or non-governmental organization, including: <ul style="list-style-type: none"> ○ Local health department; ○ Law enforcement agency; or ○ Other organization that promotes scientifically proven ways of mitigating health risks associated with substance use disorders and other high-risk behaviors
Dispenser/distributor immunity	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.
People who can receive or administer ("laypersons)	<ul style="list-style-type: none"> • Person at risk of experiencing an opioid-related overdose • Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose • Initial responders who receive opioid antagonists from the local and state agencies employing them • Public, private, parochial, or denominational school located within this state • School nurse • 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

<u>WEST VIRGINIA</u>	
Layperson possession without a prescription	<ul style="list-style-type: none"> • Any person or organization may possess an opioid antagonist, regardless of whether the person or organization holds a prescription. • 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.
Layperson administration	<ul style="list-style-type: none"> • 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. • 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.
Layperson immunity	<ul style="list-style-type: none"> • 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. • 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. • 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.

<u>WEST VIRGINIA</u>	
Training and education requirements	<ul style="list-style-type: none"> • 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. Patient counseling is mandatory and the person receiving the opioid antagonist may not opt out. • 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. • 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. • 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.
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	<ul style="list-style-type: none"> • Public, private, parochial, or denominational schools located within the state may possess and maintain at the school a supply of an opioid antagonist. • 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. • 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.

<u>WEST VIRGINIA</u>	
Overdose reversal agents in schools (continued)	<ul style="list-style-type: none"> • Immediately following the administration of the opioid antagonist, the school must provide notice to the parent of a student who received the opioid antagonist. • Law does not require a public, private, parochial, or denominational school located within this state to possess an opioid antagonist. • 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. • All public schools shall educate students in grades 6-12 about prevention and abuse of fentanyl and other opioids, as well as the life-saving use of FDA-approved opioid reversal agents.
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	<ul style="list-style-type: none"> • State statutory law requires dispensing information to be reported to the state prescription drug monitoring program (PDMP) when: <ul style="list-style-type: none"> ○ Medical services provider dispenses an opioid antagonist; ○ Prescription for an opioid antagonist is filled by: (1) a pharmacist or pharmacy; (2) a hospital or other healthcare 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 ○ Pharmacist or pharmacy sells an opioid antagonist. • 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. • 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.

<u>WEST VIRGINIA</u>	
Express reference to overdose reversal agent vending machines	None
Other provisions of note	None
Recently proposed legislation	Yes. See Recent State Legislation .

<u>WISCONSIN</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • WIS. STAT. ANN. § 118.29 (West 2024) (schools) • WIS. STAT. ANN. § 153.87 (West 2024) (opioid data system) • WIS. STAT. ANN. § 256.40 (West 2024) (emergency medical services) • WIS. STAT. ANN. § 441.18 (West 2024) (advanced practice nurses) • WIS. STAT. ANN. § 448.037 (West 2024) (physicians) • WIS. STAT. ANN. § 448.9727 (West 2024) (physician assistants) • WIS. STAT. ANN. § 450.11 (West 2024) (pharmacists and laypeople) • WIS. STAT. ANN. § 895.478 (West 2024) (educational settings)
Term(s) used	Opioid antagonist; naloxone
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • March 5, 2020 amendment to § 256.40 added certain jail workers to the list of eligible People. • March 24, 2024 amendment to § 895.478 added immunity to certain parties who administer an opioid antagonist to a pupil regardless of parental consent.
Standing order	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. ⁶⁵
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	<ul style="list-style-type: none"> • Physician • Physician assistant • Advanced practice nurse certified to issue prescriptions
Prescriber immunity	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.

⁶⁵“Statewide naloxone standing order for pharmacists,” Wis. Dep’t of Health Svcs., last accessed January 2025, <https://www.dhs.wisconsin.gov/forms/f01802.pdf>.

<u>WISCONSIN</u>	
People who can dispense or distribute	<ul style="list-style-type: none"> • Physician • Advanced practice nurse certified to issue prescriptions • Pharmacist • 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
Dispenser/distributor immunity	<ul style="list-style-type: none"> • 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. • 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.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person in a position to assist an individual at risk of undergoing an opioid-related drug overdose • Emergency medical services practitioners • Law enforcement officer • Jailer or keeper of a jail or person designated with custodial authority by the jailer or keeper • Firefighter • Residence hall director • School bus operator • Certain school employees • Certain school volunteers
Layperson possession without a prescription	The law provides that any person may possess an opioid antagonist.
Layperson administration	<ul style="list-style-type: none"> • Layperson may administer an opioid antagonist to another person who he or she reasonably believes is undergoing an opioid-related drug overdose. • 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.

<u>WISCONSIN</u>	
Layperson immunity	<ul style="list-style-type: none"> • 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. • 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. • Residence hall director who is not a healthcare 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. • 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.
Training and education requirements	<ul style="list-style-type: none"> • 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. • 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. • All pharmacists dispensing naloxone under the statewide standing order must complete at least one hour of training. • 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. • School employees must receive training approved by the state Department of Public Instruction.
Co-prescription requirements	Not addressed by statute

<u>WISCONSIN</u>	
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	<ul style="list-style-type: none"> • 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"> ○ Director has received training on the administration of opioid antagonists that is approved by his or her employer; and ○ As soon as practicable after administering the opioid antagonist, the director reports the drug overdose to 9-1-1. • 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. • An elementary or secondary school and its designated school personnel, and a physician, advanced practice nurse prescriber, or physician assistant who provides or administers an opioid antagonist, are not liable for any injury that results from the opioid antagonist, regardless of whether authorization was given by the pupil's parent or guardian or by the pupil's physician, advanced practice nurse prescriber, or physician assistant, unless the injury is the result of an act or omission that constitutes gross negligence or willful or wanton misconduct. The immunity from liability provided under this subsection is in addition to and not in lieu of that provided under § 895.48.
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	According to information from PDMP/TTAC, Wisconsin tracks naloxone dispensing and administration within the state PDMP. ⁶⁶ LAPPa did not locate a statute directing this reporting.

⁶⁶ “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed December 2024, https://www.pdmpassist.org/pdf/state_summaries/Wisconsin_Summary_Profile.pdf.

<u>WISCONSIN</u>	
Express reference to overdose reversal agent vending machines	None
Other provisions of note	<ul style="list-style-type: none"> • Ambulance service providers must ensure that: <ul style="list-style-type: none"> ○ Every emergency medical services practitioner who obtains the proper training has a supply of naloxone available for administration; and ○ Emergency medical services practitioners keep a record of each instance when naloxone administered. • 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 number of naloxone doses administered, and the number of patients who received doses of naloxone.
Recently proposed legislation	Yes. See Recent State Legislation .

<u>WYOMING</u>	
Statute(s) and effective date(s)	<ul style="list-style-type: none"> • WYO. STAT. ANN. § 33-24-158 (West 2024) (prescription by pharmacist) • WYO. STAT. ANN. §§ 35-4-901 to 906 (West 2024) (Emergency Administration of Opiate Antagonist Act)
Term(s) used	Opiate antagonist
Substantive amendment(s) to law(s)	<ul style="list-style-type: none"> • July 1, 2022 amendment to § 35-4-902 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. • February 21, 2023 amendment to § 35-4-902 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.
Standing order	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.
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	<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"> • Practitioner, who is defined as a state-licensed physician, physician assistant, or advanced practice registered nurse practicing within the scope of their license • State licensed pharmacist
Prescriber immunity	<ul style="list-style-type: none"> • 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. • Prescribing by practitioner or pharmacist is not unprofessional conduct. • Law does not establish a duty or standard of care for prescribing.
People who can dispense or distribute	Not directly addressed by statute
Dispenser/distributor immunity	Not directly addressed by statute

<u>WYOMING</u>	
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • Person at risk of experiencing an opiate-related drug overdose • Person in a position to assist a person at risk of experiencing an opiate-related drug overdose • Person who, in the course of the person’s official duties or business, may encounter a person experiencing an opiate-related drug overdose • 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
Layperson possession without a prescription	Not directly addressed by statute
Layperson administration	<ul style="list-style-type: none"> • Person acting in good faith may administer an opiate antagonist to another person who appears to be experiencing an opiate-related drug overdose. • Law does not establish a duty or standard of care for a person to prescribe or administer.
Layperson immunity	<ul style="list-style-type: none"> • Person who administers an opiate antagonist is personally immune from civil or criminal liability for any act or omission resulting in damage or injury. • 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.
Training and education requirements	<ul style="list-style-type: none"> • 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"> ○ Recognize an opiate-related drug overdose; ○ Respond appropriately to an opiate-related drug overdose event, including how to administer an opiate antagonist; and ○ Ensure that a person to whom an opiate antagonist has been administered receives, as soon as possible, additional medical care and a medical evaluation. • 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.
Co-prescription requirements	Not addressed by statute

<u>WYOMING</u>	
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	Not addressed by statute
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	Wyoming regulations require a pharmacist who prescribes and dispenses naloxone to report that information to the state PDMP. However, the requirement is not included in statute. Wyoming does not track naloxone dispensing and administration within the state PDMP, according to information from PDMP/TTAC.
Express reference to overdose reversal agent vending machines	None
Other provisions of note	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.
Recently proposed legislation	None

<u>AMERICAN SAMOA</u>	
Statute(s) and effective date(s)	The territory does not have any laws related to naloxone access.
Term(s) used	N/A
Substantive amendment(s) to law(s)	N/A
Standing order	N/A
Express reference to over-the-counter overdose reversal agents	N/A
People who can prescribe	N/A
Prescriber immunity	N/A
People who can dispense or distribute	N/A
Dispenser immunity	N/A
People who can receive or administer (“laypersons”)	N/A
Layperson possession without prescription	N/A
Layperson administration	N/A
Layperson immunity	N/A
Training and education requirements	N/A
Co-prescription requirements	N/A
Entities required to offer overdose reversal agents to certain individuals	N/A
Requirements placed on insurers	N/A
Overdose reversal agents in schools	N/A

<u>AMERICAN SAMOA</u>	
Locations suggested or required to keep overdose reversal agents on premises	N/A
Dispensing or administration reported to PDMP	No
Express reference to overdose reversal agent vending machines	N/A
Other provisions of note	N/A
Recently proposed legislation	None

<u>GUAM</u>	
Statute(s) and effective date(s)	10 GUAM CODE ANN. § 161101 to 161115 (West 2024) (Opioid Overdose Prevention Act)
Term(s) used	Naloxone, opioid antagonist
Substantive amendment(s) to law(s)	None
Standing order	Any healthcare professional, acting in good faith may create a standing order for dispensing an opioid antagonist. There is currently no territory-wide standing order in place.
Express reference to over-the-counter overdose reversal agents	No
People who can prescribe	<p>A healthcare professional, acting within his or her scope of practice. Defined as:</p> <ul style="list-style-type: none"> • Physician • Advanced practice registered nurse • Physician assistant <p>The definition includes pharmacist; however, pharmacists are expressly prohibited from prescribing an opioid antagonist.</p>
Prescriber immunity	<ul style="list-style-type: none"> • Any prescriber, who, in good faith and in the absence of gross negligence, malice, or criminal intent, issues a prescription for an emergency opioid antagonist shall be immune from civil or criminal liability and shall not be subject to administrative action for the issuance of such prescription or the ultimate outcome of such prescription. • Nothing in this section shall be construed to require a healthcare professional to prescribe, dispense, or distribute an opioid antagonist to a person at risk of experiencing an opioid related overdose or a family member, or friend, or other person in a position to assist a person at risk of experiencing an opioid related overdose, or an employee or volunteer of a community-based organization. • A healthcare professional that does not prescribe, dispense, or distribute an opioid antagonist based upon his or her professional judgement shall be immune from civil or criminal liability, unless the healthcare professional's decision not to prescribe, dispense, or distribute an opioid antagonist constitutes recklessness, gross negligence, or intentional misconduct

<u>GUAM</u>	
People who can dispense or distribute	<ul style="list-style-type: none"> • Pharmacist • An employee or volunteer of a community-based organization acting in good faith and in accordance with a standing order or under a healthcare professional's prescriptive authority may dispense, distribute, and administer an opioid antagonist intranasally • Upon request, first responders, peace officers, trained school personnel, and trained community-based organizations may distribute an emergency opioid antagonist to any person within Guam
Dispenser immunity	<ul style="list-style-type: none"> • Any dispenser, who, in good faith and in the absence of gross negligence, malice, or criminal intent, issues a prescription for an emergency opioid antagonist shall be immune from civil or criminal liability and shall not be subject to administrative action for the dispensing of such prescription or the ultimate outcome from the dispensing of such prescription. • Any individual, trained community-based organization, entity, first responder, peace officer, or trained school personnel, who, in good faith and in the absence of gross negligence, malice, or criminal intent, distributes an emergency opioid antagonist shall be immune from civil or criminal liability and shall not be subject to administrative action for distributing an emergency opioid antagonist or the ultimate outcome of such distribution. • First responders, peace officers, and trained school personnel who dispenses or distributes an opioid antagonist in accordance with this section shall be immune from civil or criminal liability for the subsequent use or administration of the opioid antagonist, unless the first responders', peace officers', and trained school personnel's actions regarding the dispensing or distributing of the opioid antagonist constitute recklessness, gross negligence, or intentional misconduct • The immunity granted shall apply whether or not the opioid antagonist is administered by or to the person for whom it was prescribed, dispensed, or distributed.
People who can receive or administer (“laypersons”)	<ul style="list-style-type: none"> • A person at risk of experiencing an opioid-related overdose; • A family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose • An employee or volunteer of a community-based organization • Any person

<u>GUAM</u>	
Layperson possession without prescription	Notwithstanding any other law or regulation to the contrary, any individual, community-based organization, entity, first responder, peace officer, or trained school personnel authorized to dispense, distribute or administer within Guam may possess or store an emergency opioid antagonist.
Layperson administration	<ul style="list-style-type: none"> • Healthcare practitioners and Emergency Medical Technicians (EMTs) may administer opioid antagonist intravenously, intraosseous, intranasally, intramuscularly, or down the endotracheal tube. • Any person may administer an emergency opioid antagonist to a recipient located in Guam if the person believes, in good faith, that the recipient is experiencing an opioid overdose. • Absent healthcare or EMT training, all others administering under this Act shall administer opioid antagonist intranasally by way of nasal spray
Layperson immunity	<ul style="list-style-type: none"> • Any person who, in good faith, and in the absence of gross negligence, malice, or criminal intent, administers an emergency opioid antagonist to a person suffering, or believed to be suffering, an opioid overdose, shall be immune from civil or criminal liability and shall not be subject to administrative action for administering an emergency opioid antagonist or the ultimate outcome of such administration. • Individuals who summon emergency medical assistance contemporaneously with administering an emergency opioid antagonist shall receive the protections afforded by 20 GCA § 2104.
Training and education requirements	<ul style="list-style-type: none"> • Any prescriber, dispenser, first responder, peace officer, trained school personnel, or trained community-based organization who prescribes, dispenses, or distributes an emergency opioid antagonist pursuant to this Act shall provide the recipient with information, either in writing or orally, or other accessible instructional materials for an individual with disability, regarding: <ul style="list-style-type: none"> ○ The importance of emergency opioid antagonists in preventing deaths from opioid overdoses; ○ How to recognize the signs and symptoms of a drug overdose; ○ The essential steps in responding to a drug overdose; ○ Where to obtain emergency opioid antagonists throughout Guam;

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Training and education requirements (continued)	<ul style="list-style-type: none"> ○ De-stigmatizing the possession of an emergency opioid antagonist; and ○ Guam laws limiting a person's civil and criminal liability for prescribing, dispensing, distributing, or administering emergency opioid antagonists. • An employee or volunteer of a community-based organization shall not dispense or distribute an opioid antagonist under this section unless he or she completes training conducted by the Department of Public Health and Social Services or Guam Behavioral Health and Wellness Center or its designee. • The training required by this subsection shall include: <ul style="list-style-type: none"> ○ How to screen a patient for being at risk of an opioid-related overdose; ○ How opioid antagonists operate to stop an opioid-related overdose; ○ When the administration of an opioid antagonist is medically indicated; ○ How to properly administer an opioid antagonists and circumstances under which administration of an opioid antagonists is contraindicated; and ○ Precautions, warnings, and potential adverse reactions related to the administration of an opioid antagonist. • All staff, employees, and volunteers at public educational institutions or universities that possess or stock emergency opioid antagonists on the premises may take part in training offered through the Guam Behavioral Health and Wellness Center or its designee or through recognized online training course on the use and administration of emergency opioid antagonists. • The Guam Behavioral Health and Wellness Center or its designee shall establish training programs that are tailored to the unique needs of each of the following groups: <ul style="list-style-type: none"> ○ Any person who may potentially administer an emergency opioid antagonist to a person exhibiting the signs of an overdose; ○ Prescribers; ○ Dispensers, including pharmacists; ○ Laypeople and bystanders; ○ Educational institutions and universities; ○ First responders, peace officers, school personnel; ○ Correctional setting staff; and ○ Community-based organizations.
Co-prescription requirements	Not addressed by statute

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Entities required to offer overdose reversal agents to certain individuals	<ul style="list-style-type: none"> • At all correctional and detention settings, on the day of an individual's release from the correctional or detention setting, correctional and detention staff are required to: <ul style="list-style-type: none"> ○ Offer an emergency opioid antagonist; ○ Provide the individual with instructions on the use of emergency opioid antagonists in the form of a written pamphlet or other accessible instructional materials for an individual with a disability; ○ Require the individual to sign a written form indicating that they have been given the opportunity to receive an emergency opioid antagonist; and ○ Provide the individual with information regarding where and how to obtain additional emergency opioid antagonist doses locally. • When offering an emergency opioid antagonist to a soon-to-be-released incarcerated individual, the individual shall be given as much of the emergency opioid antagonist as they request and is available at the correctional setting.
Requirements placed on insurers	Not addressed by statute
Overdose reversal agents in schools	<ul style="list-style-type: none"> • All public educational institutions or universities within Guam shall make the following information available to both public educational institutions and universities: <ul style="list-style-type: none"> • The importance of emergency opioid antagonists in preventing deaths from opioid overdose; • How to recognize the signs and symptoms of a drug overdose; • The essential steps in responding to a drug overdose; • Where to obtain emergency opioid antagonists throughout Guam; • De-stigmatizing the possession of an emergency opioid antagonist; and • Guam laws limiting a person's civil and criminal liability for prescribing; dispensing, distributing, or administering emergency opioid antagonists; and • Any applicable educational institution policies and guidelines regarding medical amnesty for students who administer an emergency opioid antagonist or contact law enforcement for people experiencing a suspected overdose.

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Overdose reversal agents in schools (continued)	<ul style="list-style-type: none"> • Private schools and universities. Any private school or university within Guam may: <ul style="list-style-type: none"> • Possess or stock emergency opioid antagonist subject to the exact requirements provided in this section for public educational institutions; and • Take part in training offered through the Guam Behavioral Health and Wellness Center or its designee or a recognized online training course.
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	Not addressed by statute
Express reference to overdose reversal agent vending machines	None
Other provisions of note	<ul style="list-style-type: none"> • All correctional and detention settings shall make the following information available to both correctional staff and incarcerated individuals: <ul style="list-style-type: none"> ○ The importance of emergency opioid antagonists in preventing deaths from opioid overdoses; ○ How to recognize the signs and symptoms of a drug overdose; ○ The essential steps in responding to a drug overdose; ○ Where to obtain emergency opioid antagonists throughout Guam; ○ De-stigmatizing the possession of an emergency opioid antagonist; and ○ Guam laws limiting a person's civil and criminal liability for prescribing, distributing, or administering emergency opioid antagonists. • Staff members, employees, and volunteers of Guam correctional settings may take part in training offered pursuant to § 16108. • All correctional and detention settings are hereby authorized to possess, stock, dispense, and administer emergency opioid antagonists on their premises and shall keep emergency opioid antagonists in stock pursuant to the prisoner release program.

<u>GUAM</u>	
Other provisions of note (continued)	<ul style="list-style-type: none"> • All correctional and detention settings shall designate a risk management officer to oversee the possession, stocking, or administration of emergency opioid antagonists on its premises. • A pharmacy, wholesaler, or manufacturer may furnish naloxone or other opioid antagonists to law enforcement agencies if both of the following are met: <ul style="list-style-type: none"> • The naloxone or other opioid antagonist is furnished exclusively for use by employees of the law enforcement agency who have completed training in administering naloxone or other opioid antagonists. • Records regarding the acquisition and disposition of naloxone or other opioid antagonists furnished pursuant to this section shall be maintained by the law enforcement agency for a period of three years from the date the records were created. The law enforcement agency shall be responsible for monitoring the supply of naloxone or other opioid antagonists and ensuring the destruction of expired naloxone or other opioid antagonists.
Recently proposed legislation	None

<u>NORTHERN MARIANA ISLANDS</u>	
Statute(s) and effective date(s)	The territory has no laws related to naloxone access.
Initial effective date(s)	N/A
Term(s) used	N/A
Substantive amendment(s) to law(s)	N/A
Standing order	N/A
Express reference to over-the-counter overdose reversal agents	N/A
People who can prescribe	N/A
Prescriber immunity	N/A
People who can dispense or distribute	N/A
Dispenser immunity	N/A
People who can receive or administer (“laypersons”)	N/A
Layperson possession without prescription	N/A
Layperson administration	N/A
Layperson immunity	N/A
Training and education requirements	N/A
Co-prescription requirements	N/A
Entities required to offer overdose reversal agents to certain individuals	N/A
Requirements placed on insurers	N/A
Overdose reversal agents in schools	N/A

<u>NORTHERN MARIANA ISLANDS</u>	
Locations suggested or required to keep overdose reversal agents on premises	N/A
Dispensing or administration reported to PDMP	According to information from PDMP/TTAC, Northern Mariana Island tracks naloxone dispensing within the territory PDMP. ⁶⁷ LAPPa did not locate a statute directing this reporting.
Express reference to overdose reversal agent vending machines	N/A
Other provisions of note	N/A
Recently proposed legislation	None

⁶⁷ “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed December 2024, https://www.pdmpassist.org/pdf/state_summaries/Northern_Mariana_Islands_Summary_Profile.pdf.

<u>PUERTO RICO</u>	
Statute(s) and effective date(s)	2021 PUERTO RICO LAWS ACT 035 (P. del S. 71) (opioid overdose prevention act)
Term(s) used	Naloxone; opioid overdose antidote
Substantive amendment(s) to law(s)	N/A
Standing order	On March 19, 2019, Puerto Rico’s Department of Health announced that naloxone can be sold without a prescription. ^{68,69}
Express reference to over-the-counter overdose reversal agents	None
People who can prescribe	Non-profit organization, pharmacist, or health professionals acting under a standing order.
Prescriber immunity	A healthcare 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 healthcare 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.
People who can dispense or distribute	Non-profit organizations, whose purpose is of a health or community nature by means of a standing order.
Dispenser immunity	Not addressed by statute
People who can receive or administer (“laypersons”)	A member of law enforcement, emergency services, or first responders.
Layperson possession without prescription	Not addressed by statute
Layperson administration	Not addressed by statute

⁶⁸ “Puerto Rico approves sale of naloxone amid opioid crisis,” *AP News*, March 19, 2019, <https://apnews.com/55be38ac4fa44016853deb617d841ae0>.

⁶⁹ The administrative order is located at salud.gov.pr, [here](#).

<u>PUERTO RICO</u>	
Layperson immunity	<ul style="list-style-type: none"> • 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. • 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.
Training and education requirements	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.
Co-prescription requirements	Not addressed by statute
Entities required to offer overdose reversal agents to certain individuals	Not addressed by statute
Requirements placed on insurers	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.
Overdose reversal agents in schools	Not addressed by statute
Locations suggested or required to keep overdose reversal agents on premises	Not addressed by statute
Dispensing or administration reported to PDMP	No
Express reference to overdose reversal agent vending machines	None

<u>PUERTO RICO</u>	
Other provisions of note	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.
Recently proposed legislation	None

<u>U.S. VIRGIN ISLANDS</u>	
Statute(s) and effective date(s)	The territory does not have any laws related to naloxone access.
Initial effective date(s)	N/A
Term(s) used	N/A
Substantive amendment(s) to law(s)	N/A
Standing order	N/A
Express reference to over-the-counter overdose reversal agents	N/A
People who can prescribe	N/A
Prescriber immunity	N/A
People who can dispense or distribute	N/A
Dispenser immunity	N/A
People who can receive or administer (“laypersons”)	N/A
Layperson possession without prescription	N/A
Layperson administration	N/A
Layperson immunity	N/A
Training and education requirements	N/A
Co-prescription requirements	N/A
Entities required to offer overdose reversal agents to certain individuals	N/A
Requirements placed on insurers	N/A
Overdose reversal agents in schools	N/A

<u>U.S. VIRGIN ISLANDS</u>	
Locations suggested or required to keep overdose reversal agents on premises	N/A
Dispensing or administration reported to PDMP	N/A
Express reference to overdose reversal agent vending machines	N/A
Other provisions of note	N/A
Recently proposed legislation	None

<u>RECENT STATE LEGISLATION</u>	
State/Bill Number/Status	Description
<p><u>Arizona</u> S.B. 1655, 56th Leg., 2nd Reg. Sess. (Ari. 2024) (held in house).</p>	<p>This bill would require naloxone to be accessible at each sober living home.</p>
<p><u>California</u> A.B. 3271, 2023-2024 Leg., Reg. Sess. (Cal. 2024) (died in committee).</p>	<p>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.</p>
<p><u>California</u> A.B. 1915, 2023-2024 Leg., Reg. Sess. (Cal. 2024) (died in committee).</p>	<p>This bill would amend CAL. EDUC. CODE § 49414.3 to require school districts, county offices of education, and charter 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. The bill would require the naloxone hydrochloride or another opioid antagonist to be located on campus in at least one of several specified locations.</p> <p>This bill would establish CAL. EDUC. CODE § 49478 which would require the State Department of Public Health to develop an opioid overdose training program and program toolkit, as defined, to be made available to public high schools for public high school pupils to be trained on how to identify and respond to an opioid overdose, including by administering a federally approved opioid overdose reversal medication, as provided. The bill would require the department, by July 1, 2026, to notify public high schools of the availability of the program toolkit. The bill would require the department to provide the program toolkit upon request to those public high schools that opt to host the program on their campuses and to consider making its representatives available to provide the training onsite at public schools upon request. The bill would require the department to campuses, and to collaborate with local, state, and national organizations, as provided, to provide pupils with integrated, comprehensive, accurate, and unbiased educational materials on opioid and drug overdose prevention, opioid and drug safety, and stigma reduction. The bill would require the department to collect, on an annual basis, data on the number of pupils participating in the program and to share this information with the Legislature.</p>

<u>RECENT STATE LEGISLATION</u>	
State/Bill Number/Status	Description
<p><u>California</u> A. 1060, 2023-2024 Leg., Reg. Sess. (Cal. 2023) (vetoed).</p>	<p>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 healthcare 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.</p>
<p><u>California</u> S.B. 641, 2023-2024 Leg., Reg. Sess. (Cal. 2023) (vetoed).</p>	<p>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.</p>
<p><u>California</u> A. 24, 2023-2024 Leg., Reg. Sess. (Cal. 2023) (bill died in committee).</p>	<p>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.</p>

<u>RECENT STATE LEGISLATION</u>	
State/Bill Number/Status	Description
<p><u>Colorado</u> H.B. 1164, 74th Gen. Assemb., 1st Reg. Sess. (Colo. 2023) (postponed indefinitely).</p>	<p>The bill would create 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.</p>
<p><u>Connecticut</u> S.B. 274, 2024 Gen. Assemb., Feb. Sess. (Conn. 2024) (bill died upon legislature's adjournment).</p>	<p>This bill would require the social services and insurance commissioners, in consultation with the public health and Department of Mental Health commissioners, to develop a plan to require Medicaid and private insurance coverage for opioid antagonists for patients prescribed an opioid when discharged from a hospital. The commissioners must report on the plan to the General Law, Human Services, Insurance, and Public Health committees by January 1, 2025.</p>
<p><u>Florida</u> H.B. 1475, 2024 Leg., Reg. Sess. (Fla. 202) (died in committee); S.B. 1574, 2024 Leg., Reg. Sess. (Fla. 2024) (died in committee).</p>	<p>This bill would prohibit a utilization review entity or health insurer from requiring prior authorization for the provision of medications for opioid use disorder.</p>
<p><u>Georgia</u> H.B. 1035, 2023-2024 Leg. Sess. (Ga. 2024) (died in committee).</p>	<p>This bill would amend GA. CODE ANN § 26-4-89 (West 2024), to exclude the sale and supply of naloxone from criminal prohibition on selling drugs by pharmacy through vending machine.</p>

<u>RECENT STATE LEGISLATION</u>	
State/Bill Number/Status	Description
<p><u>Georgia</u> H.B. 1306, 2023-2024 Leg. Sess. (Ga. 2024) (bill died upon legislature's adjournment).</p>	<p>This bill would require each high school to adopt a policy authorizing any student or other individual to possess an opioid antagonist while on school property during all school hours and during any school related function, including athletic practices, athletic competitions, and other occasions where students and others will be present. Such policy shall include that any student or individual in possession of an opioid antagonist may administer such opioid antagonist to another student or individual believed to be experiencing an opioid related overdose.</p> <p>In the event of administration of an opioid antagonist in accordance with a policy established pursuant to this Code section, the student or other individual who administered the opioid antagonist in good faith shall not be liable for any civil damages for such act, pursuant to § 51-1-29; provided, however, that good faith shall not include willful misconduct, gross negligence, or recklessness.</p>
<p><u>Hawaii</u> S.C.R. 113, 32nd Leg. Reg. Sess. (Haw. 2024) (bill died in committee); H.C.R. 64, 32nd Leg. Reg. Sess. (Haw 2024) (bill died in committee).</p>	<p>This concurrent resolution would urge the Department of Education to supply every classroom with Narcan or another type of naloxone by September 1, 2024.</p>
<p><u>Hawaii</u> H.B. 2253, 32nd Leg., Reg. Sess. (Haw. 2023) (bill passed both houses of congress but died upon legislature's adjournment).</p>	<p>This bill would authorize the Department of Health to require all restaurants and hotel establishments to maintain an inventory of an opioid antagonist. Expressly permit law enforcement officers to carry an opioid antagonist while on duty. Require funds for the purchase of opioid antagonists used by law enforcement officers employed by a county to be paid for using county funds. Clarify that emergency personnel and first responders may administer an opioid antagonist to an individual experiencing an opioid-related drug overdose. An earlier version of this bill would have required all law enforcement officers to carry an opioid antagonist while on-duty.</p>
<p><u>Idaho</u> S.B. 1455, 67th Leg. 2nd Reg. Sess. (Idaho 2024) (approved April 8, 2024)</p>	<p>This bill requires the Opioid Response Grant money for naloxone to be used only to supply first responders for distribution in the state of Idaho.</p>

<u>RECENT STATE LEGISLATION</u>	
State/Bill Number/Status	Description
<p><u>Illinois</u> H.B. 5509, 103rd Gen. Assemb. 2nd Leg. Sess. (Ill. 2024) (died upon legislature's adjournment).</p>	<p>This bill would amend the Regional Transportation Authority Act. It would provide that all Commuter Rail Board trains shall carry naloxone or another opioid antagonist in case of an emergency. Provide that the opioid antagonist shall be stored in easily accessible places throughout the train cars. Provides that train conductors or others trained in the use of opioid antagonists are the only people authorized to administer the medication. Provide that the Commuter Rail Board shall adopt rules to implement the provisions. Amend the Good Samaritan Act. Provide that a Commuter Rail Board train conductor or other individual trained in the use and administration of opioid antagonists who in good faith dispenses or administers an opioid antagonist under the provisions in the Regional Transportation Authority Act is not liable for civil damages as a result of the conductor's or other individual's acts or omissions, except for willful or wanton misconduct on the part of the conductor or other individual, in dispensing or administering the opioid antagonist.</p>
<p><u>Illinois</u> H.B. 5569, 103rd Gen. Assemb. 2nd Leg. Sess. (Ill. 2024) (died upon legislature's adjournment).</p>	<p>This bill would amend the University of Illinois Hospital Act. Require the University of Illinois Hospital to provide patients who overdose or have symptoms of opioid use disorder with an opioid antagonist upon discharge. Amend the Hospital Licensing Act. Require hospitals licensed under the Act to provide patients who overdose or have symptoms of opioid use disorder with an opioid antagonist upon discharge.</p>
<p><u>Illinois</u> S.B. 3210, 103rd Gen. Assemb. 2nd Leg. Sess. (Ill. 2024) (died upon legislature's adjournment).</p>	<p>This bill would create the Opioid Antagonist Bulk Purchase Fund (Fund). Provide that the Fund is created as a special fund in the State treasury. The Fund may receive gifts, grants, bequests, donations, and money from any other source, public or private.</p>
<p><u>Illinois</u> H.B. 4294, 103rd Gen. Assemb., 2nd Leg. Sess. (Ill. 2024) (died upon legislature's adjournment).</p>	<p>This bill would require that, in accordance with a standing order by a physician licensed to practice medicine in all its branches or a standing order by the Department of Public Health, a pharmacist may provide a school district, public school, charter school, or nonpublic school with undesignated epinephrine injectors, asthma medication, glucagon, and opioid antagonists for the use by the school district, public school, charter school, or nonpublic school under the School Code.</p>

<u>RECENT STATE LEGISLATION</u>	
State/Bill Number/Status	Description
<p><u>Indiana</u> H.B. 1227, 132nd Gen. Assemb., Reg. Sess., (Ind. 2024) (died at legislature’s adjournment).</p>	<p>This bill would require schools to fill a statewide standing order for naloxone nasal spray and to store the naloxone nasal spray in a location in the school that is readily accessible for use by a school nurse or by a school employee who has received appropriate training.</p>
<p><u>Indiana</u> H.B. 1083, 132nd Gen. Assemb., Reg. Sess., (Ind. 2024) (died upon legislature’s adjournment).</p>	<p>This bill would provide that a local health department may, in consultation with the executive of a unit or a library board, establish one or more community emergency cabinets within a unit or public library. The emergency cabinet may include naloxone nasal spray.</p>
<p><u>Iowa</u> H.F. 2296, 90th Gen. Assemb., 2024 Sess. (Iowa 2024) (died upon legislature’s adjournment).</p>	<p>This bill would add provision to § 135.190 (1) defining “harm reduction vending machine” and (2) requiring the chief medical officer for the department of health to issue a standing order for the purpose of dispensing opioid antagonists through harm reduction vending machines.</p>
<p><u>Kansas</u> H.B. 2709, 90th Leg., Reg. Sess. (Kan. 2024) (died in committee).</p>	<p>This bill would have created Fentanyl Awareness Week in public schools, requiring education about the dangers of fentanyl and other opioids. During the week, students would engage in age-appropriate lessons to include education on over-the-counter opioid antagonist medications and how such medications are administered.</p>
<p><u>Maryland</u> H.B. 1268, 446th Gen. Assemb., Reg. Sess. (Md. 2024) (died upon legislature’s adjournment).</p>	<p>This bill would require the State Board of Education, county boards of education, and institutions of higher education in the State to update certain drug addiction and prevention education programs to include information on the mitigating effects of naloxone or other opioid overdose-reversing medication, authorized possession by certain individuals, and immunity from liability; providing that it is the intent of the General Assembly that certain policies be funded from a certain source; and generally relating to policies on naloxone and other opioid overdose-reversing medication by educational institutions.</p>
<p><u>Maryland</u> H.B. 1121, 446th Gen. Assemb., Reg. Sess. (Md. 2024) (died upon legislature’s adjournment).</p>	<p>This bill would require a licensed healthcare provider who prescribes or dispenses an opioid or an opioid overdose reversal drug, to provide certain information to the individual receiving the prescription; authorizing a pharmacist to comply with the requirement by posting the information in a conspicuous location; and generally relating to opioids and opioid overdose reversal drugs.</p>

<u>RECENT STATE LEGISLATION</u>	
State/Bill Number/Status	Description
<p><u>Maryland</u> H.B. 736, 446th Gen. Assemb., Reg. Sess. (Md. 2024) (withdrawn by sponsor); S.B. 497, 446th Gen. Assemb., Reg. Sess. (Md. 2024) (withdrawn by sponsor).</p>	<p>This bill would require the Maryland Medical Assistance Program and certain insurers, nonprofit health service plans, and health maintenance organizations to cover nonprescription naloxone hydrochloride and any other drug or product that is approved by the federal Food and Drug Administration for the complete or partial reversal of an opioid overdose without imposing a copayment or coinsurance requirement that exceeds \$10 per package.</p>
<p><u>Massachusetts</u> H.B. 4758, 193rd Gen. Assemb., Reg. Sess. (Mass. 2024) (pending in committee; recommend passage as of December 2024).</p>	<p>This bill would amend numerous statutes to require coverage of opioid antagonists by commonwealth retirement plans, private insurers, and Medicaid; prohibit insurers to make a distinction for coverage based on the purchase or prescription of opioid antagonist; require every pharmacy in an area deemed to have “high incidence” of opiate overdose to maintain an adequate supply of opioid antagonist including to be sold over the counter.</p>
<p><u>Massachusetts</u> S.B. 2898, 193rd Gen. Assemb., Reg. Sess. (Mass. 2024) (pending in committee).</p>	<p>This bill is almost identical to H.B. 5143, however it is entitled “An act relative to accessing harm reduction initiatives.”</p>
<p><u>Massachusetts</u> S.B. 2680, 193rd Gen. Assemb., Reg. Sess. (Mass. 2024) (pending in committee).</p>	<p>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.</p>
<p><u>Massachusetts</u> S.B. 2555, 193rd Gen. Assemb., Reg. Sess. (Mass. 2024) (pending in committee).</p>	<p>This bill would require pharmacies to report to the department of public health if their supply of naloxone nasal spray is insufficient.</p>
<p><u>Massachusetts</u> 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).</p>	<p>This bill would require the Massachusetts Bay Transportation Authority to create and administer an 18-month pilot program providing for placement of accessible naloxone at all Massachusetts Bay Transportation Authority Red Line stations.</p>

<u>RECENT STATE LEGISLATION</u>	
State/Bill Number/Status	Description
<p><u>Massachusetts</u> S.B. 667, 193rd Gen. Assemb., Reg. Sess. (Mass. 2023) (died in committee); H.B. 1142, 193rd Gen. Assemb., Reg. Sess. (Mass. 2023) (died in committee).</p>	<p>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.</p>
<p><u>Massachusetts</u> 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).</p>	<p>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.</p>
<p><u>Massachusetts</u> S.B. 1274, 193rd Gen. Assemb., Reg. Sess. (Mass. 2023) (pending in committee).</p>	<p>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.</p>
<p><u>Michigan</u> H.B. 5077, 102nd Leg., Reg. Sess. (Mich. 2024) (passed senate, awaiting signature); H.B. 5078, 102nd Leg., Reg. Sess. (Mich. 2024) (passed senate, awaiting signature).</p>	<p>These bills would amend the Administration of Opioid Antagonists Act and the Public Health Code, respectively, to expand the ability of certain agencies to distribute drugs (such as Narcan) that can reverse the effects of an opioid overdose. These bills would authorize an agency to obtain opioid antagonists by means other than purchase and specifically allow an agency or its employee or agent to directly or indirectly distribute the opioid antagonist to any individual (i.e., not just to administer it).</p>
<p><u>Michigan</u> H.B. 1157, 102nd Leg., Reg. Sess. (Mich. 2024) (died upon legislature's adjournment).</p>	<p>This bill would have expanded the ability of a pharmacist to dispense and distribute an opioid antagonist to a community-based organization.</p>

<u>RECENT STATE LEGISLATION</u>	
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<p><u>Michigan</u> H.B. 542, 102nd Leg., Reg. Sess. (Mich. 2024) (pending in committee).</p>	<p>This bill would create a new act to provide that, if the Department of Health and Human Services (DHHS) distributes an opioid antagonist (such as Narcan) for free to a governmental entity or another individual or entity, DHHS must allow that individual or entity to choose the formulation, delivery device, method of administering, or dosage of the opioid antagonist they will receive.</p>
<p><u>Minnesota</u> S.F. 4832, 93rd. Leg., 2nd Sess. (Minn. 2024) (died upon legislature's adjournment); H.F. 4764, 93rd. Leg., 2nd Sess. (Minn. 2024) (died upon legislature's adjournment).</p>	<p>This bill would require the commissioner of health to allow hospitals to obtain opiate antagonists through the web-based portal for distribution of opiate antagonists that is administered by the commissioner; and that a hospital may distribute the opiate antagonists obtained through the portal to a patient upon discharge.</p>
<p><u>Minnesota</u> H.F. 3590, 93rd. Leg., 2nd Sess. (Minn. 2024) (died upon legislature's adjournment); S.F. 3484, 93rd. Leg., 2nd Sess. (Minn. 2024) (died upon legislature's adjournment).</p>	<p>This bill would require nasal opiate antagonists to be included in first aid kits for school buses, athletic coaches, or athletic trainers. School bus first aid kits would require one dose of a nasal opiate antagonist whenever the school bus is transporting students. First aid kits for athletic trainers and coaches would require at least one dose of a nasal opiate antagonist during athletic practices and competitions.</p>
<p><u>Minnesota</u> H.F. 3954, 93rd. Leg., 2nd Sess. (Minn. 2024) (died at legislature's adjournment); S.F. 3973 93rd. Leg., 2nd Sess. (Minn. 2024) (died upon legislature's adjournment).</p>	<p>This bill would revise the sober home requirements for storing opiate antagonists to require them to be placed in a conspicuous location.</p>
<p><u>Minnesota</u> S.F. 5480, 93rd. Leg., 2nd Sess. (Minn. 2024) (died upon legislature's adjournment); H.F. 5400, 93rd. Leg., 2nd Sess. (Minn. 2024) (died upon legislature's adjournment).</p>	<p>This bill would require postsecondary institutions to maintain a supply of opiate antagonists on all system campuses.</p>
<p><u>Missouri</u> H.B. 1852, 102nd Leg., 2nd Sess. (Mo. 2024) (died upon legislature's adjournment).</p>	<p>This bill would require at least 36 minutes of instruction in preventing opioid use and training in naloxone administration. The bill would also increase public access and immunity for storing naloxone for public use and allows school districts to develop and implement a program for education on administration of naloxone.</p>

<u>RECENT STATE LEGISLATION</u>	
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<p><u>Missouri</u> H.B. 1997, 102nd Leg., 2nd Sess. (Mo. 2024) (died upon legislature’s adjournment).</p>	<p>This bill would require the Department of Higher Education and Workforce Development to consult and collaborate with the Department of Health and Senior Services (DHSS) to implement requirements for each two-year and four-year state supported institution of higher education to provide an opioid overdose rescue kit before January 1, 2025. The rescue kits must contain Narcan, Naloxone, or a similar medication approved by DHSS and the US Food and Drug Administration. The kit's location must be registered with campus police. Specific required locations and inspection routines are provided in the bill. The bill requires that institutions provide training during freshman student orientation programs and additional programs developed by DHSS.</p>
<p><u>Nebraska</u> L.B. 1355, 108th Leg., 2nd Sess. (Neb. 2024) (approved without pertinent language April 2024).</p>	<p>This bill would require the department of health to establish local programs to provide grants which may be used to facilitate prevention efforts including the use of naloxone nasal spray.</p>
<p><u>Nebraska</u> L.B. 307, 108th Leg., 2nd Sess. (Neb. 2024) (passed both houses and was vetoed by the governor).</p>	<p>This bill would allow cities and municipalities to authorize syringe services programs to operate within their boundaries. The programs would have been required to offer naloxone or information on how to obtain naloxone.</p>
<p><u>Nebraska</u> L.B. 795, 108th Leg., Reg. Sess. (Neb. 2023) (bill died upon legislature’s adjournment).</p>	<p>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.”</p>
<p><u>New Jersey</u> A. 3932, 221st Leg., Reg. Sess. (N.J. 2024) (died upon legislature’s adjournment).</p>	<p>This bill would require the New Jersey Transit Corporation to establish a pilot program to supply certain light rail train sets with opioid antidotes. It would also appropriate \$100,000 to fund the pilot program.</p>
<p><u>New Jersey</u> S. 602, 221st Leg., Reg. Sess. (N.J. 2024) (died upon legislature’s adjournment).</p>	<p>This bill would allow school nurses to administer naloxone in the event of an opioid overdose while on school property.</p>
<p><u>New Jersey</u> A.2869, 221st Leg., Reg. Sess. (N.J. 2024) (died upon legislature’s adjournment).</p>	<p>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.</p>

<u>RECENT STATE LEGISLATION</u>	
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<p><u>New Jersey</u> A.3300, 221st Leg., Reg. Sess. (N.J. 2024) (died upon legislature's adjournment).</p>	<p>This bill would create the "HOPE Initiative Act," establishing a public awareness campaign to educate citizens about the dangers of opioids and addiction. The campaign would highlight the availability of naloxone as a means to avert death and identify pathways for members of the public to obtain naloxone.</p>
<p><u>New Jersey</u> A 4699, 221st Leg., Reg. Sess. (N.J. 2024) (died upon legislature's adjournment); S 2803, 221st Leg., Reg. Sess. (N.J. 2024) (died upon legislature's adjournment); A 3224, A 911, S. 186 are similar bills.</p>	<p>This bill would require an institution of higher education to obtain a supply of naloxone hydrochloride nasal spray to be placed near an automated external defibrillator required by the provisions of the bill in a secure and easily accessible location with an appropriate identifying sign for the purpose of responding to an opioid overdose emergency. The naloxone hydrochloride nasal spray is to be maintained by the institution in quantities and types deemed adequate by the governing board of the institution in consultation with the Commissioner of Human Services.</p> <p>The bill would require an institution of higher education to 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.</p> <p>Finally, the bill would provide that an institution of higher education, licensed campus medical professional, member of the higher education community designated to administer naloxone hydrochloride nasal spray by the provisions of the bill, pharmacist, or an authorized healthcare practitioner who issues a standing order for naloxone hydrochloride nasal spray to an institution of higher education is not to be held liable for any good faith act or omission consistent with the provisions of the bill.</p>
<p><u>New Jersey</u> S. 3872, 221st Leg., Reg. Sess. (N.J. 2024) (died upon legislature's adjournment).</p>	<p>This bill would prohibit the Division of Purchase and Property from entering into any contract for the purchase of opioid antagonists or issue a request for proposals from any entity for the procurement of an opioid antagonist if that entity has been a party to any settlement with any state over legal claims against the entity for their role in the opioid epidemic.</p>

<u>RECENT STATE LEGISLATION</u>	
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<p><u>New Jersey</u> A. 284, 221st Leg., Reg. Sess. (N.J. 2024) (died upon legislature's adjournment); S. 2017, 221st Leg., Reg. Sess. (N.J. 2024) (died upon legislature's adjournment); A. 1861 is a similar bill.</p>	<p>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.</p>
<p><u>New Jersey</u> A. 1417, 221st Leg., Reg. Sess. (N.J. 2024) (died upon legislature's adjournment); S. 2262, 221st Leg., Reg. Sess. (N.J. 2024) (died upon legislature's adjournment).</p>	<p>This bill would amend § 24:6J-4 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.</p>
<p><u>New Jersey</u> S.R. 25 221st Leg., Reg. Sess. (N.J. 2024) (died upon legislature's adjournment).</p>	<p>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.</p>

<u>RECENT STATE LEGISLATION</u>	
State/Bill Number/Status	Description
<u>New Mexico</u> S.B. 219, 56 th leg. 2 nd Sess. (N.M. 2024), (pending in committee).	This bill would appropriate \$1,000,000 to the public education department for the purpose of making naloxone available in high schools.
<u>New Mexico</u> S.B. 231, 56 th leg. 2 nd Sess. (N.M. 2024), (pending in committee).	This bill would require schools to provide education on administration of an opioid antagonist to all children in sixth through eighth grade. The materials must be provided in English and Spanish.
<u>New York</u> A. 10598, 246 th Leg., Reg. Sess. (N.Y. 2024) (pending in committee); A. 9064 246 th Leg., Reg. Sess. (N.Y. 2024) is a similar bill.	This bill would allow junior high school grades and senior high school grades to be instructed in drug and alcohol use and recovery, including risk mitigation and harm reduction, including abstinence and responding to overdose with the use of opioid antagonists.
<u>New York</u> A. 10715, 246 th Leg., Reg. Sess. (N.Y. 2024) (pending in committee); A. 9041, 246 th Leg., Reg. Sess. (N.Y. 2024) is a similar bill.	This bill would require that every vehicle operated by the public transit authority contain opioid antagonists and for public transit authorities to train employees on the proper use of opioid antagonists.
<u>New York</u> A. 8075, 246 th Leg., Reg. Sess. (N.Y. 2024) (passed house, pending in senate); S. 8991, 246 th Leg., Reg. Sess. (N.Y. 2024) (pending in committee).	This bill would amend the Mental Hygiene Law to require the Department of Health to make available any formulation and dosage of opioid reversal agents that are approved by the Federal Food and Drug Administration. The department shall cover the cost of any formulation and/or dosage of any federal food and drug administration approved nasal naloxone product. Any other product where the cost exceeds that of the highest priced nasal naloxone product, that cost overrun shall be borne by the purchaser.
<u>New York</u> A. 10406, 246 th Leg., Reg. Sess. (N.Y. 2024) (pending in committee).	This bill would require certain entities to stock opioid antagonists and to store them in and around automated external defibrillators.
<u>New York</u> S. 1872, 246 th Leg., Reg. Sess. (N.Y. 2023) (pending in committee); A. 206, 246 th 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.

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<u>New York</u> A. 1773, 246 th Leg., Reg. Sess. (N.Y. 2023) (pending in committee); S. 9583, 246 th Leg., Reg. Sess. (N.Y. 202) (pending in committee).	This bill would require certain eligible people or entities to acquire and possess opioid antagonists for emergency treatment of a person appearing to experience an opioid-related overdose. Eligible people or entities would be required to possess at least two provisions of an opioid antagonist at all times.
<u>New York</u> A. 9063, 246 th Leg., Reg. Sess. (N.Y. 2024) (pending in committee); S. 8381, 246 th Leg., Reg. Sess. (N.Y. 2024) (pending in committee).	This bill would create the “Recovery Ready Workplace Act,” which would allow for a certification of workplaces who support people in recovery. A recovery ready workplace certification would require the business to provide access to and training on the use of naloxone.
<u>New York</u> A. 10193, 246 th Leg., Reg. Sess. (N.Y. 2024) (died in committee).	This bill would expand the state definition of opioid antagonist to include all forms and doses of naloxone approved by the FDA.
<u>New York</u> S. 9289, 246 th Leg., Reg. Sess. (N.Y. 2024) (pending in committee); A. 9984, 246 th Leg., Reg. Sess. (N.Y. 2024) (pending in committee).	This bill would expand the types of facilities who must maintain a supply of opioid antagonists to include sporting event centers, theaters, concert venues, and amusement parks.
<u>New York</u> S. 399, 246 th Leg., Reg. Sess. (N.Y. 2023) (pending in committee).	This bill relates to safe consumption sites. The bill would require any safe injection site approved to operate within the city to provide access to naloxone or referral to obtain naloxone.
<u>New York</u> A. 9841, 246 th Leg., Reg. Sess. (N.Y. 202) (pending in committee).	This bill would require physicians to counsel patients about the addictive properties of opioids as well as the use of naloxone in cases of opioid overdose.
<u>New York</u> A. 9789, 246 th Leg., Reg. Sess. (N.Y. 2024) (pending in committee).	This bill would clarify that the recipient of an opioid antagonist may distribute such opioid antagonist by leaving it behind at the site of a known or suspected overdose.
<u>New York</u> 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.

<u>RECENT STATE LEGISLATION</u>	
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<u>New York</u> A. 9688, 246 th Leg., Reg. Sess. (N.Y. 2024) (pending in committee); S. 8717, 246 th Leg., Reg. Sess. (N.Y. 2024) (passed senate).	This bill would allow for the certification of new innovative substance use disorder treatment providers. Those providers would be required to provide naloxone by prescription to dispensation.
<u>New York</u> A. 9595, 246 th Leg., Reg. Sess. (N.Y. 2024) (pending in committee).	This bill would require all trains operated by the public transit authority to maintain a supply of opioid antagonists and provide training in the use of opioid antagonists.
<u>New York</u> A. 8966, 246 th Leg., Reg. Sess. (N.Y. 2024) (pending in committee); S. 7815, 246 th Leg., Reg. Sess. (N.Y. 2024) (passed senate).	This bill would require all daycare facilities to maintain onsite opioid antagonists. The opioid antagonists shall remain out of reach of children and be accessible by every operator, program director, employee and assistant for use during emergencies to any individual on premises suspected of having an opioid overdose.
<u>New York</u> S. 5380, 246 th Leg., Reg. Sess. (N.Y. 2023) (pending in committee); A. 3798, 246 th Leg., Reg. Sess. (N.Y. 2023) (pending in committee).	This bill would allow emergency medical responders to provide first aid to dogs and cats, including administering naloxone.
<u>New York</u> S. 8140, 246 th Leg., Reg. Sess. (N.Y. 2024) (pending in committee).	This bill would require public residential buildings that receive funding through the department of housing and urban development or the division of housing and community renewal to have a supply of at least one dose of naloxone readily accessible for residential use as provided by OASAS.
<u>North Carolina</u> 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.
<u>North Carolina</u> H.B. 563, 2023 Gen. Assemb., Reg. Sess. (N.C. 2024) (passed both houses); H.B. 287, 2023 Gen. Assemb., Reg. Sess. (N.C. 2024) is a similar bill.	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.

<u>RECENT STATE LEGISLATION</u>	
State/Bill Number/Status	Description
<p><u>North Carolina</u> H.B. 999, 2023 Gen. Assemb., Reg. Sess. (N.C. 2024) (pending in committee); S.B. 801, 2023 Gen. Assemb., Reg. Sess. (N.C. 2024) (pending in committee).</p>	<p>This bill would require each public school unit to provide for a supply of emergency naloxone nasal spray on school property for use by trained school personnel to provide emergency medical aid to people suffering from an opioid or fentanyl emergency during the school day and at school-sponsored events on school property. Each school shall store in a secure, but unlocked and easily accessible location, a minimum of two boxes of 8 milligram naloxone containing a total of at least four nasal spray doses.</p>
<p><u>North Carolina</u> H.B. 263, 2023 Gen. Assemb., Reg. Sess. (N.C. 2023) (passed House, died upon legislature's adjournment).</p>	<p>This bill would allocate \$340,000 to local health departments to use for purchasing opioid antagonists. The health departments would then be required to distribute those supplies to all public schools. Any remaining money could then be used to continue to purchase opioid antagonists for distribution when initial school supply ran out.</p>
<p><u>Ohio</u> H.B. 230, 135th Leg., 2023-2024 Sess. (Ohio 2024) (pending in committee).</p>	<p>This bill would require all state institutions of higher learning to develop and implement an age appropriate and research-based education program regarding the dangers of fentanyl. The program shall include how to purchase and use naloxone in the case of an overdose emergency.</p>
<p><u>Ohio</u> S.B. 60, 135th Leg., 2023-2024 Sess. (Ohio 2024) (passed senate, pending in house committee); H.B. 97, 135th Leg., 2023-2024 Sess. (Ohio 2023) (pending in committee).</p>	<p>This bill would add certified mental health assistant to the list of professions authorized to prescribe overdose reversal drugs.</p>
<p><u>Ohio</u> H.B. 506, 135th Leg., 2023-2024 Sess. (Ohio 2024) (pending in committee).</p>	<p>This bill would require any school who elects to obtain overdose a supply of overdose reversal drugs to implement a policy regarding the supply's maintenance and use at each school operated by the district. It would also allow any school to accept donations for the purchase of overdose reversal drugs.</p>

<u>RECENT STATE LEGISLATION</u>	
State/Bill Number/Status	Description
<p><u>Oklahoma</u> S.B. 748, 2023 Leg., Reg. Sess. (Okla. 2023) (vetoed).</p>	<p>This bill would direct 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, healthcare 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.</p>
<p><u>Oklahoma</u> S.B. 1806, 59th Leg., 2nd. Sess. (Okla. 2024) (pending in committee).</p>	<p>This bill would authorize the Department of Mental Health and Substance Abuse Services to oversee the distribution of emergency opioid antagonists by state agencies, provided those agencies have entered an interagency agreement with the Department. Any agency or political subdivision receiving an opioid grand award for purchasing such antagonists must provide data requested by the Department, to include but not be limited to, geographic data and data on the entities receiving emergency opioid antagonists.</p>
<p><u>Oklahoma</u> S.B. 386, 2023 Leg., Reg. Sess. (Okla. 2023) (bill died upon legislature's adjournment).</p>	<p>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.</p>
<p><u>Oregon</u> H.B. 2833, 2023 Leg., Reg. Sess. (Or. 2023) (bill died upon legislature's adjournment).</p>	<p>This bill would direct 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.</p>

<u>RECENT STATE LEGISLATION</u>	
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<p><u>Oregon</u> H.B. 4081, 2023 Leg., Reg. Sess. (Or. 2023) (bill died upon legislature's adjournment).</p>	<p>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.</p>
<p><u>Pennsylvania</u> S.B. 1331, 208th Gen. Assemb. Reg. Sess. (Pa. 2024) (pending in committee); H.B. 1783, 208th Gen. Assemb. Reg. Sess. (Pa. 2024) (passed house, pending in senate committee).</p>	<p>This bill would create an overdose awareness public information campaign to include the development of posters that contain information on how to identify and respond to an overdose with opioid antagonists. The bill would also create a grant program focused on recovering from opioid addiction.</p>
<p><u>Pennsylvania</u> H.B. 2592, 208th Gen. Assemb. Reg. Sess. (Pa. 2024) (pending in committee).</p>	<p>This bill would require the secretary of health to review all new opioid antagonists that are approved by the FDA for inclusion in the statewide standing order.</p>
<p><u>Pennsylvania</u> H.B. 1021, 208th Gen. Assemb. Reg. Sess. (Pa. 2024) (passed house, pending in senate committee).</p>	<p>This bill would prohibit life insurance companies from denying, canceling or refusing to renew a life insurance policy based on the customer having a prescription for an opioid antagonist.</p>
<p><u>Pennsylvania</u> S.B. 1169, 208th Gen. Assemb. Reg. Sess. (Pa. 2024) (pending in committee).</p>	<p>This bill would require the department of health to create informational material and training programs covering how to identify and respond to overdose, including by the use of naloxone. The bill would also require co-prescribing of opioid antagonists with a prescription for opioids; require correctional institutions to maintain a supply of opioid antagonists and train their personnel in the use of opioid antagonists; require each public school and public institution of higher learning to maintain a supply of opioid antagonists and train their personnel in the use of opioid antagonists; and extend immunity for the administration of opioid antagonists during an overdose to include school staff.</p>

<u>RECENT STATE LEGISLATION</u>	
State/Bill Number/Status	Description
<u>Rhode Island</u> S. 2869, 2024 Leg. Reg. Sess. (R.I. 2024) (died upon legislature's adjournment).	This bill would require the director of the department of health to provide guidance to non- governmental employers and the public on acquiring opioid antagonist medication and training for its use. This act would additionally require the director of the department of administration to promulgate rules and regulations for state agencies and departments to acquire opioid antagonist medication and provide training on its use.
<u>Tennessee</u> H.B. 2438, 113rd Gen. Assemb., 2nd. Sess. (Tenn. 2024) (pending in committee); S.B. 2177, 113rd Gen. Assemb., 2nd. Sess. (Tenn. 2024) (pending in committee).	This bill would amend § 49-50-1604 to require, rather than authorize, schools to maintain a stock of an opioid antagonist.
<u>Texas</u> S.B. 556, 89th Leg., Reg. Sess. (Tex. 2024) (introduced for 2025 session); H.B. 1103, 89th Leg., Reg. Sess. (Tex. 2024) (introduced for 2025 session).	This bill would require residence halls at each institution of higher education to provide an opioid antagonist, train resident advisors on the proper use of opioid antagonists and provide for immunity for the administration of opioid antagonists.
<u>Texas</u> S.B. 216, 89th Leg., Reg. Sess. (Tex. 2024) (introduced for 2025 session).	This bill would require all peace officers to be trained on recognizing the signs of an opioid overdose and administering all types of opioid antagonists, including injectable and nasal opioid antagonist. It would also require a continuing education requirement on opioid overdoses for all law enforcement.
<u>Vermont</u> H. 705, 2023-2024 Leg. Reg. Sess. (Vt. 2024) (died upon legislature's adjournment).	This bill would require the Department of Health to create publicly available opioid overdose response training videos and to distribute opioid antagonists to businesses and organizations with a moderate to high likelihood of interfacing with a person experiencing an opioid overdose.
<u>West Virginia</u> S.B. 626, 86 th Leg. Reg. Sess. (W.V. 2024) (died upon legislature's adjournment).	This bill would have created an excise tax of one cent on the sale of all opioid antagonists and fentanyl test strips. The funds collected would be used in the form of a monetary reward to encourage citizens of the state to partner with law enforcement and participate in the solution to the trafficking of illicit substances.

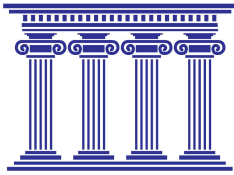
<u>RECENT STATE LEGISLATION</u>	
State/Bill Number/Status	Description
<p><u>Wisconsin</u> A.B. 1058, 106th Leg., Re. Sess. (Wis. 2024) (bill failed to pass assembly vote); S.B. 974, 106th Leg., Re. Sess. (Wis. 2024) (bill failed to pass assembly vote).</p>	<p>This bill would require a defendant to reimburse law enforcement for the cost involved in administering opioid antagonists at the time of arrest.</p>

ABOUT THE LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

The Legislative Analysis and Public Policy Association (LAPPA) 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 cutting edge model laws and up-to-the-minute comparative analyses, publications, educational brochures, and other tools that can be used by national, state, and local criminal justice and substance use disorder practitioners who want the latest comprehensive information on law and policy. Examples of topics on which LAPPA has assisted stakeholders include naloxone laws, treatment in emergency settings, alternatives to incarceration for those with substance use disorders, medication for addiction treatment in correctional settings, and syringe services programs.

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