

LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

# NALOXONE: SUMMARY OF STATE LAWS

JULY 2022



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# NALOXONE ACCESS: SUMMARY OF STATE LAWS

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## SUMMARY

Many opioid overdose deaths are preventable with the timely administration of an emergency opioid antagonist, like naloxone, an FDA-approved opioid overdose reversal medication, and the provision of emergency medical care. In an effort to save lives, states have implemented laws to make it easier for first responders and the general public to obtain naloxone. 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 naloxone, in good faith, in an emergency from civil and/or criminal liability.

The Legislative Analysis and Public Policy Association (LAPPA) has undertaken an extensive research project to determine the current status of naloxone access laws throughout the United States, including the District of Columbia and all U.S. territories. This edition of the summary has been updated to include recently enacted state laws on naloxone access as of July 2022. As of that date, all 50 states and the District of Columbia have some form of a naloxone access law. The laws vary significantly by jurisdiction. 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 naloxone access law currently in effect. This research looked at traditional naloxone access laws, such as which individuals or entities can prescribe, dispense, or administer naloxone and what forms of immunity, if any, the individual was provided for doing so. Additionally, the research identified the next generation of naloxone access laws including co-prescription requirements, requirements placed on insurers, and naloxone in schools. The detailed aspects of these laws include:

- Statutory or regulatory citation;<sup>1</sup>
- Initial effective date;
- Date and content of subsequent substantive amendment(s), if any;
- Term used to describe emergency opioid antagonists;<sup>2</sup>
- Standing order provisions, if any;
- People who can (1) prescribe, (2) dispense, and/or (3) administer naloxone;
- Immunity provided to people who (1) prescribe, (2) dispense, and/or (3) administer naloxone;
- Training and education requirements;
- Co-prescription requirements;
- Requirements placed on insurers;

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

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

- Naloxone in schools;
- Reporting naloxone dispensing and/or administration to prescription drug monitoring programs (PDMPs); and
- Other provisions of note.

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 below, followed by several maps showing many of the results in graphic form.<sup>3</sup>

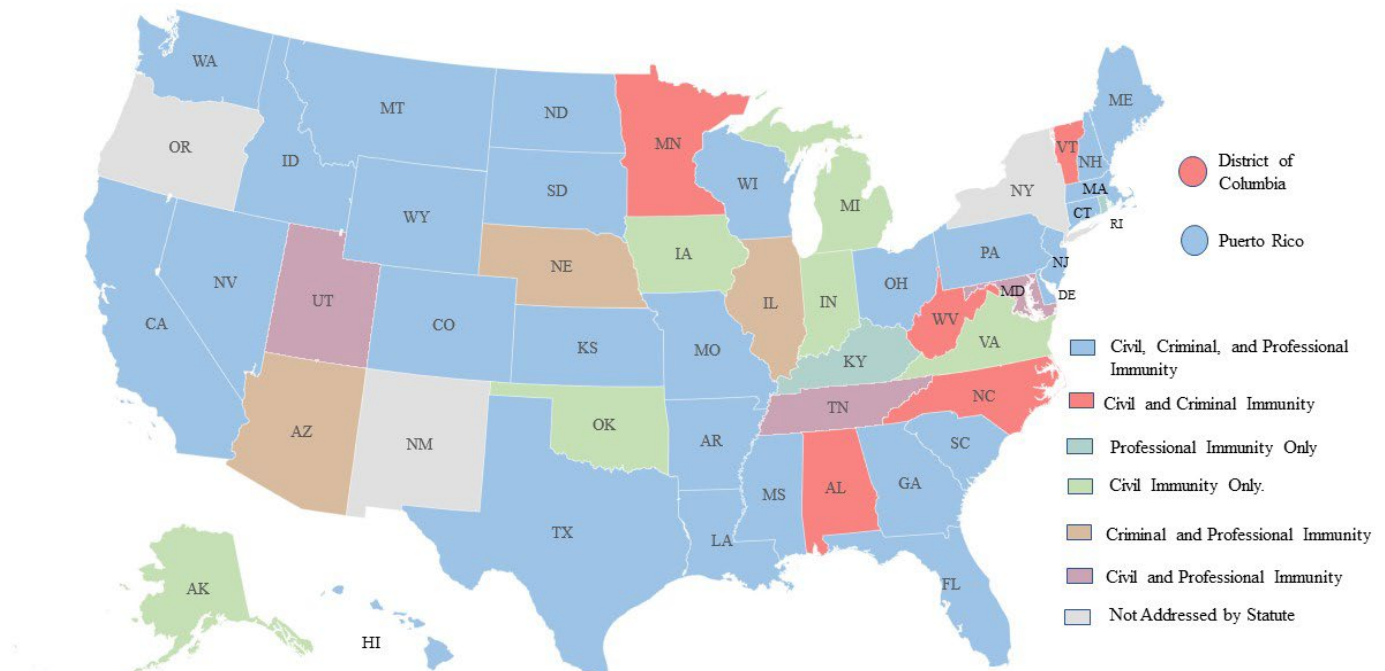
- Naloxone access laws were traditionally rooted in immunity provisions for individuals prescribing, dispensing, and/or administering naloxone. In general, states adopted these immunity provisions in the early 2010s. A few laws, such as those in California and Connecticut, date back several years earlier (2007 and 2003, respectively). Over time, many states amended the traditional aspects of naloxone access laws to expand their immunity protections.
- In general, states started enacting statutes concerning naloxone in schools, for insurance requirements, and for co-prescription requirements in 2018. These laws can be thought of as the “next generation” of naloxone access laws and some variation of these laws continues to be added by states. In 2018, 12 states added a statute pertaining to at least one of the “next generation” naloxone access laws, followed by 18 states in 2019, and five additional states through August 2020. In 2021, seven states passed laws that would be considered “next generation” laws. As of July 2022, five more states have passed “next generation” laws.
- In terms of the individuals that jurisdictions authorize to prescribe, dispense, and/or administer naloxone, 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 naloxone. Additionally, many jurisdictions require individuals to complete a naloxone training program before they can legally prescribe, dispense, distribute, and/or administer naloxone.

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

- Laws also vary in the level of immunity they provide to naloxone prescribers for any acts or omissions performed in good faith related to the prescribing of naloxone or the eventual administration of naloxone. Most states (28) offer immunity from civil liability, criminal liability, and professional disciplinary actions. Puerto Rico also offers immunity from civil, criminal, and professional liability. A total of five states and the District of Columbia only provide prescribers with immunity from civil and criminal liability, and 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, there are three states where prescriber immunity is not addressed in statute.

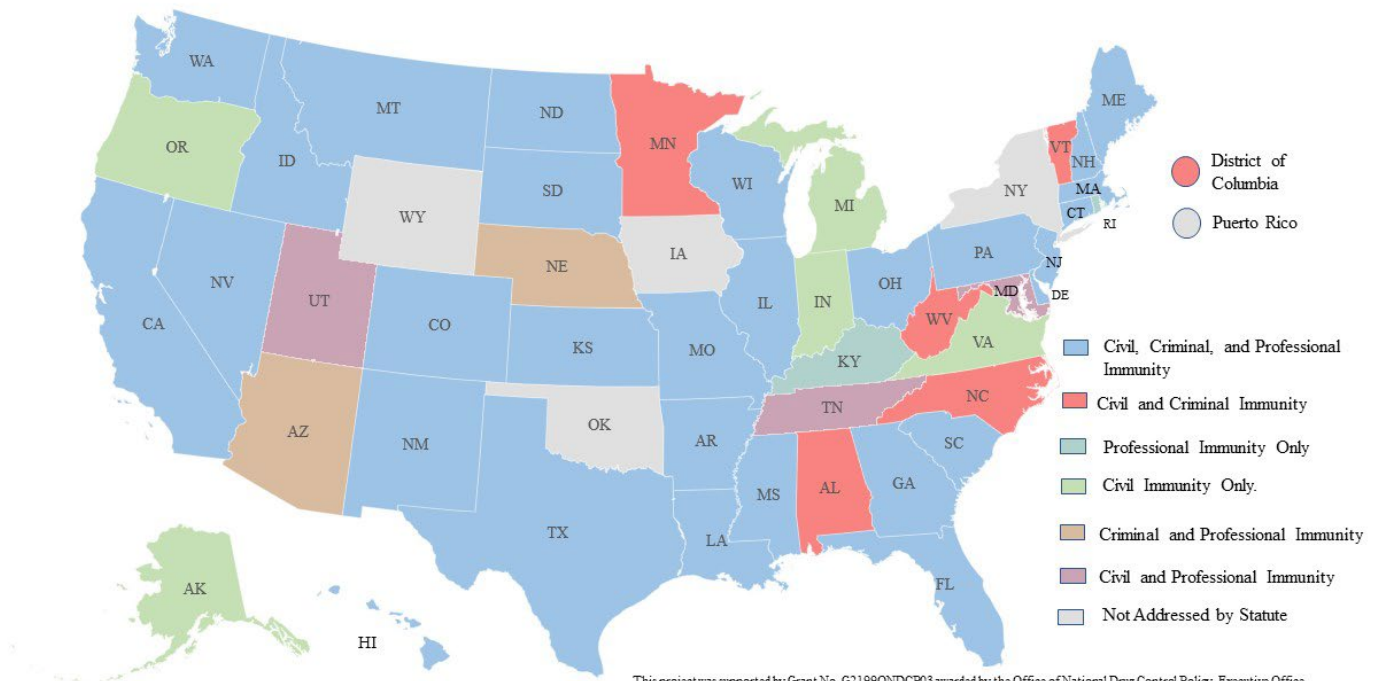
Naloxone Access Laws: Prescriber Immunity



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- Similar to the immunity provided to naloxone prescribers, the level of immunity provided to naloxone dispensers for any acts or omissions performed in good faith related to the dispensing of naloxone or the eventual administration of naloxone varies by state. Here again, most states (29) provide dispensers with immunity from civil liability, criminal liability, and professional disciplinary actions. A total of five states and the District of Columbia only provide dispensers with immunity from criminal and civil liability, and five states provide only civil immunity. The remaining states offer criminal and professional immunity (two states), professional disciplinary immunity only (three states), and civil and professional immunity (two states). Finally, four states and Puerto Rico do not address dispenser immunity in statute.

Naloxone Access Laws: Dispenser Immunity



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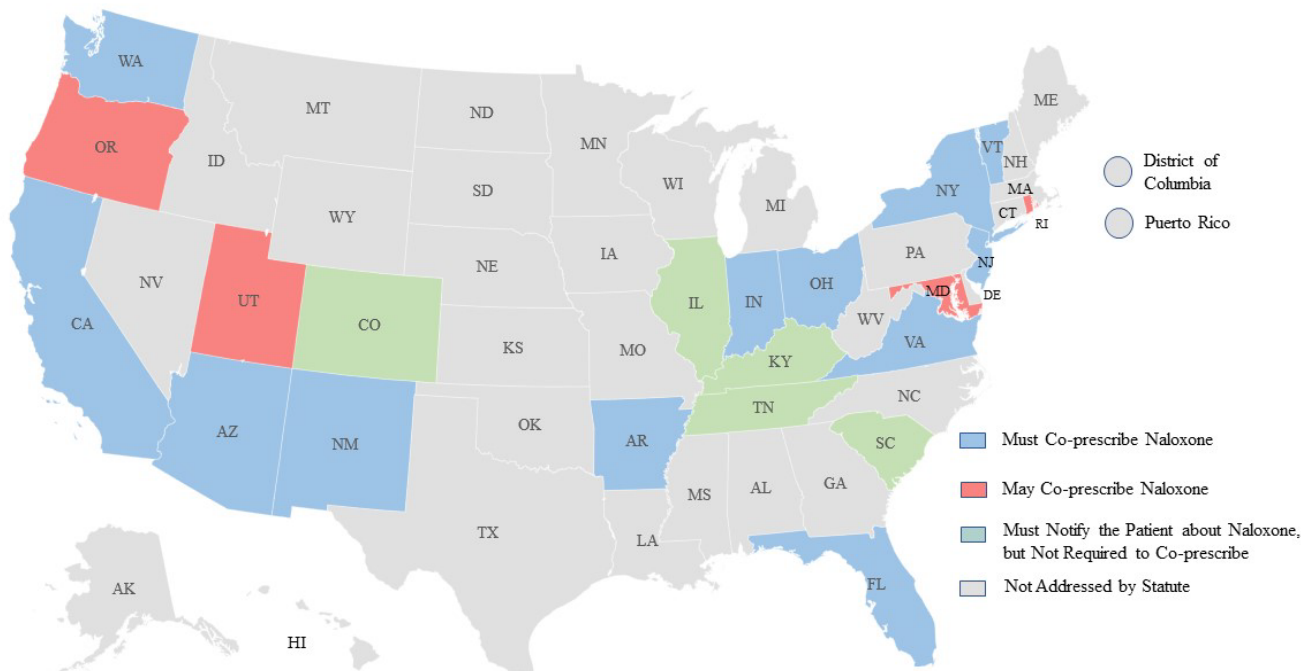






- A total of 20 states have a provision related to the co-prescribing of naloxone with an opioid. In 12 of these states, the co-prescribing of naloxone is required in certain situations. These situations vary by state and include, but are not limited to, prescribing an opioid over a certain morphine milligram equivalent, concurrent benzodiazepine use, and/or patient history of opioid use disorder or overdose. In five states, the co-prescribing of naloxone with an opioid is statutorily recommended, but not required. Additionally, in five states, the prescriber must notify the patient about naloxone, but a prescription is not required. Colorado opioid prescribers are not required to co-prescribe naloxone but must notify the patient about naloxone. In Kentucky, if a pharmacy offers hypodermic needles for sale, the pharmacist must offer a prescription for naloxone, as well.

Naloxone Access Laws: Co-prescribing Requirements

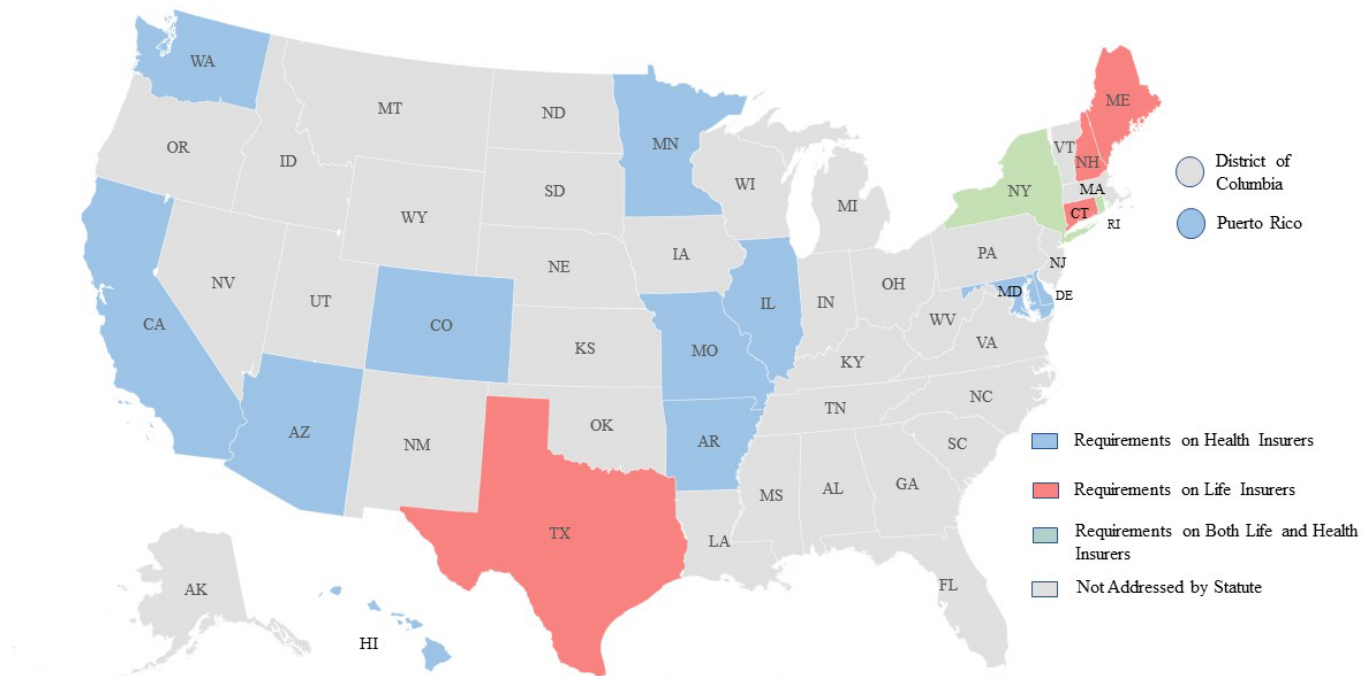


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- There are 18 states that place some type of requirement on insurers regarding naloxone. In 15 states and Puerto Rico those requirements are placed on private health insurers and/or Medicaid. The requirements vary by state and include, but are not limited to, requiring coverage of naloxone, not requiring prior authorization for naloxone, and placing at least one naloxone formulation on the lowest tier of the insurer’s drug formulary. In six 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, naloxone. Rhode Island and New York are the only states that place requirements on both health insurers and life insurers.

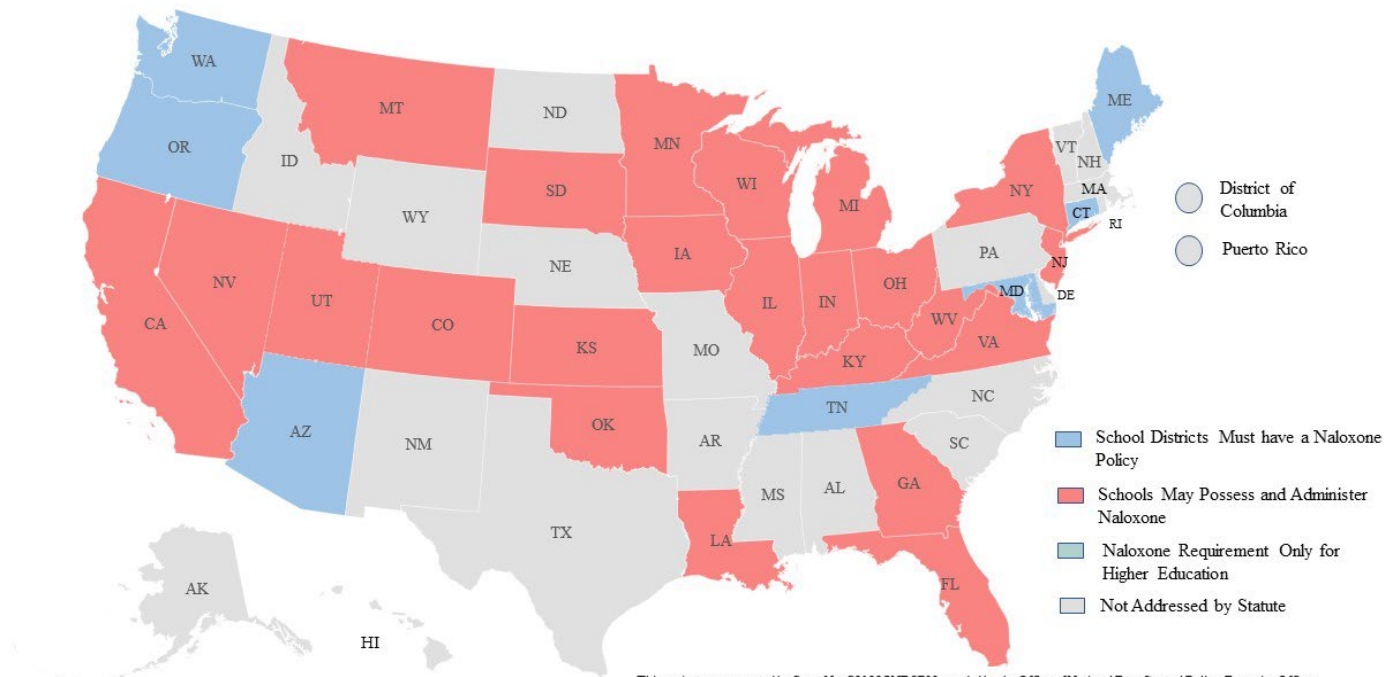
Naloxone Access Laws: Requirements Placed on Insurers



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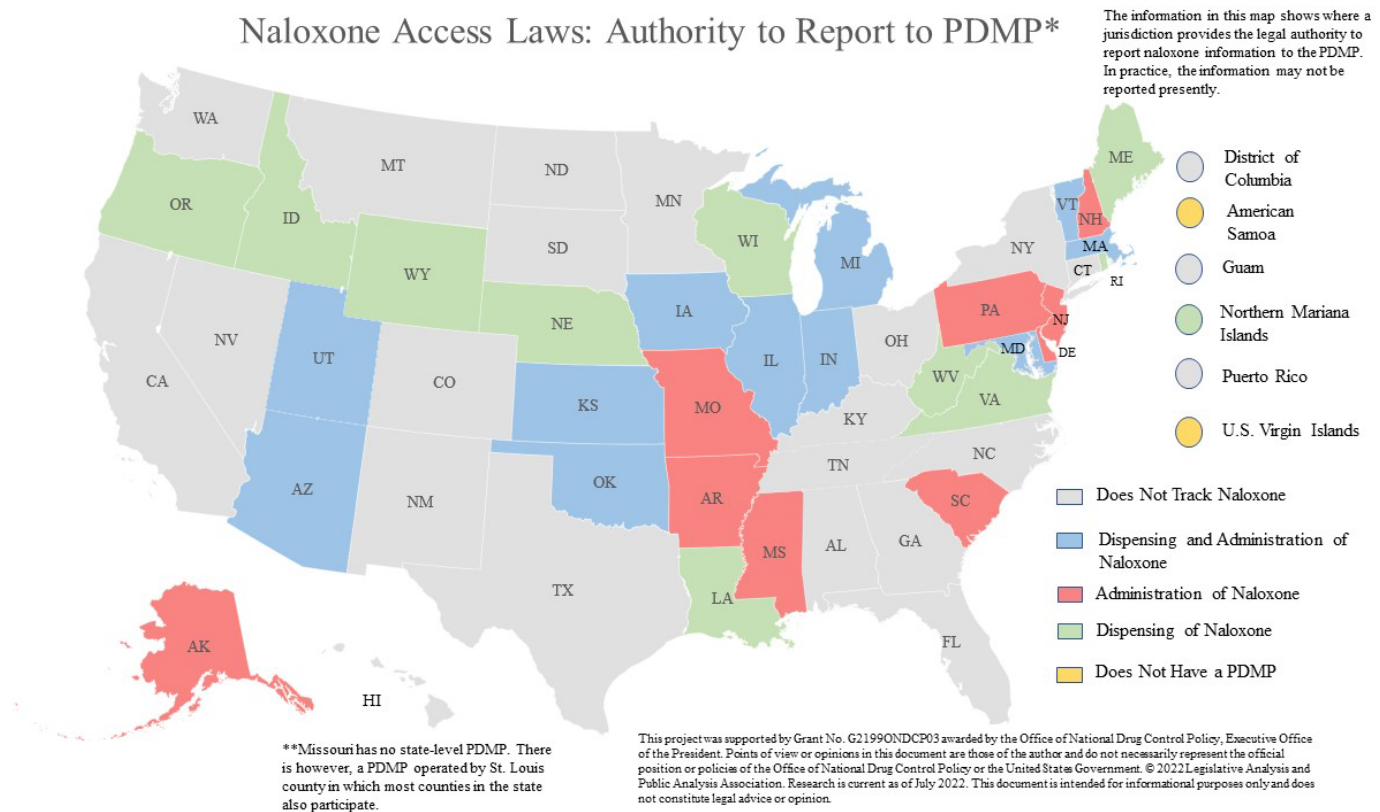
- Thirty states have statutory language regarding access to naloxone in schools. In ten of these states, each school district is required to develop a policy concerning the use of naloxone. Twenty states allow schools to possess naloxone and authorize a school nurse or other school employee to administer naloxone but do not require schools to do so. In Maine, Nevada, Iowa, and New York, schools may possess and keep naloxone on the premises, and the school district or school board must promulgate policies on the possession of naloxone in schools. Many naloxone laws related to schools only address naloxone possession and use in primary and secondary schools. However, in Maryland, Washington, and Wisconsin, the laws address both primary and secondary schools and higher education.

Naloxone Access Laws: Naloxone in Schools



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- A total of 30 states and the Northern Mariana Islands authorize the dispensing and/or administration of naloxone to be reported to the state’s prescription drug monitoring program (PDMP).<sup>4</sup> Of those 30 states, 11 authorize reporting the dispensing and administration of naloxone, 10 states and the Northern Mariana Islands authorize reporting only the dispensing of naloxone, and the remaining nine states authorize reporting only the administration of naloxone.<sup>5</sup> In 21 states, the District of Columbia, Guam, and Puerto Rico, naloxone is not tracked by the PDMP. American Samoa and the U.S. Virgin Islands do not have a PDMP.



<sup>4</sup> 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 June 2022, <https://www.pdmppassist.org/Policies/Maps/PDMPPolicies> (under Alternate Data Sources).

<sup>5</sup> 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.

<b><u>ALABAMA</u></b>	
<b>Statute(s)</b>	ALA. CODE §§ 20-2-280 to-284.
<b>Term(s) used</b>	Opioid antagonist; naloxone.
<b>Initial effective date(s)</b>	June 5, 2015.
<b>Substantive amendment(s) to law(s)</b>	<p>May 10, 2016 amendments allow for:</p> <ul style="list-style-type: none"> <li>• Registered nurse in the employment of the state health department or a county health department to dispense naloxone;</li> <li>• Member of a fire department, rescue squad, or volunteer fire department personnel to receive a third-party prescription for naloxone; and</li> <li>• State Health Officer (SHO) or the respective county health officers to publish a standing order.</li> </ul>
<b>Standing order</b>	The SHO or the respective county health officers have authority to publish a standing order. The SHO issued a statewide standing order on March 8, 2018 as a prescription to obtain naloxone from a pharmacy. The standing order automatically expires on the date naloxone is approved as an over-the-counter medication. <sup>6</sup>
<b>Persons who can prescribe</b>	<ul style="list-style-type: none"> <li>• Licensed physician acting in good faith.</li> <li>• Licensed dentist acting in good faith.</li> </ul>
<b>Prescriber immunity</b>	<p>The following prescribers are immune from any civil or criminal liability for actions authorized under ALA. CODE §§ 20-2-280 to -284:</p> <ul style="list-style-type: none"> <li>• Licensed physician or dentist acting in good faith with no managerial authority over the individuals administering the opioid antagonist; and</li> <li>• SHO or any county health officer who issues a standing order.</li> </ul>
<b>Persons who can dispense or distribute<sup>7</sup></b>	<ul style="list-style-type: none"> <li>• Licensed pharmacist.</li> <li>• Registered nurse in the state’s health department.</li> <li>• Registered nurse in a county’s health department.</li> </ul>
<b>Dispenser/distributor immunity</b>	Authorized dispensers are immune from any civil or criminal liability for actions authorized under ALA. CODE §§ 20-2-280 to -284.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Individual at risk of experiencing an opiate-related overdose.</li> <li>• Person in a position to assist an individual at risk of an opioid-related overdose who is: <ul style="list-style-type: none"> <li>○ A family member or friend;</li> </ul> </li> </ul>

<sup>6</sup> “Standing Order of the State Health Officer Naloxone Distribution for Overdose Prevention,” Alabama Dept. of Public Health, accessed May 2022, <https://www.alabamapublichealth.gov/pharmacy/assets/naloxonestandingorder.pdf>.

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

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



<b><u>ALASKA</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• ALASKA STAT. ANN. § 08.80.168 (pharmacist dispensing).</li> <li>• ALASKA STAT. ANN. § 09.65.340 (immunity).</li> <li>• ALASKA STAT. ANN. § 17.20.085 (prescribing and dispensing generally).</li> </ul>
<b>Term(s) used</b>	Opioid overdose drug.
<b>Initial effective date(s)</b>	March 15, 2016.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• March 22, 2017 amendment to ALASKA STAT. ANN. § 17.20.085 allows the Chief Medical Officer (CMO) of the Department of Health and Social Services to issue a standing order, including a statewide standing order, for the prescription of an opioid overdose drug.</li> <li>• June 2021 amendment to ALASKA STAT. ANN. § 17.20.085 removes the expiration date from the state’s standing order.</li> </ul>
<b>Standing order(s)</b>	The CMO issued a statewide standing order on September 30, 2019 in conjunction with the development of a state initiative called “Project HOPE.” <sup>8</sup> Initially, ALASKA STAT. ANN. § 17.20.085 provided that the state’s standing order would initially expire on or before June 30, 2021. The expiration date for the standing order was removed by statutory amendment in 2021.
<b>Persons who can prescribe</b>	<p>“Health care provider,” is defined as one of the following licensed individuals operating within the scope of their authority:</p> <ul style="list-style-type: none"> <li>• Physician;</li> <li>• Osteopath;</li> <li>• Dentist;</li> <li>• Advanced nurse practitioner;</li> <li>• Physician assistant;</li> <li>• Nurse;</li> <li>• Village health aide; and</li> <li>• Pharmacist.</li> </ul>
<b>Prescriber immunity</b>	A health care provider is not liable for civil damages resulting from an act or omission in prescribing or providing an opioid overdose drug if each person to whom the drug is prescribed has been educated and trained in the proper emergency use and administration of the opioid overdose drug. The law does not preclude liability for civil damages that are the result of gross negligence or reckless or intentional misconduct.

<sup>8</sup> “Statewide Medical Standing Order to Distribute, Dispense, and Administer Opioid/Heroin Overdose Rescue Kits,” Dept. of Health and Social Services, Div. of Public Health, accessed April 2022, [http://dhss.alaska.gov/dph/Director/Documents/opioids/StandingOrder\\_September30.pdf](http://dhss.alaska.gov/dph/Director/Documents/opioids/StandingOrder_September30.pdf).

<b><u>ALASKA</u></b>	
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Health care provider.</li> <li>• Employee or volunteer of an opioid overdose program acting under a standing order or protocol.</li> </ul>
<b>Dispenser immunity</b>	<ul style="list-style-type: none"> <li>• Health care provider is not liable for civil damages resulting from an act or omission in providing an opioid overdose drug if each person to whom the drug is prescribed has been educated and trained in the proper emergency use and administration of the opioid overdose drug.</li> <li>• Employee or volunteer of an opioid overdose program is not liable for civil damages resulting from an act or omission in providing an opioid overdose drug if each person to whom the drug is provided has been educated and trained in the proper emergency use and administration of the opioid overdose drug.</li> <li>• Law does not preclude liability for civil damages that are the result of gross negligence or reckless or intentional misconduct.</li> </ul>
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid overdose.</li> <li>• Family member, friend, caregiver, or other person in a position to administer an opioid overdose drug to a person at risk of experiencing an opioid overdose.</li> <li>• Employee or volunteer of an opioid overdose program acting under a standing order or protocol.</li> </ul>
<b>Layperson possession without prescription</b>	Employee or volunteer of an opioid overdose program acting under a standing order or protocol may receive a supply of, possess, and provide to others, opioid overdose drugs.
<b>Layperson administration</b>	Layperson may administer an opioid overdose drug to another person who the layperson reasonably believes is experiencing an opioid overdose.
<b>Layperson immunity</b>	Layperson is not liable for civil damages resulting from an act or omission in the emergency administration of the opioid overdose drug. The law does not preclude liability for civil damages that are the result of gross negligence or reckless or intentional misconduct.
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Pharmacist may independently dispense an opioid overdose drug if the pharmacist has completed an opioid overdose drug training program approved by the state Board of Pharmacy and otherwise complies with the standards established by the Board.</li> <li>• Education and training required for an individual to receive the opioid overdose drug may be provided by any reasonable means, including through the use of electronic, video, or automated education or training resources.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.

<b><u>ALASKA</u></b>	
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Naloxone in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	According to information from the Prescription Drug Monitoring Program Training and Technical Assistance Center (PDMP/TTAC), Alaska tracks naloxone administration within the state PDMP. <sup>9</sup> LAPP did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	None.

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<sup>9</sup> "PDMP Policies and Capabilities," Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed April 2022, [https://www.pdmassist.org/pdf/state\\_summaries/Alaska\\_Summary\\_Profile.pdf](https://www.pdmassist.org/pdf/state_summaries/Alaska_Summary_Profile.pdf).

<b><u>ARIZONA</u></b>	
<b>Statute(s) and regulation(s)</b>	<ul style="list-style-type: none"> <li>• ARIZ. REV. STAT. § 36-2228 (administration by emergency medical care technician, peace officer, or ancillary law enforcement employee).</li> <li>• ARIZ. REV. STAT. § 15-341(A)(43)(naloxone in educational settings).</li> <li>• ARIZ. REV. STAT. § 32-1979 (pharmacist dispensing).</li> <li>• ARIZ. REV. STAT. § 36-2266 to 2267 (immunity provisions).</li> <li>• ARIZ. REV. STAT. Ann. § 36-2608 (PDMP reporting).</li> <li>• ARIZ. REV. STAT. § 32-3248.01(D)(co-prescription requirement).</li> <li>• ARIZ. REV. STAT. § 36-192 (county health department).</li> <li>• ARIZ. REV. STAT. § 36-798.51 (overdose prevention programs).</li> </ul>
<b>Term(s) used</b>	Naloxone hydrochloride; opioid antagonist.
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• July 3, 2015 (ARIZ. REV. STAT. § 36-2228).</li> <li>• August 6, 2016 (ARIZ. REV. STAT. § 15-341, § 32-1979; § 36-2266 to 36-2267).</li> <li>• April 26, 2018 (ARIZ. REV. STAT. § 32-3248.01, § 36-192).</li> <li>• September 29, 2021 (ARIZ. REV. STAT. Ann. § 36-2608; ARIZ. REV. STAT. § 36-798.51).</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	April 26, 2018 amendment to ARIZ. REV. STAT. § 36-2228 adds ancillary law enforcement employees.
<b>Standing order(s)</b>	A statewide standing order took effect on November 7, 2018 that authorizes any Arizona-licensed pharmacist to dispense naloxone without a prescription. The current standing order took effect on August 20, 2021 and will expire on August 20, 2022. <sup>10</sup>
<b>Persons who can prescribe</b>	<ul style="list-style-type: none"> <li>• Licensed physician.</li> <li>• Licensed nurse practitioner with prescribing authority.</li> <li>• Any other health professional who has prescribing authority and who is acting within the health professional's scope of practice.</li> </ul>
<b>Prescriber immunity</b>	<ul style="list-style-type: none"> <li>• Except in cases of gross negligence, willful misconduct, or intentional wrongdoing, a prescriber is immune from professional liability and criminal prosecution for any decision made, act or omission, or injury that results from the act, if he or she acts with reasonable care and in good faith.</li> <li>• Prescribers are required to instruct the individual to whom the opioid antagonist is dispensed to summon emergency services as soon as practicable after administering the opioid antagonist, although it is not a requirement for the immunity to apply.</li> </ul>

<sup>10</sup> Arizona naloxone standing order, last accessed April 2022, <https://www.azdhs.gov/opioid/documents/naloxone-standing-order.pdf?v=20210915>.

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

<b><u>ARIZONA</u></b>	
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• Emergency medical care technician, peace officer, or ancillary law enforcement employee is immune from professional liability and criminal prosecution for any decision made, act or omission, or injury that results from that act, if those persons act with reasonable care and in good faith, except in cases of wanton or willful neglect.</li> <li>• Any other layperson is not liable for any civil or other damages as the result of any act or omission by the person rendering the care or as the result of any act or failure to act to arrange for further medical treatment or care for the person experiencing the overdose, unless the person, while rendering the care, acts with gross negligence, willful misconduct or intentional wrongdoing.</li> </ul>
<b>Training and education requirements</b>	The Arizona Department of Public Health, in coordination with the state peace officer standards and training board, must develop a training module for emergency medical care technicians, peace officers and ancillary law enforcement employees that provides training regarding the identification of a person suffering from an opioid-related drug overdose and the use of naloxone hydrochloride or another opioid antagonist.
<b>Co-prescription requirements</b>	If a patient is prescribed an amount of a Schedule II controlled substance that is an opioid that is more than 90 morphine milligram equivalents per day, the prescribing health professional must also prescribe for the patient naloxone or another opioid antagonist.
<b>Requirements placed on insurers</b>	Arizona's Health Care Cost Containment System (state Medicaid agency) must continue to distribute naloxone kits, as necessary.
<b>Naloxone in schools</b>	The governing board of a school district must adopt and enforce policies and procedures for the emergency administration of naloxone or any other opioid antagonist by an employee.
<b>Dispensing or administration reported to PDMP</b>	<ul style="list-style-type: none"> <li>• Pharmacists must document the dispensing of an opioid antagonist; and</li> <li>• Healthcare providers, administrators of a health care institution or correctional facility, EMS/ambulance personnel, medical examiners, pharmacists, and others, including law enforcement agencies, are required to report to the Arizona Department of Health, among other things, naloxone doses administered in response to a suspected overdose and naloxone doses dispensed; this information is shared with the Arizona Board of Pharmacy PDMP.</li> </ul>
<b>Other provisions of note</b>	None.

<b><u>ARKANSAS</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• ARK. CODE ANN. §§20-13-1801 to -1804 (immunity).</li> <li>• ARK. CODE ANN. § 23-99-1119 (health insurance requirements).</li> <li>• ARK. CODE ANN. § 12-9-122 (training).</li> <li>• ARK. CODE ANN. § 20-13-1805 (co-prescription requirements).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist; naloxone.
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• July 22, 2015 (ARK. CODE ANN. § 20-13-1804).</li> <li>• April 12, 2019 (ARK. CODE ANN. § 23-99-1119).</li> <li>• July 24, 2019 (ARK. CODE ANN. § 12-9-122).</li> <li>• July 28, 2021 (ARK. CODE ANN. § 20-13-1805).</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	August 1, 2017 amendment to ARK. CODE ANN. § 20-13-1804 allows an employee of the Arkansas' state crime lab to receive naloxone.
<b>Standing order</b>	A statewide standing protocol took effect on September 6, 2017. <sup>11</sup> The protocol allows licensed pharmacists to order, dispense, and administer naloxone, along with any necessary supplies for administration.
<b>Persons who can prescribe</b>	“Health care professional” acting in good faith. A health care professional is a person or entity that is licensed, certified, or otherwise authorized to administer health care in the ordinary course of the practice of his or her profession or as a function of an entity’s administration of the practice of medicine.
<b>Prescriber immunity</b>	Health care professional is immune from civil liability, criminal liability, or professional sanctions for prescribing an opioid antagonist pursuant to the law.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Health care professional acting in good faith.</li> <li>• Pharmacist.</li> </ul>
<b>Dispenser immunity</b>	Health care professional or pharmacist who acts in good faith and in compliance with the standard of care dispenses an opioid antagonist pursuant to the law is immune from civil liability, criminal liability, or professional sanctions.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related overdose.</li> <li>• Family member or friend of a person at risk of experiencing an opioid-related drug overdose.</li> <li>• Pain management clinic.</li> <li>• Harm reduction organization (as defined).</li> </ul>

<sup>11</sup> Arkansas Governor Asa Hutchinson. 2017. “Gov. Hutchinson announces state’s naloxone standing protocol.” <https://governor.arkansas.gov/news-media/press-releases/gov-hutchinson-announces-states-naloxone-standing-protocol>. A copy of the protocol, last updated in August 2020, is located at <https://www.pharmacyboard.arkansas.gov/wp-content/uploads/2020/08/AR-Naloxone-Protocol-2020-Dr-Balamurugan.pdf>.

<b><u>ARKANSAS</u></b>	
<b>Persons who can receive or administer (“laypersons”) (continued)</b>	<ul style="list-style-type: none"> <li>• Emergency medical services technician (as defined).</li> <li>• First responder (as defined).</li> <li>• Law enforcement officer or agency.</li> <li>• Employee of the state crime laboratory.</li> </ul>
<b>Layperson possession without a prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Layperson acting in good faith may administer an opioid antagonist to a person who he or she reasonably believes is experiencing an opioid-related drug overdose.
<b>Layperson immunity</b>	Layperson is immune from civil liability, criminal liability, or professional liability for administering an opioid antagonist pursuant to the law.
<b>Training and education requirements</b>	The Arkansas Commission on Law Enforcement Standards and Training in conjunction with the Arkansas Drug Director and the Criminal Justice Institute must develop a curriculum for law enforcement training relating to identifying the signs that a person is experiencing an overdose of a controlled substance and the ways in which a law enforcement officer can safely use naloxone in certain opioid overdose situations.
<b>Co-prescription requirements</b>	<p>A healthcare professional must co-prescribe an opioid antagonist to a patient who does not have an existing prescription for an opioid antagonist, if:</p> <ul style="list-style-type: none"> <li>• The opioid dosage prescribed or dispensed is equal to or in excess of fifty morphine milligram equivalents (50 MME) per day;</li> <li>• A benzodiazepine has been prescribed or dispensed for the patient in the past or will be prescribed or dispensed at the same time as the opioid; or</li> <li>• The patient has a history of opioid use disorder or drug overdose</li> </ul>
<b>Requirements placed on insurers</b>	<p>A health care insurer, including Medicaid:</p> <ul style="list-style-type: none"> <li>• Cannot require prior authorization for a patient to obtain coverage for naloxone;</li> <li>• Cannot impose any other requirement other than a valid prescription and compliance with guidelines issued by SAMSHA for a patient to obtain coverage for naloxone; and</li> <li>• If utilizing a tiered drug formulary, must place at least one naloxone product on the lowest-cost benefit tier.</li> </ul>
<b>Naloxone in schools</b>	Not addressed by statute.



<b><u>ARKANSAS</u></b>	
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Arkansas tracks naloxone administration within the state PDMP. <sup>12</sup> LAPP did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	By law, an emergency medical services personnel can administer naloxone hydrochloride to a police dog. ARK. CODE ANN. § 20-13-217 (Effective date July 28, 2021).

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<sup>12</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed April 2022, <https://www.pdmpassist.org/Policies/Maps/PDMPPolicies>.

<b><u>CALIFORNIA</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• CAL. CIV. CODE § 1714.22 (immunity provisions).</li> <li>• CAL. BUS. &amp; PROF. CODE § 4052.01 (pharmacist furnishing).</li> <li>• CAL. HEALTH &amp; SAFETY CODE § 1179.80 (funding for programs).</li> <li>• CAL. HEALTH &amp; SAFETY CODE § 11834.26 (maintaining opioid antagonist on premises).</li> <li>• CAL. WELF. &amp; INST. CODE § 14132.968 (Medi-Cal naloxone requirement).</li> <li>• CAL. EDUC. CODE § 49414.3 (naloxone in schools).</li> <li>• CAL. BUS. &amp; PROF. CODE § 4119.8 (naloxone in schools).</li> <li>• CAL. BUS. &amp; PROF. CODE § 741 (co-prescribing requirement).</li> <li>• CAL. BUS. &amp; PROF. CODE § 4119.9 (furnishing naloxone to law enforcement agencies).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• October 11, 2007 (CAL. CIV. CODE § 1714.22).</li> <li>• January 1, 2015 (CAL. BUS. &amp; PROF. CODE § 4052.01).</li> <li>• June 27, 2016 (CAL. HEALTH &amp; SAFETY CODE § 1179.80).</li> <li>• September 25, 2016 (CAL. WELF. &amp; INST. CODE § 14132.968).</li> <li>• January 1, 2017 (CAL. EDUC. CODE § 49414.3; CAL. BUS. &amp; PROF. CODE § 4119.8).</li> <li>• January 1, 2019 (CAL. BUS. &amp; PROF. CODE § 741 4119.9).</li> <li>• January 1, 2022 (CAL. HEALTH &amp; SAFETY CODE § 11834.26).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist; naloxone.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• January 1, 2014 amendment to CAL. CIV. CODE § 1714.22: <ul style="list-style-type: none"> <li>○ Allows for a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose to receive a third-party prescription for naloxone;</li> <li>○ Adds a requirement that a person who is prescribed naloxone pursuant to a standing order receive training provided by an opioid overdose prevention and treatment training program;</li> <li>○ Expands the provision to all counties; and</li> <li>○ Removes the statute’s expiration date.</li> </ul> </li> <li>• January 1, 2022 amendment to CAL. HEALTH &amp; SAFETY CODE § 1179.80 revises the language used in statute regarding programs that provide emergency opioid antagonist from “naloxone” to “naloxone, or any other opioid antagonist that is approved by the United States Food and Drug Administration for the treatment of an opioid overdose.”</li> </ul>

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

<sup>13</sup> “California statewide naloxone standing order,” *California Medical Association*, last accessed June 2022, <https://www.cmadoocs.org/newsroom/news/view/ArticleId/33846/CDPH-issues-standing-order-for-naloxone>.

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

<b><u>CALIFORNIA</u></b>	
<b>Training and education requirements (continued)</b>	<ul style="list-style-type: none"> <li>• Person who is prescribed or possesses an opioid antagonist pursuant to a standing order must receive training provided by an opioid overdose prevention and treatment training program.</li> <li>• Each public and private elementary and secondary school in the state may designate one or more volunteers to receive initial and annual refresher training regarding the storage and emergency use of naloxone hydrochloride or another opioid antagonist from the school nurse or other qualified person designated by an authorizing physician and surgeon.</li> <li>• School superintendents must establish minimum standards of training for the administration of naloxone hydrochloride or another opioid antagonist that satisfies legal requirements and review these standards at least every five years.</li> <li>• Staff of community organizations and other entities distributing naloxone under the statewide standing order are required to receive opioid overdose prevention and treatment training and are also required to train individuals who receive naloxone.</li> </ul>
<b>Co-prescription requirements</b>	<p>Subject to a few exceptions, when prescribing an opioid or benzodiazepine to a patient, a prescriber must offer the patient a prescription for naloxone if one or more are present:</p> <ul style="list-style-type: none"> <li>• Prescription dosage is 90 or more morphine milligram equivalents of an opioid medication per day;</li> <li>• Opioid medication is prescribed within a year from the date a prescription for benzodiazepine was dispensed; or</li> <li>• Patient presents with an increased risk for opioid overdose, including a history of opioid overdose, a history of opioid use disorder, or at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant.</li> </ul>
<b>Requirements placed on insurers</b>	<p>Furnishing of naloxone by a pharmacist under CAL. BUS. &amp; PROF. CODE § 4052.01 is a covered pharmacist services benefit that may be provided to a Medi-Cal beneficiary.</p>
<b>Naloxone in schools</b>	<ul style="list-style-type: none"> <li>• School districts, county offices of education, and charter schools may provide emergency naloxone hydrochloride or another opioid antagonist to school nurses or trained personnel who have volunteered, and such persons may use the drugs to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose.</li> </ul>

<b><u>CALIFORNIA</u></b>	
<b>Naloxone in schools (continued)</b>	<ul style="list-style-type: none"> <li>• Pharmacies may furnish naloxone hydrochloride or another opioid antagonist to a school district, county office of education, or charter school if the following conditions are met: (1) the naloxone hydrochloride or another opioid antagonist is furnished exclusively for use at a school district school site, county office of education school site, or charter school; and (2) a physician provides a written order that specifies the quantity of naloxone hydrochloride or another opioid antagonist to be furnished.</li> <li>• If naloxone hydrochloride or another opioid antagonist is administered in an educational setting, the supply must be restocked as soon as reasonably possible, but no later than two weeks after it is used. In addition, the supply must be restocked before its expiration date.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	Not addressed in statute.
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• California’s Department of Public Health must award funding to local health departments, local government agencies, or on a competitive basis to community-based organizations, regional opioid prevention coalitions, or both, to support or establish programs that provide naloxone to first responders and to at-risk opioid users through programs that serve at-risk drug users, including, but not limited to, syringe exchange and disposal programs, homeless programs, and substance use disorder treatment providers.</li> <li>• A licensee who provides recovery, treatment, or detoxification services must keep at least two unexpired doses of naloxone hydrochloride or another opioid antagonist on the premises at all times.</li> </ul>

<b><u>COLORADO</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• COLO. REV. STAT. ANN. § 13-21-108.7 (civil immunity).</li> <li>• COLO. REV. STAT. ANN. § 17-1-113.4 (opioid treatment for persons in custody).</li> <li>• COLO. REV. STAT. ANN. § 18-1-712 (criminal immunity).</li> <li>• COLO. REV. STAT. ANN. § 25-1.5-115 (bulk purchase fund).</li> <li>• COLO. REV. STAT. ANN. § 22-1-119.1 (naloxone in schools).</li> <li>• COLO. REV. STAT. ANN. § 25-20.5-1101 (harm reduction grant program).</li> <li>• COLO. REV. STAT. ANN. § 12-30-110 (third-party prescriptions and standing orders).</li> <li>• COLO. REV. STAT. ANN. § 12-280-123 (pharmacist requirements).</li> <li>• COLO. REV. STAT. ANN. § 10-16-154 (provision by hospital).</li> <li>• COLO. REV. STAT. ANN. § 25-1.5-115 (opioid antagonist bulk purchase fund).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• May 10, 2013 (COLO. REV. STAT. ANN. § 13-21-108.7 and 18-1-712).</li> <li>• May 23, 2019 (COLO. REV. STAT. ANN. § 25-1.5-115 and 22-1-119.1).</li> <li>• August 2, 2019 (COLO. REV. STAT. ANN. § 25-20.5-1101).</li> <li>• October 1, 2019 (COLO. REV. STAT. ANN. § 12-30-110 and 12-280-123).</li> <li>• September 14, 2020 (COLO. REV. STAT. ANN. § 10-16-154).</li> <li>• June 28, 2021 (COLO. REV. STAT. ANN. § 17-1-113.4).</li> </ul>
<b>Term(s) used</b>	Opiate antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• May 23, 2019 amendments to COLO. REV. STAT. ANN. §§ 13-21-108.7 and 18-1-712: <ul style="list-style-type: none"> <li>○ Adds additional criminal and civil immunity for any act or omission made if the opiate antagonist is stolen; and</li> <li>○ Expands immunity protections to law enforcement agencies and a school district, school, or employee or agent of a school.</li> </ul> </li> <li>• July 14, 2020 amendments to COLO. REV. STAT. ANN. §§ 12-30-110 and 13-21-108.7 add mental health professionals to the list of authorized recipients for naloxone and provide them with certain civil liability immunity.</li> </ul>

<b><u>COLORADO</u></b>	
<b>Substantive amendment(s) to law(s) (continued)</b>	<ul style="list-style-type: none"> <li>• Amendments effective September 14, 2020 (House Bill 20-1065): to COLO. REV. STAT. ANN. §§ 12-280-123, 13-21-108.7 and 18-1-71: <ul style="list-style-type: none"> <li>○ A pharmacist who dispenses a prescription order for an opioid must notify the patient about the availability of an opioid antagonist; and</li> <li>○ Grants civil and criminal immunity to a layperson who in good faith furnishes or administers an opiate antagonist, even if the opiated antagonist is expired.</li> </ul> </li> <li>• April 15, 2021 amendment to COLO. REV. STAT. ANN. § 25-1.5-115 which allows for the: <ul style="list-style-type: none"> <li>○ Prioritization of the purchase of emergency opiate antagonist by eligible entities based on the need of the entity and the availability of the opiate antagonists; and</li> <li>○ Expansion of entities that are eligible to receive funds for the purchase of emergency opiate antagonists to include a harm reduction organization, a law enforcement agency, or a first responder.</li> </ul> </li> <li>• May 20, 2022 amendment to COLO. REV. STAT. ANN. §§ 12-30-110 which: <ul style="list-style-type: none"> <li>○ Expands persons who can prescribe and dispense emergency opioid antagonist to include mental health professionals; and</li> <li>○ Clarifies that a mental health professional will not be civilly or criminally liable for prescribing or dispensing an emergency opioid antagonist.</li> </ul> </li> </ul> <p>May 26, 2022 amendment to COLO. REV. STAT. ANN. § 25.5-5-509 provides that a hospital or emergency department operating within the state must receive reimbursement under the state’s medical assistance program for the cost of an opiate antagonist if a prescriber dispenses an opiate antagonist upon discharge to a medical assistance recipient who is at risk of experiencing an opiate-related drug overdose event or to a family member, friend, or other person in a position to assist a medical assistance recipient who is at risk of experiencing an opiate-related drug overdose event.</p>



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

<sup>14</sup> “Naloxone standing orders,” *Colorado Department of Public Health and Environment*, last accessed June 2022, <https://www.colorado.gov/pacific/cdphe/naloxoneorders>.

<b><u>COLORADO</u></b>	
<b>Persons who can receive or administer (“laypersons”) (continued)</b>	<ul style="list-style-type: none"> <li>• Employee or volunteer of a harm reduction organization.</li> <li>• School district, school, or employee or agent of a school.</li> <li>• Mental health professional.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Layperson may administer an opiate antagonist to an individual experiencing, or who a reasonable person would believe is experiencing, an opiate-related drug overdose event.
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• A person other than a health care provider or a health care facility who acts in good faith to furnish or administer an opiate antagonist, including an expired opiate antagonist, is immune from criminal prosecution and not liable for any civil damages for acts or omissions made as a result of the act or for any act or omission made if the opiate antagonist is stolen.</li> <li>• State law enforcement agency or law enforcement officer is not criminally or civilly liable for the administration of an opioid reversal medication if ordinary care is used.</li> </ul>
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Prescriber who prescribes or dispenses, or a pharmacist who dispenses, is strongly encouraged to educate persons receiving the opiate antagonist on the use of the drug for overdose, including instructions concerning risk factors for overdose, recognizing an overdose, calling emergency medical services, rescue breathing, and administering an opiate antagonist.</li> <li>• Law enforcement agency, first responder, harm reduction organization, or a mental health professional is strongly encouraged to educate employees and volunteers, as well as persons receiving an opiate antagonist, on the use of the drug for overdose, including instructions concerning risk factors for overdose, recognizing an overdose, calling emergency medical services, rescue breathing, and administering an opiate antagonist.</li> <li>• School employee or agent of the school may administer an opioid antagonist after receiving appropriate training.</li> </ul>
<b>Co-prescription requirements</b>	The law does not have a co-prescription requirement, but a pharmacist who dispenses a prescription for an opioid must notify the patient receiving it about the availability of an opiate antagonist when, in the pharmacist’s professional judgment, the patient would benefit from notification.
<b>Requirements placed on insurers</b>	Insurance carrier that provides coverage for an opiate antagonist pursuant to the terms of a health care coverage plan must reimburse a hospital for the cost of an opiate antagonist if the hospital gives the drug to a covered person upon discharge.

<b><u>COLORADO</u></b>	
<b>Naloxone in schools</b>	<ul style="list-style-type: none"> <li>• The school district, board of education of a public school, the state charter school, or the governing board of a nonpublic school may adopt and implement a policy whereby: (1) a school under its jurisdiction may acquire and maintain a stock supply of opiate antagonists; and (2) an employee or agent of the school may, after receiving appropriate training, administer an opiate antagonist on school grounds to assist an individual who is at risk of experiencing an opiate-related drug overdose event.</li> <li>• Employee or agent of a school acting in accordance with a policy adopted pursuant to this section is not subject to civil liability or criminal prosecution.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• Colorado has an opiate antagonist bulk purchase fund that consists of payments made to the Colorado Department of Public Health and Environment by participating eligible entities for the purchase of opiate antagonists. Eligible entities may purchase opiate antagonists from the department.</li> <li>• Colorado's Department of Public Health and Environment must develop and implement a harm reduction grant program to reduce health risks associated with drug use and improve coordination between law enforcement agencies, public health agencies, and community-based organizations. Permissible uses of funding include, but are not limited to, trainings relevant to the field of harm reduction, which may include how to administer naloxone.</li> <li>• An individual is immune from civil damages and criminal prosecution for any act or omission made if the drug is stolen.</li> <li>• A hospital or emergency department must receive reimbursement under the state's medical assistance program for the cost of an opiate antagonist if a prescriber dispenses an opiate antagonist upon discharge to a medical assistance recipient who is at risk of experiencing an opiate-related drug overdose event or to a family member, friend, or other person in a position to assist a medical assistance recipient who is at risk of experiencing an opiate-related drug overdose event.</li> <li>• Correctional facilities may make available opioid antagonists to a person in custody with an opioid use disorder. As funding allows a correctional facility must offer the person, upon release, at least two doses of an opioid reversal medication.</li> </ul>

<b><u>CONNECTICUT</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• CONN. GEN. STAT. ANN. § 17a-714a (immunity provisions).</li> <li>• CONN. GEN. STAT. ANN. § 20-633c (prescribing by pharmacists).</li> <li>• CONN. GEN. STAT. ANN. § 20-14o (opioid prescription requirements).</li> <li>• CONN. GEN. STAT. ANN. § 20-633d (standing order).</li> <li>• CONN. GEN. STAT. ANN. § 21a-286 (agreements to provide naloxone to law enforcement agencies and others).</li> <li>• CONN. GEN. STAT. ANN. § 17a-716 (sober living homes).</li> <li>• CONN. GEN. STAT. ANN. § 10a-55t (college campuses).</li> <li>• CONN. GEN. STAT. ANN. § 17a-673a (opioid use disorder treatment program requirements).</li> <li>• CONN. GEN. STAT. ANN. § 38a-447a (life insurance provisions).</li> <li>• CONN. GEN. STAT. ANN. § 7-294u (law enforcement requirements).</li> <li>• CONN. GEN. STAT. ANN. § P.A. 22-69, § 1 (regional behavioral health action organization requirements).</li> <li>• CONN. GEN. STAT. ANN. § 10-212a (school requirements).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• October 1, 2003 (CONN. GEN. STAT. ANN. § 17a-714a).</li> <li>• June 30, 2015 (CONN. GEN. STAT. ANN. § 20-633c).</li> <li>• July 1, 2017 (CONN. GEN. STAT. ANN. § 20-14o).</li> <li>• October 1, 2017 (CONN. GEN. STAT. ANN. § 20-633d).</li> <li>• July 1, 2018 (CONN. GEN. STAT. ANN. § 21a-286).</li> <li>• October 1, 2018 (CONN. GEN. STAT. ANN. § 17a-716).</li> <li>• July 1, 2019 (CONN. GEN. STAT. ANN. § 10a-55t).</li> <li>• October 1, 2019 (CONN. GEN. STAT. ANN. § 17a-673a and 38a-447a).</li> <li>• June 30, 2021 (CONN. GEN. STAT. ANN. § 7-294u).</li> <li>• May 24, 2022 (CONN. GEN. STAT. ANN. § P.A. 22-69 § 1).</li> <li>• May 24, 2022 (CONN. GEN. STAT. ANN. § 10-212a).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist; naloxone.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• May 28, 2014 amendment to CONN. GEN. STAT. ANN. §17a-714a adds immunity protections for layperson administration of naloxone.</li> <li>• June 30, 2015 amendment to CONN. GEN. STAT. ANN. §17a-714a adds immunity for health care professionals from professional sanctions.</li> <li>• May 27, 2016 amendment to CONN. GEN. STAT. ANN. §17a-714a adds a provision that requires each municipality to ensure at least one emergency responder is equipped with naloxone.</li> </ul>

<b><u>CONNECTICUT</u></b>	
<b>Substantive amendment(s) to law(s) (continued)</b>	<ul style="list-style-type: none"> <li>• May 24, 2022 repealed and replaced CONN. GEN. STAT. ANN. § 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. (Effective date July 1, 2022).</li> </ul>
<b>Standing order</b>	A prescribing practitioner <sup>15</sup> who is authorized to prescribe an opioid antagonist and a pharmacy may enter into an agreement for a medical protocol standing order at such pharmacy allowing a pharmacist to dispense an opioid antagonist.
<b>Persons who can prescribe</b>	<ul style="list-style-type: none"> <li>• Licensed health care professional who is permitted by law to prescribe an opioid antagonist.</li> <li>• Licensed pharmacist trained and certified by a program approved by the Commissioner of Consumer Protection.</li> </ul>
<b>Prescriber immunity</b>	Authorized prescriber may prescribe an opioid antagonist to any individual to treat or prevent a drug overdose without being liable for damages in a civil action, subject to criminal prosecution, or subject to professional sanctions for prescribing or dispensing such opioid antagonist or for any subsequent use of such opioid antagonist.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Licensed health care professional who is permitted by law to prescribe an opioid antagonist.</li> <li>• Pharmacist.</li> </ul>
<b>Dispenser immunity</b>	Licensed health care professional who is permitted by law to dispense an opioid antagonist may dispense an opioid antagonist to any individual to treat or prevent a drug overdose without being liable for damages in a civil action, subject to criminal prosecution, or subject to professional sanctions for dispensing such opioid antagonist or for any subsequent use of such opioid antagonist.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Any person.</li> <li>• Law enforcement agency.</li> <li>• Emergency medical services provider.</li> <li>• Government agency or community health organization.</li> <li>• Students and employees at institutions of high education.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.

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

<b><u>CONNECTICUT</u></b>	
<b>Layperson administration</b>	Layperson can administer an opioid antagonist to another person when he or she in good faith believes that another person is experiencing an opioid-related drug overdose.
<b>Layperson immunity</b>	Any person, other than a licensed health care professional acting in the ordinary course of such person's employment, who administers an opioid antagonist in accordance with the law is not liable for damages in a civil action or subject to criminal prosecution with respect to the administration of such opioid antagonist.
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Pharmacist may prescribe an opioid antagonist or dispense it pursuant to a medical protocol standing order only if the pharmacist is trained and certified as part of a program approved by the Commissioner of Consumer Protection.</li> <li>• Persons other than the prescribing practitioner or pharmacist must receive training in the distribution or administration of opioid antagonists prior to distributing or administering an opioid antagonist.</li> <li>• State and local law enforcement must receive training in the use of an opioid antagonist and maintain a supply of opioid antagonists for use by officers when responding to an emergency.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	No life insurance or annuity policy or contract can be delivered, issued for delivery, renewed or continued in the state that excludes coverage solely on the basis of receipt of a prescription for naloxone or any naloxone biosimilar or naloxone generic, nor can any application, rider or endorsement to such policy or contract be used in connection therewith that excludes coverage solely on the basis of receipt of such a prescription, biosimilar, or generic.
<b>Naloxone in schools</b>	<ul style="list-style-type: none"> <li>• The president of each institution of higher education must: (1) develop and implement a policy concerning the availability and use of opioid antagonists by students and employees of the 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.</li> </ul>

<b><u>CONNECTICUT</u></b>	
<b>Naloxone in schools (continued)</b>	<ul style="list-style-type: none"> <li>• Each institution of higher education’s policy concerning the availability and use of opioid antagonists must: (1) designate a medical professional or public safety professional to oversee the purchase, storage, and distribution of opioid antagonists on each of its campuses; (2) identify the location or locations on each of its campuses where the opioid antagonists are stored and which location(s) will be made known and accessible to students and employees of such institution; (3) require maintenance of the supply of opioid antagonists in accordance with the manufacturer’s guidelines; and (4) require a representative of the institution to call 9-1-1 or notify a local emergency medical services provider prior to, during, or as soon as practicable after each use of an opioid antagonist on the institution’s campus.</li> <li>• The Department of Education in conjunction with other state agencies must develop and adopt regulations for the storage and administration of emergency opioid antagonists by school personnel.</li> <li>• A school nurse or other qualified employee may maintain emergency opioid antagonists for use in an emergency. If the school elects to keep an emergency opioid antagonist on the premises, there must a qualified employee on the grounds of the school during regular school hours if the school nurse is absent.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• Each municipality must ensure that at least one emergency medical services provider who is likely to be the first person to arrive on the scene of a medical emergency is equipped with an opioid antagonist and such person has received training approved by the Commissioner of Public Health.</li> <li>• Treatment programs that provide treatment or detoxification services to any person with an opioid use disorder must: (1) educate such person regarding opioid antagonists and the administration thereof at the time such person is admitted to or first receives services from such program; (2) offer similar education to the relatives and significant other of such person if identified; and (3) if there is a prescribing practitioner affiliated 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.</li> </ul>

<b><u>CONNECTICUT</u></b>	
<b>Other provisions of note (continued)</b>	<ul style="list-style-type: none"><li>• The operator of a sober living home that is certified as a recovery residence in the state may report the sober living home’s certified status to the Department of Mental Health and Addiction Services, provided such operator maintains at least two doses of opioid antagonists on the premises and provides training to all of its residents in the administration of an opioid antagonist when the home is occupied by at least one resident who has been diagnosed with opioid use disorder.</li><li>• State and local law enforcement must receive training in the use of an opioid antagonist and maintain a supply of opioid antagonists for use by officers when responding to an emergency.</li><li>• Regional behavioral health organizations must, in addition to other responsibilities, provide training on the administration of an opioid antagonist and distribute supplies of an opioid antagonist to communities. (Effective May 24, 2022).</li></ul>



<b><u>DELAWARE</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• DEL. CODE ANN. TIT. 16 § 138 (community-based access).</li> <li>• DEL. CODE ANN. TIT. 16 § 3001G (immunity provisions).</li> <li>• DEL. CODE ANN. TIT. 18 § 3571X (health insurance requirements).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• June 25, 2014 (DEL. CODE ANN. TIT. 16 § 138).</li> <li>• August 4, 2014 (DEL. CODE ANN. TIT. 16 § 3001G).</li> <li>• August 13, 2019 (DEL. CODE ANN. TIT. 18 § 3571X).</li> </ul>
<b>Term(s) used</b>	Naloxone.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 20, 2017 amendment to DEL. CODE ANN. TIT. 16 § 3001G adds immunity protections for pharmacists who dispense naloxone.</li> <li>• June 3, 2021 amendment to DEL. CODE ANN. TIT. 16 § 3001G provides that lay individual who administers naloxone to an individual under the Community–Based Naloxone Access Program is considered to have provided emergency care.</li> </ul>
<b>Standing order</b>	A statewide standing order for naloxone took effect June 27, 2018. The standing order authorizes approved community-based training programs and participating pharmacies to distribute nasal naloxone kits to persons who have completed opioid overdose responder training. <sup>16</sup>
<b>Persons who can prescribe</b>	Physicians.
<b>Prescriber immunity</b>	A doctor acting in good faith who prescribes or dispenses naloxone to a person who completes an approved-training program and, in the judgment of the doctor is capable of administering the drug for an emergency opioid overdose, is not subject to disciplinary or other adverse action under any professional licensing statute, criminal liability, or liable for damages for injuries or death sustained to the individual in connection with administering the drug, unless such injuries or death were caused willfully, wantonly, or by gross negligence on the part of the doctor who signed the standing order and protocol.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Physicians.</li> <li>• Pharmacists.</li> </ul>
<b>Dispenser immunity</b>	Unless it is established that a pharmacist caused injuries or death as a result of unreasonable care, willfully, wantonly, or by gross negligence, a pharmacist is not subject to any of the following as a result of dispensing naloxone: (1) disciplinary or other adverse action under the professional licensing laws of the state; (2) criminal liability; or (3) liability for damages for injuries or death.

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

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

<b><u>DELAWARE</u></b>	
<b>Requirements placed on insurers (continued)</b>	Health insurer may not impose a prior authorization requirement for naloxone and must authorize coverage of naloxone without imposing a step therapy requirement.
<b>Naloxone in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Delaware tracks naloxone administration in the PDMP. <sup>17</sup> LAPPA did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	None.

<sup>17</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed April 2022, <https://www.pdmassist.org/Policies/Maps/PDMPPolicies>.

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

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

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

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

<b><u>FLORIDA</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• FLA. STAT. ANN. § 381.887 (immunity provisions).</li> <li>• FLA. STAT. ANN. § 395.1041 (reporting).</li> <li>• FLA. STAT. ANN. § 456.44 (co-prescribing requirement).</li> <li>• FLA. STAT. ANN. § 1002.20 (naloxone in schools).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• June 10, 2015 (FLA. STAT. ANN. § 381.887).</li> <li>• July 1, 2018 (FLA. STAT. ANN. § 456.44).</li> <li>• July 1, 2022 (FLA. STAT. ANN. § 395.1041).</li> </ul>
<b>Term(s) used</b>	Emergency opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2016 amendment to Fla. Stat. Ann. § 381.887 allows for naloxone to be dispensed under a standing order.</li> <li>• October 1, 2017 amendment to Fla. Stat. Ann. § 381.887 authorizes emergency responders and crime laboratory personnel for the statewide criminal analysis laboratory system to possess, store, and administer opioid antagonists.</li> <li>• July 1, 2022 amendment to Fla. Stat. Ann. § 381.887 expands who can store and dispense emergency opioid antagonists to include certain specified persons. This amendment also revised the language used from “opioid antagonist” to “emergency opioid antagonist.”</li> <li>• July 1, 2022 amendment to Fla. Stat. Ann. § 1002.20 provides that a public school may purchase a supply of the opioid antagonist naloxone and enter into agreement with a wholesaler for the purchase of naloxone. This amendment also provides that school employees who administer naloxone are immune from civil liability.</li> <li>• July 1, 2022 amendment to Fla. Stat. Ann. § 381.981 amends the language of existing law to require that substance use campaigns include public outreach on emergency opioid antagonists.</li> </ul>
<b>Standing order</b>	The Florida Department of Health issued a statewide naloxone standing order on May 3, 2017. <sup>19</sup> The order was extended on September 22, 2021. <sup>20</sup> The order authorizes pharmacists who maintain a current active license practicing in a pharmacy located in Florida to dispense naloxone to emergency responders for administration to persons exhibiting signs of opioid overdose.

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

<sup>20</sup> “Statewide standing order for naloxone,” Department of Health, last accessed April 2022, <https://www.floridahealth.gov/licensing-and-regulation/ems-system/documents/standing-order-naloxone.pdf>.

<b><u>FLORIDA</u></b>	
<b>Persons who can prescribe</b>	<ul style="list-style-type: none"> <li>• An “authorized health care practitioner,” defined as a licensed practitioner authorized by the laws of the state to prescribe drugs.</li> <li>• A pharmacist may order an emergency opioid antagonist with an auto injection delivery system or intranasal application delivery system for a patient or caregiver</li> </ul>
<b>Prescriber immunity</b>	An authorized health care practitioner acting in good faith and exercising reasonable care is not subject to discipline or other adverse action under any professional licensure statute or rule and is immune from any civil or criminal liability as a result of prescribing an emergency opioid antagonist.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Licensed practitioner authorized by the laws of the state to prescribe drugs.</li> <li>• Pharmacist.</li> </ul>
<b>Dispenser immunity</b>	Dispensing health care practitioner or pharmacist acting in good faith and exercising reasonable care is not subject to discipline or other adverse action under any professional licensure statute or rule and is immune from any civil or criminal liability as a result of dispensing an emergency opioid antagonist.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid overdose.</li> <li>• Family member, friend, or person in a position to have recurring contact with a person at risk of experiencing an opioid overdose (“caregiver”).</li> <li>• Emergency responders, including, but not limited to: <ul style="list-style-type: none"> <li>○ Law enforcement officers;</li> <li>○ Paramedics; and</li> <li>○ Emergency medical technicians.</li> </ul> </li> <li>• Crime laboratory personnel for the statewide criminal analysis laboratory system, including, but not limited to: <ul style="list-style-type: none"> <li>○ Analysts;</li> <li>○ Evidence intake personnel; and</li> <li>○ Supervisors.</li> </ul> </li> <li>• Personnel of a law enforcement agency or other agency including but not limited to correctional probation officers and child protective investigators.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	In an emergency when a physician is not immediately available, a layperson may administer an emergency opioid antagonist to a person they believe in good faith to be experiencing an opioid overdose, regardless of whether that person has a prescription for an emergency opioid antagonist.



<b><u>FLORIDA</u></b>	
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• A layperson who administers an approved emergency opioid antagonist is afforded civil liability immunity protections under the state's general Good Samaritan Act (FLA. STAT. ANN. § 768.13).</li> <li>• A school district employee who administers an approved emergency opioid antagonist to a student in compliance with the law is immune from civil liability.</li> </ul>
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Not addressed by statute.</li> </ul>
<b>Co-prescription requirements</b>	When treating a patient's pain related to a traumatic injury with an Injury Severity Score of 9 or greater, a prescriber who prescribes a Schedule II controlled substance opioid drug must concurrently prescribe an emergency opioid antagonist.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Naloxone in schools</b>	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.
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	A person does not need to have a prescription for an emergency opioid antagonist for him or her to be administered the drug. A hospital emergency department or an urgent care center that treats someone for a suspected or actual overdose must report the incident.

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

<sup>21</sup> ” Standing order for prescription of naloxone for overdose prevention,” Georgia Dept. of Public Health, last accessed April 2022, <https://dph.georgia.gov/naloxone>.

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

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

<b><u>HAWAII</u></b>	
<b>Dispenser immunity</b>	Health care professional or pharmacist who, acting in good faith and with reasonable care dispenses or distributes an opioid antagonist, will not be subject to any criminal or civil liability or any professional disciplinary action for: (1) prescribing, dispensing, or distributing the opioid antagonist; and (2) any outcomes resulting from the eventual administration of the opioid antagonist.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Individual at risk of experiencing an opioid-related drug overdose.</li> <li>• An individual requesting the opioid antagonist for an individual at risk for an opioid overdose.</li> <li>• Another person in a position to assist an individual at risk of experiencing an opioid-related drug overdose.</li> <li>• Harm reduction organization.</li> <li>• Emergency medical technicians.</li> <li>• Law enforcement officers.</li> <li>• Firefighters.</li> <li>• Lifeguards.</li> </ul>
<b>Layperson possession without prescription</b>	Any person may lawfully possess an opioid antagonist.
<b>Layperson administration</b>	A layperson can administer an opioid antagonist to another person whom he or she believes to be suffering from an opioid-related drug overdose.
<b>Layperson immunity</b>	A person acting in good faith and with reasonable care who administers an opioid antagonist to another person whom the person believes to be suffering an opioid-related drug overdose is immune from criminal prosecution and sanction under any professional licensing law, and civil liability for acts or omissions resulting from the administration.
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Pharmacist who prescribes and dispenses an opioid antagonist must: (1) complete an approved training program (as described in statute); and (2) provide the individual who is receiving the opioid antagonist with information and written educational material on risk factors of opioid overdose, signs of an overdose, overdose response steps, and the use of the opioid antagonist.</li> </ul>

<b><u>HAWAII</u></b>	
<b>Training and education requirements (continued)</b>	<ul style="list-style-type: none"> <li>The Hawaii Department of Health must work with community partners to provide or establish any of the following: (1) education on opioid-related drug overdose prevention, recognition, and response, including opioid antagonist administration; (2) training on opioid-related drug overdose prevention, recognition, and response, including opioid antagonist administration, for patients receiving opioids and their families and caregivers; (3) opioid antagonist prescription and distribution projects; and (4) education and training projects on opioid-related drug overdose response and treatment, including opioid antagonist administration, for emergency services and law enforcement personnel, including volunteer firefighters, lifeguards, and emergency services personnel.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	The Department of Human Services must ensure that opioid antagonists for outpatient use are covered by the Medicaid prescription drug program on the same basis as other covered drugs.
<b>Naloxone in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	None.

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

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



<b><u>ILLINOIS</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• 20 ILL. COMP. STAT. ANN. 301/5-23 (immunity provisions).</li> <li>• 105 ILL. COMP. STAT. ANN. 5/22-30 (naloxone in schools).</li> <li>• 215 ILL. COMP. STAT. ANN. 5/356z.23 (insurance coverage).</li> <li>• 745 ILL. COMP. STAT. ANN. 49/36 (pharmacist exemption).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• January 1, 2010 (20 ILL. COMP. STAT. ANN. 301/5-23).</li> <li>• September 9, 2015 (105 ILL. COMP. STAT. ANN. 5/22-30; 215 ILL. COMP. STAT. ANN. 5/356z.23; and 745 ILL. COMP. STAT. ANN. 49/36).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• August 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.</li> <li>• September 9, 2015 amendment to 20 ILL. COMP. STAT. ANN. 301/5-23 allows a health care professional to prescribe or dispense naloxone, added criminal liability protections for such health care professional, and added civil liability protection for a person who administers naloxone in an emergency who is not otherwise licensed to administer an opioid antagonist.</li> <li>• January 1, 2022 amendment to 20 ILL. COMP. STAT. ANN. 301/5-23 allows hospitals to enroll in the state’s overdose prevention program, requires the Department of Human Services to consider certain factors when awarding grants to applicants, including racial disparities in opioid overdose experienced by the communities to be served by grantees.</li> <li>• June 2, 2022 amendment to 215 ILL. COMP. STAT. ANN. 5/356z.23 prohibits an individual or group policy of accident and health insurance amended, delivered, issued, or renewed in the state after the effective date of the law that provides coverage for naloxone hydrochloride from imposing a copayment on the coverage provided. The effective date of the law is January 1, 2023. However, insurance companies are not required to adhere to the law until January 1, 2024.</li> <li>• 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.</li> </ul> <p>June 2, 2022 amendment to ILL. COMP. STAT. ANN 225 ILCS 85/19.1 requires pharmacists to inform patients that opioids are addictive and offer</p>

<b><u>ILLINOIS</u></b>	
<b>Substantive amendment(s) to law(s) (continued)</b>	<ul style="list-style-type: none"> <li>• to dispense an opioid antagonist. (Effective July 1, 2023).</li> <li>• January 1, 2022 amendment to 20 ILL. COMP. STAT. ANN. 301/5-23 provides that a health care professional or other person acting under the direction of a health care professional may, directly or by standing order, obtain, store, and dispense an opioid antagonist. Further, the amendment provides that a healthcare professional or person acting under the direction of a healthcare profession must not, as a result of his or her acts or omissions, be subject to: (1) any disciplinary or other adverse action under the Medical Practice Act of 1987, the Physician Assistant Practice Act of 1987, the Nurse Practice Act, the Pharmacy Practice Act, or any other professional licensing statute; or (2) any criminal liability, except for willful and wanton misconduct.</li> </ul>
<b>Standing order</b>	A statewide naloxone standing order took effect on September 7, 2017 and is renewed annually. The standing order authorizes trained, licensed pharmacists and overdose education and naloxone distribution programs (OEND), to dispense naloxone to anyone who requests it. OEND programs may include law enforcement agencies, drug treatment programs, local health departments, hospitals, urgent care facilities, or other for-profit or not-for-profit community-based organizations that do not have access to a standing order through their organization. <sup>22</sup>
<b>Persons who can prescribe</b>	<p>“Health care professional,” which is defined as a:</p> <ul style="list-style-type: none"> <li>• Physician licensed to practice medicine;</li> <li>• Licensed physician assistant with prescriptive authority;</li> <li>• Licensed advanced practice registered nurse with prescriptive authority; and</li> <li>• Advanced practice registered nurse or physician assistant who practices in a hospital, hospital affiliate, or ambulatory surgical treatment center and possesses appropriate clinical privileges.<sup>23</sup></li> </ul>
<b>Prescriber immunity</b>	Health care professional acting in good faith directly or by standing order who prescribes an opioid antagonist is not, as a result of his or her acts or omissions, subject to: (1) any disciplinary or other adverse action under the Medical Practice Act of 1987, the Physician Assistant Practice Act of 1987, the Nurse Practice Act, the Pharmacy Practice Act, or any other professional licensing statute; or (2) any criminal liability, except for willful and wanton misconduct.

<sup>22</sup> Naloxone FAQ, Ill. Dept. of Public Health, last accessed April 2022, <https://dph.illinois.gov/topics-services/opioids/naloxone.html>.

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

<b><u>ILLINOIS</u></b>	
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• “Health care professional,” as defined above, including a pharmacist licensed to practice pharmacy under the Pharmacy Practice Act.</li> <li>• A health care professional or other person acting under the direction of a health care professional may, directly or by standing order, obtain, store, and dispense an opioid antagonist to a patient in a facility that includes, but is not limited to, a hospital, a hospital affiliate, or a federally qualified health center.</li> </ul>
<b>Dispenser immunity</b>	<ul style="list-style-type: none"> <li>• Health care professional who, acting in good faith, directly or by standing order, dispenses an opioid antagonist will not as a result of his or her acts or omissions, be subject to: (1) any disciplinary or other adverse action under the Medical Practice Act of 1987, the Physician Assistant Practice Act of 1987, the Nurse Practice Act, the Pharmacy Practice Act, or any other professional licensing statute; or (2) any criminal liability, except for willful and wanton misconduct.</li> <li>• Pharmacist who in good faith dispenses an opioid antagonist is not, as a result of his or her acts or omissions, except for willful or wanton misconduct on the part of the person, in dispensing the drug or administering the drug, liable for civil damages.</li> <li>• A health care professional or other person acting under the direction of a health care professional must not, as a result of his or her acts or omissions, be subject to: (1) any disciplinary or other adverse action under the Medical Practice Act of 1987, the Physician Assistant Practice Act of 1987, the Nurse Practice Act, the Pharmacy Practice Act, or any other professional licensing statute; or (2) any criminal liability, except for willful and wanton misconduct.</li> </ul>
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person who, in the judgment of the health care professional, can administer the drug in an emergency.</li> <li>• Person who is not at risk of opioid overdose, but who, in the judgment of the health care professional, may be able to assist another individual during an opioid-related drug overdose.</li> <li>• Law enforcement officer.</li> <li>• Firefighter.</li> <li>• Emergency medical services technician.</li> <li>• School nurse or other trained school personnel.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.

<b><u>ILLINOIS</u></b>	
<b>Layperson administration</b>	Person who is not otherwise licensed to administer an opioid antagonist may, in an emergency, administer such drug without fee if the person has received proper training information and believes in good faith that another person is experiencing a drug overdose.
<b>Layperson immunity</b>	As a result of his or her acts or omissions, a layperson who administers an opioid antagonist will not be subject to any criminal prosecution or civil liability, except for willful and wanton misconduct.
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Health care professional prescribing an opioid antagonist to a patient must ensure that the patient receives information on, among other things: (1) opioid antagonist dosage and administration; (2) the importance of calling 911; and (3) care for the overdose victim after administration of the overdose antagonist.</li> <li>• Information provided to a patient may be done by a health care professional or a community-based organization, substance use disorder program, or other organization with which the health care professional establishes a written agreement that includes a description of how the organization will provide patient information, how employees or volunteers providing information will be trained, and standards for documenting the provision of patient information to patients. Provision of this information must be documented in the patient's medical record.</li> <li>• Every state and local government agency that employs a law enforcement officer or fireman must possess opioid antagonists and must establish a policy to (1) control the acquisition, storage, transportation, and administration of such opioid antagonists and to (2) provide training in the administration of opioid antagonists.</li> </ul>
<b>Co-prescription requirements</b>	<ul style="list-style-type: none"> <li>• A prescriber must offer a prescription for naloxone hydrochloride, or another similar drug approved by the Food and Drug Administration, under specified circumstances.</li> </ul>
<b>Requirements placed on insurers</b>	<ul style="list-style-type: none"> <li>• Coverage for prescription drugs must include at least one opioid antagonist, including the medication product, administration devices, and any pharmacy administration fees related to the dispensing of the opioid antagonist. This coverage must include refills for expired or utilized opioid antagonists.</li> </ul>

<b><u>ILLINOIS</u></b>	
<b>Requirements placed on insurers (continued)</b>	<ul style="list-style-type: none"> <li>• Prohibits an individual or group policy of accident and health insurance amended, delivered, issued, or renewed in the state after the effective date of the law that provides coverage for naloxone hydrochloride from imposing a copayment on the coverage provided. The effective date of the law is January 1, 2023. However, insurance companies are not required to adhere to the law until January 1, 2024.</li> </ul>
<b>Naloxone in schools</b>	<ul style="list-style-type: none"> <li>• School district, public school, charter school, or nonpublic school may authorize 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.</li> <li>• Administration by school nurse or trained personnel may occur: (1) while in school; (2) while at a school-sponsored activity; (3) while under the supervision of school personnel; or (4) before or after normal school activities.</li> <li>• School nurse or trained personnel may carry an opioid antagonist on his or her person.</li> <li>• School district, public school, charter school, or nonpublic school may maintain a supply of an opioid antagonist in any secure location where an overdose may occur.</li> <li>• Upon any administration of an opioid antagonist, a school district, public school, charter school, or nonpublic school must immediately activate the EMS system and notify the student's parent, guardian, or emergency contact, if known.</li> <li>• Within 24 hours after the administration of an opioid antagonist, a school district, public school, charter school, or nonpublic school must notify the health care professional who provided the prescription for the opioid antagonist of its use.</li> <li>• Within three days after the administration of an opioid antagonist by school nurse or trained personnel, the school must report certain information to the Illinois Board of Education.</li> <li>• School district, public school, charter school, or nonpublic school and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the administration of an opioid antagonist regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's health care provider.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	<p>According to information from PDMP/TTAC, Illinois tracks naloxone dispensing and administration in the PDMP.<sup>24</sup> LAPP did not locate a statute or regulation directing this reporting.</p>

<sup>24</sup> "PDMP Policies and Capabilities," Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed May 2022, <https://www.pdmpassist.org/Policies/Maps/PDMPPolicies>.

<b><u>ILLINOIS</u></b>	
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• The Illinois Department of Human Services may support overdose prevention, recognition, and response projects by facilitating the acquisition of opioid antagonist medication, providing trainings in overdose prevention best practices, connecting programs to medical resources, establishing a statewide standing order for the acquisition of needed medication, establishing learning collaboratives between localities and programs, and assisting programs in navigating any regulatory requirements for establishing or expanding such programs.</li> <li>• Every publicly or privately owned ambulance, special emergency medical services vehicle, non-transport vehicle, or ambulance assist vehicle that responds to requests for emergency services or transports patients between hospitals in emergency situations must possess opioid antagonists.</li> <li>• Law enforcement is required to take part in-service training program in the administration of an emergency opioid antagonists. 50 ILL. COMP. STAT. ANN. 705/10.18 (Effective date May 13, 2022).</li> </ul>

<b><u>INDIANA</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• IND. CODE ANN. § 16-31-3-23.5 (prescribing, dispensing, administration).</li> <li>• IND. CODE ANN. § 16-42-27-1 to -3 (immunity).</li> <li>• IND. CODE ANN. § 20-34-4.5-0.2 to -6 (naloxone in schools).</li> <li>• IND. CODE ANN. § 12-23-20-2 (co-prescription requirement).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• March 26, 2014 (IND. CODE ANN. § 16-31-3-23.5).</li> <li>• April 17, 2015 (IND. CODE ANN. § 16-42-27).</li> <li>• July 1, 2017 (IND. CODE ANN. § 20-34-4.5).</li> <li>• July 1, 2019 (IND. CODE ANN. § 12-23-20-2).</li> </ul>
<b>Term(s) used</b>	Overdose intervention drug.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• April 17, 2015 amendment to IND. CODE ANN. § 16-31-3-23.5 allows first responders to receive naloxone through a standing order.</li> <li>• July 1, 2018 amendment to IND. CODE ANN. § 16-31-3-23.5 adds probation departments and community corrections programs to the list of entities that can obtain naloxone as well as added training requirements.</li> </ul>
<b>Standing order</b>	The statewide naloxone standing order, authorized by IND. CODE ANN. § 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. <sup>25</sup>
<b>Persons who can prescribe</b>	<ul style="list-style-type: none"> <li>• Physician licensed under IND. CODE ANN. § 25-22.5.</li> <li>• Physician assistant licensed under IND. CODE ANN. § 25-27.5 and granted the authority to prescribe by the physician assistant's collaborating physician and in accordance with IND. CODE ANN. § 25-27.5-5-4.</li> <li>• Advanced practice registered nurse licensed and granted the authority to prescribe drugs under IND. CODE ANN. § 25-23.</li> </ul>
<b>Prescriber immunity</b>	Prescriber who prescribes an overdose intervention drug in compliance with the law is immune from civil liability arising from those actions.

<sup>25</sup> "Indiana statewide naloxone standing order toolkit for naloxone entities," Ind. State Dept. of Health, last accessed June 2022, <https://optin.in.gov/files/Indiana-Statewide-Naloxone-Standing-Order-Toolkit.pdf>.

<b><u>INDIANA</u></b>	
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Physician licensed under IND. CODE ANN. § 25-22.5.</li> <li>• Physician assistant licensed under IND. CODE ANN. § 25-27.5 and granted the authority to prescribe by the physician assistant's collaborating physician and in accordance with IND. CODE ANN. § 25-27.5-5-4.</li> <li>• Advanced practice registered nurse licensed and granted the authority to prescribe drugs under IND. CODE ANN. § 25-23.</li> <li>• Pharmacist.</li> </ul>
<b>Dispenser immunity</b>	Prescriber or pharmacist who dispenses an overdose intervention drug in compliance with the law is immune from civil liability arising from those actions.
<b>Persons who can receive or administer ("laypersons")</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related overdose.</li> <li>• Family member, friend, or any other individual or entity in a position to assist an individual who is at risk of experiencing an opioid-related overdose.</li> <li>• Advanced emergency medical technician.</li> <li>• Community corrections officer.</li> <li>• Emergency medical responder.</li> <li>• Emergency medical technician.</li> <li>• Firefighter or volunteer firefighter.</li> <li>• Law enforcement officer.</li> <li>• Paramedic.</li> <li>• Probation officer.</li> <li>• School nurse or other trained school employee.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Layperson can, in good faith, administer an overdose intervention drug to an individual who is experiencing an apparent opioid-related overdose. He or she must attempt to summon emergency services either immediately before or immediately after administering the overdose intervention drug.
<b>Layperson immunity</b>	Layperson is immune from civil liability for actions associated with the administration of an overdose intervention drug in good faith.
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Prescriber must provide education and training on overdose response and treatment, including: (1) the administration of an overdose intervention drug; (2) summoning emergency services immediately before or after administering the drug; and (3) information about treatment programs, including programs in the local area and programs that offer medication assisted treatment.</li> </ul>



<b><u>INDIANA</u></b>	
<b>Training and education requirements (continued)</b>	<ul style="list-style-type: none"> <li>• Entity acting under a standing order issued by a prescriber must: (1) provide education and training on overdose response and treatment, including the administration of an overdose intervention drug; and (2) provide information about substance use disorder treatment and referrals to drug treatment programs, including programs in the local area and programs that offer medication assisted treatment.</li> <li>• Certain individuals must receive education and training on drug overdose response and treatment, including the administration of an overdose intervention drug, before he or she may administer an overdose intervention, including: (1) an advanced emergency medical technician; (2) a community corrections officer; (3) an emergency medical responder; (4) an emergency medical technician; (5) a firefighter or volunteer firefighter; (6) a law enforcement officer; (7) a paramedic; and (8) a probation officer.</li> </ul>
<b>Co-prescription requirements</b>	Health care provider that prescribes for a patient in an office-based opioid treatment setting must prescribe an overdose intervention drug and provide education on how to fill the prescription when buprenorphine treatment is initiated.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Naloxone in schools</b>	<ul style="list-style-type: none"> <li>• School or a school corporation may fill a prescription for naloxone and store naloxone in the school.</li> <li>• School nurse or a trained school employee may administer naloxone to a student, employee, or visitor if the individual is demonstrating signs or symptoms of an overdose and if the drug is administered in accordance with the manufacturer’s guidelines and the law, the person is not liable for civil damages resulting from the administration of naloxone unless the act or omission constitutes gross negligence or willful or wanton misconduct.</li> <li>• School nurse or employee must submit a report when naloxone is administered to the Department of Education no later than 10 school days after the naloxone is administered.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Indiana tracks naloxone dispensing and administration in the PDMP. <sup>26</sup> LAPP did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	None.

<sup>26</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed September 23, 2020 <https://www.pdmpassist.org/Policies/Maps/PDMPPolicies>.

<b><u>IOWA</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• IOWA CODE ANN. § 135.190 (general immunity provisions).</li> <li>• IOWA CODE ANN. § 135.190A (opioid antagonist medication fund).</li> <li>• IOWA CODE ANN. § 147A.18 (possession by first responders).</li> <li>• IOWA CODE ANN. § 124.551 (reporting to PDMP).</li> <li>• IOWA CODE ANN. § 135.190 (naloxone in schools).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• May 27, 2016 (IOWA CODE ANN. § 135.190 and 147A.18).</li> <li>• July 1, 2018 (provision added to IOWA CODE ANN. § 124.551).</li> <li>• June 13, 2022 (IOWA CODE ANN. § 135.190A).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	June 13, 2022 amendment to IOWA CODE ANN. § 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.
<b>Standing order</b>	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, 2021. <sup>27</sup> The order automatically expires one year from the date of authorization, or the date naloxone is approved as an over-the-counter medication, whichever occurs first. The order may be reissued annually at the discretion of the medical director.
<b>Persons who can prescribe</b>	<p>“Licensed health care professional,” which is defined as:</p> <ul style="list-style-type: none"> <li>• Person licensed to practice medicine and surgery or osteopathic medicine and surgery;</li> <li>• Licensed advanced registered nurse practitioner who is registered with the Board of Nursing; and</li> <li>• Physician assistant licensed to practice under the supervision of a physician.</li> </ul>
<b>Prescriber immunity</b>	Prescriber of an opioid antagonist who has acted reasonably and in good faith is not liable for any injury arising from the provision, administration, or assistance in the administration of an opioid antagonist.
<b>Persons who can dispense or distribute</b>	Pharmacist.
<b>Dispenser immunity</b>	Not addressed by statute.

<sup>27</sup> “Naloxone standing order,” Iowa Dept. of Public Health, last accessed April 3, 2022, [https://pharmacy.iowa.gov/sites/default/files/documents/2021/11/standing\\_order\\_-\\_naloxone\\_kloxxado.ds\\_.pdf](https://pharmacy.iowa.gov/sites/default/files/documents/2021/11/standing_order_-_naloxone_kloxxado.ds_.pdf).

<b><u>IOWA</u></b>	
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person in a position to assist,” which is defined as a:               <ul style="list-style-type: none"> <li>○ Family member;</li> <li>○ Friend;</li> <li>○ Caregiver;</li> <li>○ Health care provider;</li> <li>○ Employee of a substance use treatment facility; and</li> <li>○ Other person who may be in a place to render aid to a person at risk of experiencing an opioid-related overdose.</li> </ul> </li> <li>• Medical care ambulance service.</li> <li>• Law enforcement agency.               <ul style="list-style-type: none"> <li>○ Fire department.</li> </ul> </li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Person in a position to assist may possess and provide or administer an opioid antagonist to an individual if the person in a position to assist reasonably and in good faith believes that such individual is experiencing an opioid-related overdose.
<b>Layperson immunity</b>	Person in a position to assist who has acted reasonably and in good faith while administering an opioid antagonist is not liable for any injury arising from the provision, administration, or assistance in the administration of the opioid antagonist.
<b>Training and education requirements</b>	Pharmacist who dispenses, furnishes, or otherwise provides an opioid antagonist pursuant to a valid prescription, standing order, or collaborative agreement must provide instruction to the recipient in accordance with any protocols and instructions developed by the Iowa Department of Public Health.
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Naloxone in schools</b>	A school district may obtain a valid prescription for an opioid antagonist and maintain a supply of opioid antagonists in a secure location at each location where a student may be present.

<b><u>IOWA</u></b>	
<b>Dispensing or administration reported to PDMP</b>	<ul style="list-style-type: none"> <li>• Under state statutory law, the State Board of Pharmacy must adopt rules requiring the following administration information to be provided to the state PDMP: (1) patient identification; (2) person administering; (3) date; and (4) quantity administered.</li> <li>• According to information from PDMP/TTAC, Iowa tracks naloxone dispensing and administration in the PDMP.<sup>28</sup> LAPP did not locate a statute or regulation.</li> </ul>
<b>Other provisions of note</b>	Under state law, an opioid antagonist medication fund for first responders is funded through the state treasury. Money in the fund must be used for the purchase, maintenance, and replacement of opioid antagonist medication administered by first responders to persons experiencing an opioid-related overdose.

<sup>28</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed April 2022, <https://www.pdmppassist.org/Policies/Maps/PDMPPolicies>.

<b><u>KANSAS</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• KAN. STAT. ANN. § 65-16,127 (STATEWIDE PROTOCOL).</li> <li>• KAN. STAT. ANN. § 65-1683 (PDMP).</li> </ul>
<b>Initial effective date(s)</b>	<p>July 1, 2017 (KAN. STAT. ANN. § 65-16,127).</p> <p>April 28, 2022 (KAN. STAT. ANN. § 65-1683).</p>
<b>Term(s) used</b>	Emergency opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	April 28, 2022 amendment to KAN. STAT. ANN. § 65-1683 provides that the Board of Pharmacy may require that information related to the dispensation of an emergency opioid antidote to the PDMP.
<b>Standing order</b>	Under KAN. STAT. ANN. § 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 March 17, 2022. <sup>29</sup>
<b>Persons who can prescribe</b>	<p>“Health care provider,” which is defined as a:</p> <ul style="list-style-type: none"> <li>• Physician licensed to practice medicine and surgery;</li> <li>• Licensed dentist;</li> <li>• “Mid-level practitioner,” which is defined to include a: <ul style="list-style-type: none"> <li>○ Certified nurse-midwife;</li> <li>○ Licensed advanced practice registered nurse; and</li> <li>○ Licensed physician assistant.</li> </ul> </li> <li>• Any person authorized by law to prescribe medication.</li> </ul>
<b>Prescriber immunity</b>	Healthcare provider who in good faith and with reasonable care prescribes an emergency opioid antagonist is not, by an act or omission, subject to civil liability, criminal prosecution or any disciplinary or other adverse action by a professional licensure entity arising from the healthcare provider prescribing the emergency opioid antagonist.
<b>Persons who can dispense or distribute</b>	Pharmacist.
<b>Dispenser immunity</b>	Pharmacist who in good faith and with reasonable care dispenses an emergency opioid antagonist is not, by an act or omission, subject to civil liability, criminal prosecution or any disciplinary or other adverse action by a professional licensure entity arising from the healthcare provider or pharmacist dispensing the emergency opioid antagonist.

<sup>29</sup> “Protocol for dispensing naloxone to individuals at risk of experiencing, witnessing, or responding to an opioid-related overdose,” Kansas State. Board of Pharmacy, last accessed April 2022, [https://pharmacy.ks.gov/docs/default-source/Naloxone/naloxone-statewide-protocol---official.pdf?sfvrsn=c709a601\\_6](https://pharmacy.ks.gov/docs/default-source/Naloxone/naloxone-statewide-protocol---official.pdf?sfvrsn=c709a601_6).

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

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

<b><u>KENTUCKY</u></b>	
<b>Statute(s)</b>	KY. REV. STAT. ANN. § 217.186 (dispensing naloxone). KY. REV. STAT. ANN. § 15.291 (allocation of funds). KY. REV. STAT. ANN. § 217.177 (prescription).
<b>Initial effective date(s)</b>	June 25, 2013 (KY. REV. STAT. ANN. § 217.186). March 24, 2021 (KY. REV. STAT. ANN. § 15.291). June 29, 2021 (KY. REV. STAT. ANN. § 217.177).
<b>Term(s) used</b>	Naloxone, opioid antagonist
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• March 25, 2015 amendment allows for third-party prescriptions and allows schools to keep naloxone on the premises and administer it in the case of an overdose.</li> <li>• June 27, 2019 amendment allows a pharmacist to utilize the naloxone protocol to dispense naloxone to any person or agency who provides training on the administration of naloxone to the public as part of a harm reduction program, regardless of whom the ultimate user of the naloxone may be.</li> <li>• April 8, 2022 amendment to KY. REV. STAT. ANN. § 217.186 and KY. REV. STAT. ANN. § 217.177 replaces the word “naloxone” with “opioid antagonist” in existing law.</li> </ul>
<b>Standing order</b>	A physician and a pharmacist may enter into a naloxone protocol. A sample protocol, last updated September 28, 2021, is available on the Kentucky Board of Pharmacy website. <sup>30</sup>
<b>Persons who can prescribe</b>	“Licensed health care provider,” which is not defined by the statute.
<b>Prescriber immunity</b>	Licensed health-care provider who, acting in good faith, prescribes naloxone to a person or agency who, in the judgment of the health-care provider, can administer the drug for an emergency opioid overdose, is not, as a result of his or her acts or omissions, subject to disciplinary or other adverse action under professional licensing laws.
<b>Persons who can dispense or distribute</b>	Pharmacist.
<b>Dispenser immunity</b>	Pharmacist who, acting in good faith, directly or by standing order, dispenses naloxone to a person or agency who, in the judgment of the health-care provider, is capable of administering the drug for an emergency opioid overdose, is not, as a result of his or her acts or omissions, subject to disciplinary or other adverse action under professional licensing laws.

<sup>30</sup> “Protocol to initiate dispensing of naloxone for opioid overdose prevention and response,” Ky. Board of Pharmacy, last accessed May 2022, <https://pharmacy.ky.gov/Documents/Sample%20Naloxone%20Protocol%20and%20Education%20Sheets.pdf>.



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

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

<b><u>LOUISIANA</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• LA. STAT. ANN. § 40:978.1 (first responder training).</li> <li>• LA. STAT. ANN. § 40:978.2 (immunity provisions).</li> <li>• LA. STAT. ANN. § 17:436.1 (naloxone in schools).</li> <li>• La. Admin. Code Tit. 46, Pt. LIII, § 2901 (PDMP reporting).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• May 28, 2014 (LA. STAT. ANN. § 40:978.1).</li> <li>• June 23, 2015 (LA. STAT. ANN. § 40:978.2).</li> <li>• May 30, 2018 (LA. STAT. ANN. § 17:436.1).</li> <li>• January 20, 2019 (La. Admin. Code Tit. 46, Pt. LIII, § 2901; naloxone added to the definition of “drugs of concern”).</li> </ul>
<b>Term(s) used</b>	Naloxone.
<b>Substantive amendment(s) to law(s)</b>	June 5, 2016 amendment to LA. STAT. ANN. § 40:978.2 made it lawful for any person to possess naloxone.
<b>Standing order</b>	The statewide naloxone standing order is issued pursuant to LA. STAT. ANN. § 40:978.2. The order is valid for one year from the date of issuance. The order was mostly issued on December 30, 2021. <sup>31</sup> Any pharmacy licensed by the Louisiana Board of Pharmacy may rely on the order for the distribution or dispensing of naloxone to any Louisiana resident.
<b>Persons who can prescribe</b>	“Licensed medical practitioner,” which is defined as a physician or other healthcare practitioner licensed, certified, registered, or otherwise authorized to perform specified healthcare services consistent with state law.
<b>Prescriber immunity</b>	Licensed medical practitioner who, in good faith, prescribes naloxone or another opioid antagonist is not, as a result of any act or omission, subject to civil liability, criminal prosecution, or disciplinary or other adverse action under any professional licensing statute.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Licensed medical practitioner.</li> <li>• Pharmacist.</li> <li>• Person or organization acting pursuant to a standing order issued by a healthcare professional who is authorized to prescribe naloxone may store and dispense naloxone if such activities are performed without charge or compensation.</li> </ul>
<b>Dispenser immunity</b>	Licensed pharmacist or other licensed medical practitioner who, in good faith, dispenses naloxone or another opioid antagonist is not, as a result of any act or omission, subject to civil liability, criminal prosecution, or disciplinary or other adverse action under any professional licensing statute.

<sup>31</sup> “Standing order for the distribution or dispensing of naloxone or other opioid antagonists,” La. Dept. of Health, last accessed June 2022, <https://ldh.la.gov/assets/HealthyLa/Pharmacy/NaloxoneStandingOrder.pdf>.

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

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

<b><u>MAINE</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• ME. STAT. TIT. 22, § 2353 (immunity provisions).</li> <li>• ME. STAT. TIT. 24-A, § 2159-E (life insurance requirements).</li> <li>• ME. REV. STAT. TIT. 20-A, § 6307 (naloxone in schools).</li> <li>• ME. REV. STAT. TIT. 17-A, § 1111-B (immunity from arrest, prosecution, and revocation).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• April 29, 2014 (ME. STAT. TIT. 22, § 2353).</li> <li>• September 19, 2019 (ME. STAT. TIT. 24-A, § 2159-E).</li> <li>• October 18, 2021 (ME. REV. STAT. TIT. 20-A, § 6307).</li> <li>• May 3, 2022 (ME. REV. STAT. TIT. 17-A, § 1111-B).</li> </ul>
<b>Term(s) used</b>	Naloxone hydrochloride.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• October 15, 2015 amendment to ME. STAT. TIT. 22, § 2353 allows: (1) a health care professional to prescribe naloxone either directly or by standing order; and (2) for third-party prescriptions to a friend or any other person that may be able to administer naloxone to an individual, in addition to a family member.</li> <li>• May 2, 2018 amendment to ME. STAT. TIT. 22, § 2353 allows a pharmacist to prescribe and dispense naloxone to an individual of any age at risk of experiencing an opioid-related drug overdose.</li> <li>• September 19, 2019 amendment to ME. STAT. TIT. 22, § 2353 added the naloxone requirements for recovery residences.</li> <li>• June 11, 2021 ME. REV. STAT. 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.</li> <li>• May 3, 2022 amendment to ME. REV. STAT. TIT. 17-A, § 1111-B provides that a person is exempt from arrest or prosecution for a nonviolent offense or for a violation of probation or condition of release a person at the location of a drug-related overdose for which medical assistance was sought or naloxone was administered.</li> </ul>
<b>Standing order</b>	Maine does not have a statewide naloxone standing order, but a physician can enter into a standing order with a pharmacy to allow the distribution of naloxone without a prescription.
<b>Persons who can prescribe</b>	<ul style="list-style-type: none"> <li>• “Health care professional,” which is defined as a person licensed under Title 32 of the Maine Revised Statutes who is authorized to prescribe naloxone hydrochloride.</li> <li>• Pharmacist.</li> </ul>
<b>Prescriber immunity</b>	Health care professional or a pharmacist, acting in good faith and with reasonable care, is immune from criminal and civil liability and is not subject to professional disciplinary action for prescribing naloxone hydrochloride in accordance with the law or for any outcome resulting from such actions.

<b><u>MAINE</u></b>	
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Pharmacist.</li> <li>• Overdose prevention program that dispenses without charge or compensation.</li> <li>• Emergency medical services persons, ambulance service persons, and non-transporting emergency medical services persons.</li> </ul>
<b>Dispenser immunity</b>	Pharmacist acting in good faith and with reasonable care is immune from criminal and civil liability and is not subject to professional disciplinary action for dispensing naloxone hydrochloride in accordance with the law or for any outcome resulting from such actions.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Individual at risk of experiencing an opioid-related drug overdose.</li> <li>• Member of an individual’s immediate family or a friend of the individual or another person in a position to assist the individual if the individual is at risk of experiencing an opioid-related drug overdose.</li> <li>• Law enforcement agency.</li> <li>• Regional or county jail.</li> <li>• Correctional facility.</li> <li>• Municipal fire department.</li> </ul>
<b>Layperson possession without prescription</b>	Person acting in good faith and with reasonable care is immune from criminal and civil liability and is not subject to professional disciplinary action for possessing or providing to another person naloxone hydrochloride.
<b>Layperson administration</b>	Layperson may administer naloxone hydrochloride to an individual if he or she believes in good faith that the individual is experiencing an opioid-related drug overdose.
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• Person, acting in good faith and with reasonable care, is immune from criminal and civil liability and is not subject to professional disciplinary action for administering naloxone hydrochloride to an individual whom the person believes in good faith is experiencing an opioid-related drug overdose or for any outcome resulting from such actions.</li> <li>• A person is exempt from arrest or prosecution for a nonviolent offense or for a violation of probation or condition of release a person at the location of a drug-related overdose for which medical assistance was sought or naloxone was administered.</li> </ul>

<b><u>MAINE</u></b>	
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Maine’s Medical Direction and Practices Board must establish medical training protocols for law enforcement officers, corrections officers, and municipal firefighters for these individuals to be able to administer naloxone.</li> <li>• An overdose prevention program established under the law may distribute unit-of-use packages of naloxone hydrochloride and the medical supplies necessary to administer the naloxone hydrochloride to a person who has successfully completed training provided by the overdose prevention program that meets the protocols and criteria established by the Department of Health and Human Services.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	<p>An insurer authorized to do business in Maine may not:</p> <ul style="list-style-type: none"> <li>• Limit coverage or refuse to issue or renew coverage of an individual under any life insurance policy because the individual has been issued a prescription for naloxone or has purchased naloxone;</li> <li>• Consider the fact that an individual has been issued a prescription for naloxone or has purchased naloxone in determining the premium rate for coverage of that individual under a life insurance policy; or</li> <li>• Otherwise discriminate in the offering, issuance, cancellation, amount of coverage, price, or any other condition of a life insurance policy based solely and without any additional actuarial justification upon the fact that an individual has been issued a prescription for naloxone or has purchased naloxone.</li> </ul>
<b>Naloxone in schools</b>	<ul style="list-style-type: none"> <li>• Pursuant to a collaborative practice agreement, a physician licensed in this State or a school health advisor and a school nurse that provides for the possession, prescription, administration, and distribution of naloxone hydrochloride by the physician or school health advisor and administration of naloxone hydrochloride by the school nurse. Alternatively, if a collaborative practice agreement has is not adopted pursuant the governing body of a school administrative unit or an approved private school may authorize a school nurse or other licensed health care professional whose scope of practice includes administration of naloxone.</li> <li>• Finally, by January 1, 2022, the Department of Education must develop and publish guidelines for the management of an opioid overdose during school or a school sponsored activity.</li> </ul>



<b><u>MAINE</u></b>	
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Maine tracks naloxone dispensing in the PDMP. <sup>32</sup> LAPP did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	Recovery residence must store at least two units of naloxone for each floor of the recovery residence and must provide training in administration of naloxone to all the residents, employees, and any other persons involved in the operation of the recovery residence.

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<sup>32</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed April 2022, <https://www.pdmpassist.org/Policies/Maps/PDMPPolicies>.

<b><u>MARYLAND</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• MD. CODE ANN., HEALTH – GEN. § 13-3101 to -3109 (immunity).</li> <li>• MD. CODE ANN., HEALTH – GEN. § 13-3502 (co-prescribing).</li> <li>• MD. CODE ANN., EDUC. § 7-426.5 (naloxone in schools).</li> <li>• MD. CODE ANN., HEALTH – GEN. § 8-408 (increasing access to naloxone).</li> <li>• MD. CODE ANN., EDUC. § 11-1201 to -1204 (higher education).</li> <li>• Md. Code Ann., INS. § 15-850 (health insurance requirements).</li> <li>• Md. Code Regs. 10.13.03.03 (co-prescribing regulation).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• October 1, 2013 (MD. CODE ANN., HEALTH – GEN. § 13-3101 to -3109).</li> <li>• June 1, 2017 (MD. CODE ANN., HEALTH – GEN. § 13-3502).</li> <li>• July 1, 2017 (MD. CODE ANN., EDUC. § 7-426.5 and 11-1202).</li> <li>• January 1, 2018 (Md. Code Ann., INS. § 15-850).</li> <li>• July 6, 2020 (Md. Code Regs. 10.13.03.03).</li> <li>• July 1, 2022 (MD. CODE ANN., HEALTH – GEN. § 8-408).</li> </ul>
<b>Term(s) used</b>	Naloxone; opioid overdose reversal drug.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• June 1, 2017 amendment to MD. CODE ANN., HEALTH – GEN. § 13-3101 to -3109 removed the requirement that an individual receive a certificate before obtaining naloxone. The amendment also allows any health care provider with prescribing authority to prescribe and dispense naloxone.</li> <li>• May 12, 2022 amendment requires that on or before June 30, 2024, that various public and private entities establish a protocol to for the use of opioid overdose reversal drugs. This includes state and local correctional facilities, the division of probation and parole, and homeless service programs.</li> <li>• July 1, 2022 amendment to MD. CODE ANN., 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.”</li> <li>• July 1, 2022 amendment to MD. CODE EDUC.- GEN § 13–516 requires that first responders to offer an opioid overdose drug to a person having an opioid overdose.</li> </ul>
<b>Standing order</b>	Under MD. CODE ANN., HEALTH – GEN. § 13-3106, a physician employed by the Maryland Department of Health may prescribe naloxone by issuing a standing order. An updated statewide naloxone standing order was issued on June 1, 2021. The order will expire on June 1, 2023. <sup>33</sup> The standing order authorizes any Maryland licensed pharmacist to dispense naloxone to any individual.

<sup>33</sup> “Statewide naloxone standing order,” Md. Dept. of Health, last accessed May 2022, <https://drive.google.com/file/d/1rEonwqUXrIruRmrHDjWESyLOBAWZCf1L/view>.

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

<b><u>MARYLAND</u></b>	
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Individual is not required to obtain training and education on opioid overdose recognition and response in order for a pharmacist to dispense naloxone to the individual.</li> <li>• On or before -specific enumerated dates, a community services program or homeless services program that provides services to individuals who have a substance use disorder must have a protocol in place to offer opioid overdose reversal drugs approved by the FDA to these individuals.</li> </ul>
<b>Co-prescription requirements</b>	<p>Maryland's Secretary of Health must establish guidelines for the co-prescribing of opioid overdose reversal drugs that are applicable to all licensed health care providers in the state who are authorized by law to prescribe a monitored prescription drug. The guidelines must address the co-prescribing of opioid overdose reversal drugs for patients who are at an elevated risk of overdose and: (1) receive opioid therapy for chronic pain; (2) receive a prescription for benzodiazepines; or (3) are treated for opioid use disorders. When determined appropriate by the prescribing licensed health care provider, targeted patient populations may be co-prescribed an opioid overdose reversal drug if the individual is at an elevated risk of experiencing an opioid overdose.</p>
<b>Requirements placed on insurers</b>	<p>Health insurer or other entity subject to state law that includes on its 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.</p>
<b>Naloxone in schools</b>	<ul style="list-style-type: none"> <li>• Each county board must establish a policy in accordance with school health guidelines and state laws and regulations for public schools within its jurisdiction to authorize the school nurse, school health services personnel, and other school personnel to administer naloxone or other overdose-reversing medication to a student or other person located on school property who is reasonably believed to be experiencing an opioid overdose.</li> <li>• School nurse or any other school personnel may not be held personally liable for any act or omission while responding to the emergency, except for any willful or grossly negligent act.</li> </ul>

<b><u>MARYLAND</u></b>	
<b>Naloxone in schools</b>	<ul style="list-style-type: none"> <li>• On or before October 1 each year, each public school must submit a report to the Department of Education on each incident at the school that required the use of naloxone.</li> <li>• Each institution of higher education must establish a policy that addresses opioid use disorder and prevention. The policy established must require the institution to obtain and store at the institution naloxone to be used in an emergency.</li> <li>• On or before October 1 each year, each institution of higher education must report to the Maryland Higher Education Commission on each incident at the institution that required the use of naloxone.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Maryland tracks naloxone dispensing and administration in the PDMP. <sup>34</sup> LAPP did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	On or before June 30, 2023, 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.

<sup>34</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed April 2022, <https://www.pdmppassist.org/Policies/Maps/PDMPPolicies>.

<b><u>MASSACHUSETTS</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• MASS. GEN. LAWS ANN. CH. 94C, § 19 (third-party prescriptions).</li> <li>• MASS. GEN. LAWS ANN. CH. 94C, § 19B (immunity provisions).</li> <li>• MASS. GEN. LAWS ANN. CH. 29, § 2RRRR (naloxone bulk purchase trust fund).</li> <li>• MASS. GEN. LAWS ANN. CH. 94C, § 19C (naloxone rescue kits).</li> <li>• MASS. GEN. LAWS ANN. CH. 112, § 12FF (layperson immunity).</li> <li>• MASS. GEN. LAWS ANN. CH. 94C, § 19B ½ (exchange).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• August 12, 2012 (MASS. GEN. LAWS ANN. CH. 94C, § 19).</li> <li>• July 1, 2014 (MASS. GEN. LAWS ANN. CH. 94C, § 19B).</li> <li>• July 1, 2015 (MASS. GEN. LAWS ANN. CH. 94C, § 19C and ch. 29, § 2RRRR).</li> <li>• March 14, 2016 (MASS. GEN. LAWS ANN. CH. 112, § 12FF).</li> <li>• August 9, 2018 (MASS. GEN. LAWS ANN. CH. 94C, § 19B ½).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	<p>August 8, 2018 amendment to MASS. GEN. LAWS ANN. CH. 94C, § 19B:</p> <ul style="list-style-type: none"> <li>○ Adds the immunity protections for dispensers; and</li> <li>○ Expands access to naloxone through a statewide standing order, rather than requiring each pharmacy to secure and file a standing order individually.</li> </ul>
<b>Standing order</b>	MASS. GEN. LAWS ANN. CH. 94C, § 19B(b) 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 most current standing order was issued September 20, 2021. <sup>35</sup>
<b>Persons who can prescribe</b>	“Practitioner,” which is defined as a physician, dentist, veterinarian, podiatrist, scientific investigator, or other person registered to distribute, dispense, conduct research with respect to, or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research in the Commonwealth.
<b>Prescriber immunity</b>	Any practitioner who, acting in good faith, directly or through the standing order, prescribes an opioid antagonist is not subject to any criminal or civil liability or any professional disciplinary action.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Licensed pharmacist.</li> <li>• Practitioner.</li> <li>• A municipality or non-municipal public agency that is duly registered pursuant to MASS. GEN. LAWS ANN. CH. 94C § 7(g) may convey or exchange naloxone or another opioid antagonist</li> </ul>

<sup>35</sup> “Standing order for dispensing naloxone rescue kits,” last accessed June 2022, <https://www.mass.gov/doc/statewide-standing-order/download>.

<b><u>MASSACHUSETTS</u></b>	
	approved by the department to or with another duly registered entity.
<b>Dispenser immunity</b>	<ul style="list-style-type: none"> <li>• Except for an act of gross negligence or willful misconduct, a pharmacist who, acting in good faith, dispenses an opioid antagonist is not subject to any criminal or civil liability or any professional disciplinary action by the Board of Registration in Pharmacy related to the use or administration of an opioid antagonist.</li> <li>• Any practitioner who, acting in good faith, directly or through the standing order, dispenses an opioid antagonist is not subject to any criminal or civil liability or any professional disciplinary action.</li> </ul>
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opiate-related overdose.</li> <li>• Family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Layperson may, in good faith, administer an opioid antagonist to an individual appearing to be experiencing an opioid-related overdose.
<b>Layperson immunity</b>	Person who in good faith attempts to render emergency care by administering naloxone or any other opioid antagonist to a person reasonably believed to be experiencing an opiate-related overdose is not liable for acts or omissions resulting from the attempt to render this emergency care; provided, however, that immunity does not apply to acts of gross negligence or willful or wanton misconduct.
<b>Training and education requirements</b>	Not addressed by statute.
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Naloxone in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Massachusetts tracks naloxone dispensing and administration in the PDMP. <sup>36</sup> LAPP did not locate a statute or regulation directing this reporting.

<sup>36</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed April 2022, <https://www.pdmppassist.org/Policies/Maps/PDMPPolicies>.

<b><u>MASSACHUSETTS</u></b>	
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• A municipality or non-municipal public agency that is duly registered pursuant to MASS. GEN. LAWS ANN. CH. 94C § 7(g). may convey or exchange naloxone or another opioid antagonist approved by the department to or with another duly registered entity to ensure the availability and use of unexpired naloxone or other approved opioid antagonist; provided, however, that such an exchange must be recorded in a memorandum between the registered entities in a manner prescribed by the department.</li> <li>• The Board of Registration in Pharmacy must promulgate regulations requiring pharmacies located in areas with high incidents of opiate overdose to maintain a continuous supply of naloxone rescue kits or opioid antagonist medications.</li> <li>• Pharmacist who dispenses an opioid antagonist must annually report to the Department of Public Health the number of opioid antagonist doses dispensed. The reports do not identify individual patients and are not part of the public record. The Department will publish an annual report that includes aggregate information about the dispensing of opioid antagonists in the Commonwealth.</li> <li>• There is a Municipal Naloxone Bulk Purchase Trust Fund. Municipalities, ambulances, and non-profit organizations that contract with the Department of Public Health’s Bureau of Substance Addiction Services may join the program to purchase naloxone for municipal first responder agencies. A sheriff of a house of correction that contracts with the Department of Public Health may also participate in the program.</li> <li>• The Massachusetts’ State Police’s K-9 unit, in consultation with the Massachusetts’ Veterinary Medical Association, must create guidelines for administering naloxone to police canines, if needed. MASS. GEN. LAWS ANN. CH. 111C, § 9A (May 16, 2022).</li> <li>• The state’s 2021 budget, as enacted, included one million forty-thousand dollars (\$1,040,000) in funding for the purchase, administration, and training of first responder and bystander naloxone distribution programs. 2021 Mass. Legis. Serv. Ch. 24 (H.B. 4002)(Approved, July 16, 2021).</li> </ul>



<b><u>MICHIGAN</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• MICH. COMP. LAWS ANN. § 333.17744b (third-party prescriptions and immunity).</li> <li>• MICH. COMP. LAWS ANN. § 333.17744c (administration).</li> <li>• MICH. COMP. LAWS ANN. § 333.7422 (prescribing, dispensing, possessing).</li> <li>• MICH. COMP. LAWS ANN. § 691.1503 (layperson immunity).</li> <li>• MICH. COMP. LAWS ANN. § 333.17744e (standing order).</li> <li>• MICH. COMP. LAWS ANN. § 15.671 to 15.677 (possession by government employee).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• October 14, 2014 (MICH. COMP. LAWS ANN. § 333.17744b; 333.17744c; 333.7422; and 691.1503).</li> <li>• March 28, 2017 (MICH. COMP. LAWS ANN. § 333.17744e).</li> <li>• September 24, 2019 (MICH. COMP. LAWS ANN. § 15.671 to 15.677).</li> <li>• December 29, 2020 amendment to MICH. COMP. LAWS ANN. §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.</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	September 24, 2019 amendment to MICH. COMP. LAWS ANN. § 333.17744b allows for third-party prescriptions to agencies authorized to purchase, possess, and distribute an opioid antagonist.
<b>Standing order</b>	Under MICH. COMP. LAWS ANN. § 333.17744e, the Chief Medical Executive has the authority to issue a standing order for the purpose of a pharmacist dispensing naloxone. The most recent standing order took effect on October 19, 2021. 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. <sup>37</sup>

<sup>37</sup>“Standing order information packet-naloxone prescription for opioid overdose prevention,” Dept. of Health and Human Svcs., last accessed April 5, 2022, [https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder25/Folder2/Folder125/Folder1/Folder225/Standing\\_Order.pdf?rev=d4a1b21e170b4020a4506ee663d926da](https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder25/Folder2/Folder125/Folder1/Folder225/Standing_Order.pdf?rev=d4a1b21e170b4020a4506ee663d926da).

<b><u>MICHIGAN</u></b>	
<b>Persons who can prescribe</b>	<p>“Prescriber,” which is defined as a:</p> <ul style="list-style-type: none"> <li>• Licensed dentist;</li> <li>• Licensed Doctor of Medicine;</li> <li>• Licensed Doctor of Osteopathic Medicine and surgery;</li> <li>• Licensed doctor of podiatric medicine and surgery;</li> <li>• Licensed physician’s assistant;</li> <li>• Licensed optometrist certified to administer and prescribe therapeutic pharmaceutical agents;</li> <li>• Advanced practice registered nurse;</li> <li>• Licensed veterinarian; and</li> <li>• Licensed health professional acting under the delegation and using, recording, or otherwise indicating the name of the delegating licensed Doctor of Medicine or licensed Doctor of Osteopathic Medicine and surgery.</li> </ul>
<b>Prescriber immunity</b>	<p>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.</p>
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• “Dispensing prescriber,” which is defined as a prescriber, other than a veterinarian, who dispenses prescription drugs.</li> <li>• Pharmacist.</li> <li>• Governmental agency authorized to purchase, possess, and distribute an opioid antagonist under the Administration of Opioid Antagonists Act.</li> </ul>
<b>Dispenser immunity</b>	<ul style="list-style-type: none"> <li>• Dispensing prescriber or pharmacist, who dispenses an opioid antagonist as authorized under the law, is not liable in a civil action for a properly stored and dispensed opioid antagonist that was a proximate cause of injury or death to an individual due to the administration of or failure to administer the drug.</li> <li>• Governmental agency that purchases, possesses, or distributes an opioid antagonist is immune from civil liability for injuries or damages arising out of the administration of that drug to an individual under this act if the conduct does not amount willful or wanton misconduct that is the proximate cause of the injury, death or damages.</li> <li>• Governmental agency that purchases, possesses, or distributes an opioid antagonist is not subject to criminal prosecution for purchasing, possessing, or distributing an opioid antagonist under this act or for administering the drug to an individual under this act.</li> </ul>

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

<b><u>MICHIGAN</u></b>	
<b>Training and education requirements</b>	Government agency may purchase and possess an opioid antagonist and distribute that opioid antagonist to an employee or agent if he or she has been trained in the administration of that opioid antagonist
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Naloxone in schools</b>	Public school employee may possess and administer an opioid antagonist if he or she is properly trained in the administration of that opioid antagonist.
<b>Dispensing or administration reported to PDMP</b>	According to information PDMP/TTAC, Michigan tracks naloxone dispensing and administration in the PDMP. <sup>38</sup> LAPP did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	None.

<sup>38</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed May 2022, <https://www.pdmassist.org/Policies/Maps/PDMPPolicies>.

<b><u>MINNESOTA</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• MINN. STAT. ANN. § 604A.04 (immunity provisions).</li> <li>• MINN. STAT. ANN. § 151.37 (opioid antagonist protocol).</li> <li>• MINN. STAT. ANN. § 256.042 (Opiate Epidemic Response Advisory Council).</li> <li>• MINN. STAT. ANN. § 62Q.529 (health plans).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• May 10, 2014 (MINN. STAT. ANN. § 604A.04).</li> <li>• July 1, 2014 (MINN. STAT. ANN. § 151.37).</li> <li>• July 1, 2019 (MINN. STAT. ANN. § 256.042).</li> <li>• July 1, 2020 (MINN. STAT. ANN. § 62Q.529).</li> </ul>
<b>Term(s) used</b>	Opiate antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• May 23, 2019 amendment to MINN. STAT. ANN. § 151.37 adds: (1) correctional employees of a state or local political subdivision; (2) volunteer firefighters; and (3) licensed school nurses or certified public health nurses employed by, or under contract with, a school board, as persons authorized to administer naloxone.</li> <li>• MINN. STAT. ANN. § 121A.224 requires a school district or charter to school to maintain a supply of emergency opiate antagonists. (Effective date of this statute is July 1, 2022).</li> <li>• June 3, 2022 amendment to MINN. STAT. ANN. § 245G.08 revises existing statutory language and provides that a physician’s assistant may also issue a written standing order protocol for naloxone, in addition to a physician or advanced practice registered at a chemical dependency licensed treatment facility. (Effective date May 19, 2022).</li> </ul>
<b>Standing order</b>	The Minnesota Board of Pharmacy developed a written naloxone protocol for the use by pharmacists who want to work with medical consultants of community health boards, and the Minnesota Department of Health’s practitioner. This protocol was last revised on September 30, 2016. <sup>39</sup> Pharmacists are not required to use this protocol. Instead, they may work with another licensed practitioner who is permitted by law to prescribe an opiate antagonist. <sup>40</sup>
<b>Persons who can prescribe</b>	<ul style="list-style-type: none"> <li>• Licensed physician.</li> <li>• Licensed advanced practice registered nurse authorized to prescribe drugs.</li> <li>• Licensed physician assistant authorized to prescribe drugs.</li> </ul>

<sup>39</sup> “Opiate antagonist protocol,” Minn. Board of Pharmacy, last accessed April 2022, <https://www.health.state.mn.us/communities/injury/pubs/documents/OpiateAntagonistProtocolRevision09302016.pdf>.

<sup>40</sup> “Expanding naloxone access for preventing opioid overdose,” Minnesota Department of Health, last accessed April 2022, <https://www.health.state.mn.us/naloxone#Example1>.

<b><u>MINNESOTA</u></b>	
<b>Prescriber immunity</b>	Licensed health care professional who is permitted by law to prescribe an opiate antagonist, if acting in good faith, may directly or by standing order prescribe, dispense, distribute, or administer an opiate antagonist to a person without being subject to civil liability or criminal prosecution for the act.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Licensed health care professional who is permitted by law to prescribe an opiate antagonist.</li> <li>• Pharmacist.</li> </ul>
<b>Dispenser immunity</b>	Licensed health care professional who is permitted by law to prescribe an opiate antagonist, if acting in good faith, may directly or by standing order dispense or distribute an opiate antagonist to a person without being subject to civil liability or criminal prosecution for the act.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person who is not a health care professional.</li> <li>• Emergency medical responder.</li> <li>• Peace officer.</li> <li>• Correctional employees of a state or local political subdivision.</li> <li>• Staff of community-based health disease prevention or social service programs.</li> <li>• Volunteer firefighter.</li> <li>• Licensed school nurse or certified public health nurse employed by, or under contract with, a school board.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Layperson can administer an opiate antagonist to another person whom he or she believes in good faith to be suffering from a drug overdose.
<b>Layperson immunity</b>	Person who is not a health care professional, who acts in good faith in administering an opiate antagonist to another person whom he or she believes in good faith to be suffering a drug overdose, is immune from criminal prosecution for the act and is not liable for any civil damages for acts or omissions resulting from the act.

<b><u>MINNESOTA</u></b>	
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• The following individuals can administer opiate antagonists only if each receives training in the recognition of the signs of opiate overdose and the use of opiate antagonists as part of the emergency response to opiate overdose:               <ul style="list-style-type: none"> <li>○ Emergency medical responder;</li> <li>○ Peace officer;</li> <li>○ Correctional employees of a state or local political subdivision;</li> <li>○ Staff of community-based health disease prevention or social service programs;</li> <li>○ Volunteer firefighter; and</li> <li>○ Licensed school nurse or certified public health nurse employed by, or under contract with, a school board.</li> </ul> </li> <li>• A school district or charter school must maintain a supply of opiate antagonists. (Effective July 1, 2022).</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Health plan that provides prescription coverage must provide coverage for opiate antagonists prescribed and dispensed by a licensed pharmacist under the same terms of coverage that would apply had the prescription drug been prescribed by a licensed physician, physician assistant, or advanced practice nurse practitioner. Coverage does not need to apply if the drug is dispensed by an out-of-network pharmacy, unless the health plan covers prescription drugs dispensed by out-of-network pharmacies.
<b>Naloxone in schools</b>	Licensed school nurse or certified public health nurse employed by, or under contract with, a school board may be authorized by a physician, advanced practice registered nurse, or a physician assistant to administer naloxone.
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	None.

<b><u>MISSISSIPPI</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• MISS. CODE ANN. § 41-29-319 (immunity provisions).</li> <li>• MISS. CODE ANN. § 41-29-321 (training).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2015 (MISS. CODE ANN. § 41-29-319).</li> <li>• July 1, 2017 (MISS. CODE ANN. § 41-29-321).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	July 1, 2017 amendment to MISS. CODE ANN. § 41-29-319 allows for naloxone to be issued via a standing order.
<b>Standing order</b>	The first statewide standing order took effect on May 31, 2018. <sup>41</sup> The current version of the order took effect on May 11, 2022 and will expire on May 10, 2023. <sup>42</sup>
<b>Persons who can prescribe</b>	“Practitioner,” which is defined as a physician licensed to practice medicine in the state or any licensed health care provider who is authorized to prescribe an opioid antagonist.
<b>Prescriber immunity</b>	Any practitioner who prescribes or issues a standing order for an opioid antagonist is immune from any civil or criminal liability or professional licensing sanctions.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Pharmacist.</li> <li>• Practitioner.</li> </ul>
<b>Dispenser immunity</b>	Any practitioner or pharmacist acting in good faith and in compliance with the standard of care applicable to that practitioner or pharmacist who dispenses an opioid antagonist under a prescription or standing order is immune from any civil or criminal liability or professional licensing sanctions.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related overdose.</li> <li>• Registered pain management clinic.</li> <li>• Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose.</li> <li>• Emergency medical technicians.</li> <li>• Firefighters.</li> <li>• Law enforcement officers.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.

<sup>41</sup> “Drug to reverse effects of opioid overdose now available from Mississippi pharmacists,” Miss. State Dept. of Health, Board of Pharmacy, last accessed August 5, 2020, [https://www.mbp.ms.gov/Documents/Naloxone\\_Standing\\_Order\\_Press\\_Release\\_5\\_31\\_2018.pdf](https://www.mbp.ms.gov/Documents/Naloxone_Standing_Order_Press_Release_5_31_2018.pdf).

<sup>42</sup> “Mississippi statewide naloxone standing order,” Miss. State Dept. of Health, last accessed April 2022, [https://www.mbp.ms.gov/sites/default/files/inline-images/Naloxone%20Standing%20Order\\_Effective%20date%20051122%20FINAL\\_0.pdf](https://www.mbp.ms.gov/sites/default/files/inline-images/Naloxone%20Standing%20Order_Effective%20date%20051122%20FINAL_0.pdf).



<b><u>MISSISSIPPI</u></b>	
<b>Layperson administration</b>	Person acting in good faith and with reasonable care to another person whom he or she believes to be experiencing an opioid-related overdose may administer an opioid antagonist that was prescribed or authorized by a standing order.
<b>Layperson immunity</b>	Any person other than a practitioner who administers an opioid antagonist is immune from any civil or criminal liability.
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Before a pharmacist may dispense an opioid antagonist under a standing order, the pharmacist must complete a training program approved by the Mississippi Board of Pharmacy.</li> <li>• Mississippi Department of Health must create and offer opioid antagonist training for first responders that includes training on: (1) the signs and symptoms of an opioid overdose; (2) the protocols and procedures for administration of an opioid antagonist; (3) the signs and symptoms of an adverse reaction to an opioid antagonist; (4) the protocols and procedures to stabilize the patient if an adverse response occurs; and (5) the procedures for storage, transport, and security of the opioid antagonist. Training must be overseen by a physician or pharmacist licensed in the state.</li> <li>• First responders trained to possess and administer opioid antagonists must be retrained at least every three years.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Naloxone in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Mississippi tracks naloxone administration in the PDMP. <sup>43</sup> LAPP did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	None.

<sup>43</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed May 2022, <https://www.pdmpassist.org/Policies/Maps/PDMPPolicies>.

<b><u>MISSOURI</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• MO. ANN. STAT. § 190.255 (training).</li> <li>• MO. ANN. STAT. § 195.206 (immunity provisions).</li> <li>• MO. ANN. STAT. § 338.205 (storage and dispensing by non-pharmacists).</li> <li>• MO. ANN. STAT. § 191.1165 (health insurance requirements).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• August 28, 2014 (MO. ANN. STAT. § 190.255).</li> <li>• August 28, 2016 (MO. ANN. STAT. § 195.206 and 338.205).</li> <li>• August 28, 2019 (MO. ANN. STAT. § 191.1165).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist, naloxone hydrochloride
<b>Substantive amendment(s) to law(s)</b>	August 28, 2017 amendment to MO. ANN. STAT. § 195.206 allows for naloxone to be issued under a standing order.
<b>Standing order</b>	Under MO. ANN. STAT. § 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 took effect on August 28, 2017 and was last updated on April 20, 2021. <sup>44</sup>
<b>Persons who can prescribe</b>	Physician.
<b>Prescriber immunity</b>	The protocol physician (physician signing standing order or naloxone protocol) is not subject to any criminal or civil liability or any professional disciplinary action for prescribing the opioid antagonist or any outcome resulting from the administration of the opioid antagonist.
<b>Persons who can dispense or distribute</b>	Licensed pharmacist.
<b>Dispenser immunity</b>	Licensed pharmacist who, acting in good faith and with reasonable care, sells or dispenses an opioid antagonist and appropriate device to administer the drug is not subject to any criminal or civil liability or any professional disciplinary action for dispensing the opioid antagonist or any outcome resulting from the administration of the opioid antagonist.

<sup>44</sup> “Naloxone HCL dispensing procedures,” last accessed April 2022, <https://pr.mo.gov/boards/pharmacy/NaloxoneStandingOrder.pdf>.

<b><u>MISSOURI</u></b>	
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Any person.</li> <li>• “Qualified first responder,” which is defined to include:               <ul style="list-style-type: none"> <li>○ State and local law enforcement agency staff;</li> <li>○ Fire department personnel;</li> <li>○ Fire district personnel; and</li> <li>○ Licensed emergency medical technician.</li> </ul> </li> </ul>
<b>Layperson possession without prescription</b>	It is permissible for any person to possess an opioid antagonist without a prescription.
<b>Layperson administration</b>	Any person can administer an opioid antagonist to another person he or she believes to be suffering from an opioid-related overdose. Immediately after administering naloxone, the person must contact emergency personnel.
<b>Layperson immunity</b>	Person acting in good faith and with reasonable care, who administers an opioid antagonist to another person whom the person believes to be suffering an opioid-related overdose, is immune from criminal prosecution, disciplinary actions from his or her professional licensing board, and civil liability due to the administration of the opioid antagonist.
<b>Training and education requirements</b>	Qualified first responder can only administer naloxone if he or she has received training for the administration of naloxone.
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	<ul style="list-style-type: none"> <li>• A formulary used by a health insurer or managed by a pharmacy benefits manager, or medical benefit coverage in the case of medications dispensed through an opioid treatment program, must include naloxone.</li> <li>• Naloxone must be placed on the lowest cost-sharing tier of the formulary managed by the health insurer or the pharmacy benefits manager.</li> <li>• Naloxone may not be subject to: (1) any annual or lifetime dollar limitations; (2) financial requirements and quantitative treatment limitations that do not comply with the Mental Health Parity and Addiction Equity Act of 2008; (3) step therapy; or (4) prior authorization.</li> <li>• Missouri HealthNet program must cover naloxone.</li> </ul>
<b>Naloxone in schools</b>	Not addressed by statute.

<b><u>MISSOURI</u></b>	
<b>Dispensing or administration reported to PDMP</b>	Missouri does not have state legislation establishing a PDMP, but there exists a county based PDMP that covers much of the state. According to information from the PDMP/TTAC, Missouri tracks naloxone administration in the PDMP. <sup>45</sup> LAPPa did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	Any person or organization acting under a standing order issued by a health care professional who is otherwise authorized to prescribe an opioid antagonist may store an opioid antagonist without being subject to the licensing and permitting requirements for pharmacies and may dispense an opioid antagonist if the person does not collect a fee or compensation for dispensing the opioid antagonist.

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<sup>45</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed September 23, 2020 <https://www.pdmpassist.org/Policies/Maps/PDMPPolicies>.

<b><u>MONTANA</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• MONT. CODE ANN. § 50-32-601 to -611 (Help Save Lives from Overdose Act).</li> <li>• MONT. CODE ANN. § 20-5-426 (naloxone in schools).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• May 3, 2017 (MONT. CODE ANN. § 50-32-601 to -611).</li> <li>• July 1, 2017 (MONT. CODE ANN. § 20-5-426).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	None.
<b>Standing order</b>	MONT. CODE ANN. § 50-32-604 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 standing order was updated on May 1, 2019 and expires on December 31, 2020, unless otherwise updated by the State Medical Officer or his or her replacement. An updated standing order was issued on January 4, 2022. <sup>46</sup>
<b>Persons who can prescribe</b>	“Medical practitioner,” which is defined as any person licensed by the state of Montana to engage in the practice of medicine, dentistry, osteopathy, podiatry, optometry, or a nursing specialty and is licensed to administer or prescribe drugs.
<b>Prescriber immunity</b>	Medical practitioner may not be subject to disciplinary action or civil or criminal liability for injury resulting from the prescribing of an opioid antagonist.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Medical practitioner.</li> <li>• Pharmacist.</li> </ul>
<b>Dispenser immunity</b>	Medical practitioner or licensed pharmacist may not be subject to disciplinary action or civil or criminal liability for injury resulting from the dispensing of an opioid antagonist.

<sup>46</sup> “Montana standing order for naloxone opioid antagonists,” Mont. Dept. of Public Health and Human Svcs., last accessed June 2022, <https://dphhs.mt.gov/assets/publichealth/EMSTS/opioids/MontanaStandingOrderforNaloxoneOpioidAntagonists2022.pdf>.

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

<b><u>MONTANA</u></b>	
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Naloxone in schools</b>	<ul style="list-style-type: none"> <li>• Public or non-public school may maintain a stock supply of an opioid antagonist to be administered by school nurse or other authorized personnel to any student or nonstudent as needed for an actual or perceived opioid overdose.</li> <li>• A school that stocks an opioid antagonist must develop a protocol related to the training of school employees, the maintenance and location of the opioid antagonist, and immediate and long-term follow-up to the administration of the medication, including making a 9-1-1 emergency call.</li> <li>• School must provide training to authorized personnel.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	None.

<b><u>NEBRASKA</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• NEB. REV. ST. ANN. § 28-470 (immunity provisions).</li> <li>• NEB. REV. ST. ANN. § 71-2454 (PDMP reporting).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• May 28, 2015 (NEB. REV. ST. ANN. § 28-470).</li> <li>• February 25, 2016 (NEB. REV. ST. ANN. § 71-2454).</li> </ul>
<b>Term(s) used</b>	Naloxone.
<b>Substantive amendment(s) to law(s)</b>	None.
<b>Standing order</b>	Nebraska has a statewide naloxone standing order that is required to be reviewed at least every two years. <sup>47</sup>
<b>Persons who can prescribe</b>	<p>“Health professional,” which is defined to include:</p> <ul style="list-style-type: none"> <li>• Physician;</li> <li>• Physician assistant; and</li> <li>• Nurse practitioner.</li> </ul>
<b>Prescriber immunity</b>	Health care professional who is authorized to prescribe naloxone, if acting with reasonable care, may prescribe naloxone without being subject to administrative action or criminal prosecution.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Health professional.</li> <li>• Pharmacist.</li> </ul>
<b>Dispenser immunity</b>	Health care professional who is authorized to dispense naloxone or pharmacist, if acting with reasonable care, may dispense naloxone without being subject to administrative action or criminal prosecution.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person who is likely to experience an opioid-related overdose.</li> <li>• Family member, friend, or other person in a position to assist a person who is likely to experience an opioid-related overdose.</li> <li>• “Emergency responder,” which is defined to include: <ul style="list-style-type: none"> <li>○ Emergency medical responder;</li> <li>○ Emergency medical technician;</li> <li>○ Advanced emergency medical technician; and</li> <li>○ Paramedic.</li> </ul> </li> <li>• Peace officer or law enforcement employee</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Person who has obtained naloxone from a health professional or a prescription for naloxone from a health professional, may administer the naloxone, in good faith, to a person who is apparently experiencing an opioid-related overdose.

<sup>47</sup> “Nebraska naloxone standing order,” Neb. Dept. of Health and Human Svcs., last accessed August 6, 2020, [https://www.npharm.org/files/Naloxone%20standing%20order\\_revised%20062018.pdf](https://www.npharm.org/files/Naloxone%20standing%20order_revised%20062018.pdf).



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

<b><u>NEVADA</u></b>	
<b>Statute(s)</b>	NEV. REV. STAT. ANN. § 386.861 (opioid antagonist defined). NEV. REV. STAT. ANN. § 386.865 (opioid antagonist in schools). NEV. REV. STAT. ANN. § 386.870 (opioid antagonist in schools). NEV. REV. STAT. ANN. § 388A.547 (opioid antagonist in charter schools). NEV. REV. STAT. ANN. § 391.291 (school nurse requirements). NEV. REV. STAT. ANN. § 394.1995 (opioid antagonist in private schools). NEV. REV. STAT. ANN. § 453C.010 to 140 (opioid antagonist). NEV. REV. STAT. ANN. § 453C.105 (opioid antagonist in schools). NEV. REV. STAT. ANN. § 454.303 (school employees). NEV. REV. STAT. ANN. § 639.2357 (transfer of an opioid antagonist).
<b>Initial effective date(s)</b>	October 1, 2015 (NEV. REV. STAT. ANN. § 453C.010 to 140). July 1, 2021 (NEV. REV. STAT. ANN. § 453C.105; NEV. REV. STAT. ANN. § 454.303; NEV. REV. STAT. ANN. § 386.861; NEV. REV. STAT. ANN. § 386.865; NEV. REV. STAT. ANN. § 386.870; NEV. REV. STAT. ANN. § 388A.547; NEV. REV. STAT. ANN. § 391.291; NEV. REV. STAT. ANN. § 394.1995; and NEV. REV. STAT. ANN. § 639.2357).
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	July 1, 2021 amendment to NEV. REV. STAT. ANN. § 386.865 requires: <ul style="list-style-type: none"> <li>○ That public schools ensure that any opioid antagonist kept on the premises is kept in a secure location;</li> <li>○ That each school district develops a policy regarding the storage and transportation of an opioid antagonist; and</li> <li>○ That each school district and charter school 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.</li> </ul>
<b>Standing order</b>	Nevada does not have a statewide naloxone standing order. A registered pharmacist may, with or without a prescription from a health care professional authorized to prescribe an opioid antagonist, furnish an opioid antagonist in accordance with standardized procedures or protocols developed and approved by the State Board of Pharmacy. Alternatively, a health care professional may establish a standing order with a pharmacist.
<b>Persons who can prescribe</b>	“Health care professional,” which is defined to include: <ul style="list-style-type: none"> <li>• Physician;</li> <li>• Physician assistant; and</li> <li>• Advanced practice registered nurse.</li> </ul>

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

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

<b><u>NEVADA</u></b>	
<b>Naloxone in schools (continued)</b>	<ul style="list-style-type: none"> <li>• Public school must ensure that any opioid antagonist kept on the premises is kept in a secure location.</li> <li>• School district must develop a policy regarding the storage and transportation of an opioid antagonist.</li> <li>• Each school district and charter school must submit to the Division of Public and Behavioral Health, a report that details the number of opioid antagonists that were administered during the school year, as applicable.</li> <li>• School nurses must ensure that if the school has obtained an order for an opioid antagonist, that at least two employees are authorized to administer an opioid antagonist and trains the applicable employees on the storage and administration of an opioid antagonist.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• The state's Department of Health and Human Services may award grants for: (1) training programs for patients who receive opioid antagonists and for the families and caregivers of such patients concerning the prevention and recognition of and responses to opioid-related drug overdoses and other drug overdoses; and (2) projects to encourage, when appropriate, the prescription and distribution of opioid antagonists.</li> <li>• Upon the request of a patient, or a public or private school or an authorized entity for which an order for an opioid antagonist was a registered pharmacist must transfer a prescription or order to another registered pharmacist.</li> <li>• Naloxone is available for free to any person in the state of Nevada through the state's Opioid Response Grant.</li> </ul>

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

<b><u>NEW HAMPSHIRE</u></b>	
<b>Training and education requirements</b>	Not addressed by statute.
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	It is unfair discrimination in the business of life, life annuity, or disability coverage, to refuse to insure or to continue to insure, or limit the amount, extent, or kind of coverage based on the applicant who is also the proposed insured having filled a prescription for an opioid antagonist, when that prescription is not relevant to the applicant's health, but rather is designed to promote the health of someone else. For any such prescription, the carrier must inquire with the applicant as to the reason for the prescription and may request documentation that verifies the applicant's response prior to issuing an underwriting decision.
<b>Naloxone in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	According to information PDMP/TTAC, New Hampshire tracks naloxone administration in the PDMP. <sup>48</sup> LAPPa did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	None.

<sup>48</sup> "PDMP Policies and Capabilities," Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed May 2022, <https://www.pdmpassist.org/Policies/Maps/PDMPPolicies>.

<b><u>NEW JERSEY</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• N.J. STAT. ANN. § 24:6J-1 to 6 (Overdose Prevention Act).</li> <li>• N.J. STAT. ANN. § 18A:40-12.24 to -12.27 (naloxone in schools).</li> <li>• N.J. STAT. ANN. § 52:14-17.29ff (state employee insurance coverage).</li> <li>• N.J. STAT. ANN. § 24:21-15.2 (co-prescription requirements).</li> <li>• N.J. STAT. ANN. § 26:2S-38 (prescription drug benefit coverage).</li> <li>• N.J. STAT. ANN. § 30:4D-6m (insurance requirement).</li> <li>• N.J. STAT. ANN. § 26:5C-28 (harm reduction services).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2013 (N.J. STAT. ANN. § 24:6J-1 to -6).</li> <li>• December 1, 2018 (N.J. STAT. ANN. § 18A:40-12.24 to -12.27).</li> <li>• October 13, 2019 (N.J. STAT. ANN. § 30:4D-6m).</li> <li>• April 19, 2021 (N.J. STAT. ANN. § 24:21-15.2).</li> <li>• July 2, 2021 (N.J. STAT. ANN. § 26:2S-38; N.J. STAT. ANN. § 52:14-17.29ff).</li> <li>• January 18, 2022 (N.J. STAT. ANN. § 26:5C-28).</li> </ul>
<b>Term(s) used</b>	Opioid antidote; naloxone; naloxone hydrochloride.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• December 1, 2018 amendment to N.J. STAT. ANN. § 24:6J-4 allows for a school, school district, or school nurse to issue naloxone through a standing order.</li> <li>• April 19, 2021 amendment to N.J. STAT. ANN. § 24:21-15.2 requires that a healthcare practitioner must issue a prescription for an opioid antidote if the practitioner has issued a prescription for an opioid drug and: <ul style="list-style-type: none"> <li>○ The person has a history of substance use disorder;</li> <li>○ The opioid drug is for a daily dose of 90 morphine milligram equivalents; or</li> <li>○ The patient holds a current, valid prescription for a benzodiazepine that is a Schedule III or Schedule IV controlled dangerous substance.</li> </ul> </li> <li>• August 31, 2021 amendment N.J. STAT. ANN. §§ 24:6J-2 clarifies that both individuals who witness or experience a suspected drug overdose and an individual who experiences a suspected drug overdose are protected from arrest, charge, prosecution, conviction, and revocation of parole or probation for certain enumerated criminal offenses.</li> <li>• Entities authorized to provide harm reduction may obtain and distribute naloxone hydrochloride or other types of opioid antidotes to consumers, family members, and friends of consumers and to a member of the public.</li> </ul>



<b><u>NEW JERSEY</u></b>	
<b>Standing order</b>	The New Jersey Department of Health will issue a standing order to any licensed pharmacist in good standing with the New Jersey Board of Pharmacy to dispense naloxone. The standing orders do not have an expiration date but will automatically expire if opioid antidotes are approved for over-the-counter sale and distribution. <sup>49</sup>
<b>Persons who can prescribe</b>	<p>“Prescriber,” which is defined as a health care practitioner authorized by law to prescribe medications. This includes, but is not limited to a:</p> <ul style="list-style-type: none"> <li>• Physician;</li> <li>• Physician assistant; and</li> <li>• Advanced practice nurse.</li> </ul>
<b>Prescriber immunity</b>	Prescriber who prescribes an opioid antidote in good faith are not, as a result of the practitioner’s acts or omissions, subject to any criminal or civil liability, or any professional disciplinary action for prescribing an opioid antidote in accordance with the law.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Prescriber.</li> <li>• Pharmacist.</li> <li>• Entities authorized to provide harm reduction services.</li> </ul>
<b>Dispenser immunity</b>	Prescriber or pharmacist who dispenses an opioid antidote in good faith is not, as a result of the practitioner’s acts or omissions, subject to any criminal or civil liability, or any professional disciplinary action, for dispensing an opioid antidote in accordance with the law.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Any person who is deemed by a health care practitioner to be capable of administering the opioid antidote to an overdose victim in an emergency.</li> <li>• “Emergency medical responder,” which is defined as a person, other than a health care practitioner, who is employed on a paid or volunteer basis in the area of emergency response. This includes, but is not limited to a(n): <ul style="list-style-type: none"> <li>○ Emergency medical technician;</li> <li>○ Mobile intensive care paramedic; and</li> <li>○ Firefighter.</li> </ul> </li> <li>• “Professional,” which is defined as a person, other than a health care practitioner, who is employed on a paid basis or is engaged on a volunteer basis in the areas of substance use treatment or therapy, criminal justice, or a related area. This includes, but is not limited to a: <ul style="list-style-type: none"> <li>○ Sterile syringe access program employee; and</li> <li>○ Law enforcement official.</li> </ul> </li> <li>• School, school district, or school nurse.</li> </ul>

<sup>49</sup> “Naloxone distribution and training,” New Jersey Department of Health, last accessed April 2022, <https://nj.gov/health/integratedhealth/services-treatment/naloxone.shtml#1>.

<b><u>NEW JERSEY</u></b>	
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Person who is the recipient of an opioid antidote, which has been prescribed or dispensed for administration purposes and who has received overdose prevention information, may administer the opioid antidote to another person in an emergency, without fee, if the antidote recipient believes, in good faith, that the other person is experiencing an opioid overdose.
<b>Layperson immunity</b>	Person who administers an opioid antidote is not, as a result of the person's acts or omissions, subject to any criminal or civil liability for administering the opioid antidote.
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Prescriber or other health care practitioner who prescribes or dispenses an opioid antidote 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.</li> <li>• Professional or professional entity that dispenses an opioid antidote pursuant to a standing order must ensure that each patient who is dispensed an opioid antidote also receives a copy of the overdose prevention information that has been provided to the professional or professional entity.</li> <li>• In order to fulfill the information distribution requirements, overdose prevention information may be provided by the prescribing or dispensing health care practitioner, by the dispensing professional or professional entity, or by a community-based organization, or other organization that addresses medical or social issues related to drug addiction, and with which the health care practitioner, professional, or professional entity</li> </ul>

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

<b><u>NEW JERSEY</u></b>	
<b>Naloxone in schools</b>	<ul style="list-style-type: none"> <li>• School, school district, or school nurse can issue naloxone through a standing order. 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.</li> <li>• School, school district, school nurse, school employee, or any other officer or agent of a board of education, charter school, or nonpublic school who administers, or permits the administration of, an opioid antidote in good faith and pursuant to a standing order is not, as a result of any acts or omissions, subject to any criminal or civil liability, or any disciplinary action, for administering, or for permitting the administration of, the opioid antidote.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, New Jersey tracks naloxone administration in the PDMP. <sup>50</sup> LAPPA did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• In order to facilitate the dissemination of overdose prevention information, the Commissioner of Human Services, in consultation with other state and local organizations, may develop training materials in video, electronic, or other appropriate formats, and disseminate these materials to health care practitioners; professionals and professional entities that are authorized by standing order to dispense opioid antidotes; and organizations that are authorized to disseminate overdose prevention information under a written agreement.</li> <li>• The Commissioner of Human Services may award grants, based upon 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.</li> <li>• Opioid antidotes are included in the state’s prescription drug retail price registry. N.J. STAT. ANN. § 45:14-81 (Effective date July 2, 2021).</li> </ul>

<sup>50</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed May 2022, <https://www.pdmppassist.org/Policies/Maps/PDMPPolicies>.

<b><u>NEW MEXICO</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• N.M. STAT. ANN. § 24-23-1 (immunity provisions).</li> <li>• N.M. STAT. ANN. § 24-23-3 (opioid treatment centers).</li> <li>• N.M. STAT. ANN. § 29-7-7.6 (law enforcement naloxone kits).</li> <li>• N.M. STAT. ANN. § 33-2-51 (corrections department).</li> <li>• N.M. STAT. ANN. § 24-2D-7 (co-prescription requirement).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• March 4, 2016 (N.M. STAT. ANN. § 24-23-1).</li> <li>• June 16, 2017 (N.M. STAT. ANN. § 24-23-3, 33-2-51 and 29-7-7.6).</li> <li>• June 14, 2019 (N.M. STAT. ANN. § 24-2D-7).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	None.
<b>Standing order</b>	New Mexico has a statewide naloxone standing order. The order first took effect on March 18, 2016. <sup>51</sup> The order was last updated on July 1, 2020. <sup>52</sup>
<b>Persons who can prescribe</b>	“Licensed prescriber,” is defined as any individual who is authorized by law to prescribe an opioid antagonist in the state.
<b>Prescriber immunity</b>	Not addressed by statute.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Licensed prescriber.</li> <li>• Pharmacist.</li> </ul>
<b>Dispenser immunity</b>	Person who dispenses or distributes an opioid antagonist to another person is not subject to civil liability, criminal prosecution, or professional disciplinary action as a result of the distribution or dispensing of the opioid antagonist; provided, that actions are taken with reasonable care and without willful, wanton, or reckless behavior.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related drug overdose.</li> <li>• Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose.</li> <li>• Employee, volunteer, or representative of a community-based entity providing overdose prevention and education services that is registered with the Department of Health.</li> <li>• “First responder,” which is defined to include a(n): <ul style="list-style-type: none"> <li>○ Law enforcement officer;</li> <li>○ Firefighter or certified volunteer firefighter; and</li> <li>○ Emergency medical services personnel.</li> </ul> </li> </ul>

<sup>51</sup> “New Mexico statewide standing order for naloxone,” last accessed April 2022, <https://www.nmhealth.org/publication/view/regulation/2126/>.

<sup>52</sup> “New Mexico statewide standing order for registered pharmacist naloxone,” last accessed April 2022, <https://www.nmhealth.org/publication/view/regulation/2126/>.

<b><u>NEW MEXICO</u></b>	
<b>Layperson possession without prescription</b>	Person may possess an opioid antagonist regardless of whether the person holds a prescription for the opioid antagonist.
<b>Layperson administration</b>	Person may administer an opioid antagonist to another person if he or she, in good faith, believes the other person is experiencing a drug overdose and acts with reasonable care in administering the drug to the other person.
<b>Layperson immunity</b>	Person who possesses or who administers an opioid antagonist to another person is not subject to civil liability, criminal prosecution, or professional disciplinary action as a result of the possession or administration of the opioid antagonist; provided that actions are taken with reasonable care and without willful, wanton, or reckless behavior.
<b>Training and education requirements</b>	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.
<b>Co-prescription requirements</b>	<ul style="list-style-type: none"> <li>• Health care provider who prescribes an opioid analgesic for a patient must co-prescribe an opioid antagonist if the amount of opioid analgesic being prescribed is at least a five-day supply.</li> <li>• Opioid treatment center agency operating a federally certified program to dispense methadone or other narcotic replacement as part of a detoxification or maintenance treatment must provide each patient with two doses of naloxone and a prescription for it.</li> </ul>
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Naloxone in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	No.

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

<b><u>NEW YORK</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• N.Y. PUB. HEALTH LAW § 3309 (third-party prescriptions).</li> <li>• N.Y. EDUC. LAW § 922 (overdose prevention in school).</li> <li>• N.Y. EDUC. LAW § 6509-d (exemption to professional misconduct).</li> <li>• N.Y. PUB. HEALTH LAW § 273 (prior authorization).</li> <li>• N.Y. MENTAL HYG. LAW § 19.09 (online directory).</li> <li>• N.Y. INS. LAW § 2617 (unfair discrimination by insurer).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• April 1, 2006 (N.Y. PUB. HEALTH LAW § 3309).</li> <li>• August 11, 2015 (N.Y. EDUC. LAW § 922).</li> <li>• June 22, 2016 (N.Y. EDUC. LAW § 6509-d).</li> <li>• April 3, 2020 (N.Y. PUB. HEALTH LAW § 273).</li> <li>• October 7, 2020 (N.Y. INS. LAW § 2617).</li> <li>• April 5, 2022 (N.Y. MENTAL HYG. LAW § 19.09).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• August 11, 2015 amendment to N.Y. PUB. HEALTH LAW § 3309 adds schools to the list of entities that can receive a third-party prescription.</li> <li>• June 22, 2016 amendment to N.Y. PUB. HEALTH LAW § 3309 adds public libraries to the list of entities that can receive a third-party prescription.</li> <li>• August 24, 2020 amendment to N.Y. PUB. HEALTH LAW § 3309 adds restaurants, malls, bars, beauty parlors, theaters, hotels, and retail establishments, and employees at those locations, to the list of entities eligible to possess, distribute, and administer opioid antagonists.</li> <li>• June 27, 2022 amendment to N.Y. PUB. HEALTH LAW § 3309 sets forth co-prescribing requirements of an opioid antagonist when certain enumerated risk factors are present.</li> </ul>
<b>Standing order</b>	Under N.Y. 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 health care professional to dispense an opioid antagonist to a consumer upon request; or (2) register with the Department of Health as an opioid overdose prevention program.
<b>Persons who can prescribe</b>	“Health care professional,” which is defined as a person licensed, registered, or authorized to prescribe prescription drugs.
<b>Prescriber immunity</b>	Not addressed by statute.



<b><u>NEW YORK</u></b>	
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Health care professional.</li> <li>• Pharmacist.</li> <li>• Organization registered as an opioid overdose prevention program;</li> <li>• School district;</li> <li>• Public library;</li> <li>• Board of Cooperative Educational Services, county vocational education and extension board, charter school, non-public elementary and/or secondary school; and</li> <li>• Restaurant, bar, retail store, shopping mall, barber shop, beauty parlor, theater, sporting or event center, inn, hotel, motel.</li> </ul>
<b>Dispenser immunity</b>	Not addressed by statute.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related overdose;</li> <li>• Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose;</li> <li>• Organization registered as an opioid overdose prevention program;</li> <li>• School district;</li> <li>• Public library;</li> <li>• Board of Cooperative Educational Services, county vocational education and extension board, charter school, non-public elementary and/or secondary school; and</li> <li>• Restaurant, bar, retail store, shopping mall, barber shop, beauty parlor, theater, sporting or event center, inn, hotel, motel.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	A recipient of an opioid antagonist may administer the opioid antagonist to a person the recipient reasonably believes is experiencing an opioid overdose.
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• Recipient who uses an opioid antagonist for first aid or emergency treatment will not be subject to criminal, civil, or administration liability solely by reason of such action.</li> <li>• Evidence that a person was in possession of an opioid antagonist may not be admitted at any trial, hearing, or other proceeding in a prosecution for specific enumerated offenses. N.Y. CRIM. PRO. § 60.49 (Effective date December 6, 2021).</li> </ul>

<b><u>NEW YORK</u></b>	
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Any distribution of opioid antagonists must include an informational card or sheet that includes, at a minimum, information on: (1) how to recognize symptoms of an opioid overdose; (2) steps to take prior to and after an opioid antagonist is administered, including calling first responders; (3) the number for the toll free office of alcoholism and substance use services HOPE line; (4) how to access the office of alcoholism and substance use services' website; (5) the application of Good Samaritan protections provided in N.Y. PUB. HEALTH LAW § 3000-a; and (6) any other information deemed relevant by the Commissioner of Health.</li> <li>• The Office of Addiction Services in conjunction with the Department of Health, must maintain on its website a publicly available directory of all distributors of opioid antagonists to the public, including but not limited to, pharmacies, prevention programs and not-for-profits. (Effective date April 5, 2022).</li> </ul>
<b>Co-prescription requirements</b>	With the first prescription to a particular patient of an opioid of each year for use in a setting other than a general hospital or nursing home or certain facilities as provided by law or when a practitioner is prescribing a controlled substance to a patient under the care of hospice as defined by section four thousand two of this chapter, the prescriber must prescribe an opioid antagonist when certain enumerated risk factors are present.
<b>Requirements placed on insurers</b>	<ul style="list-style-type: none"> <li>• When a patient's health care provider prescribes a prescription drug that is on the statewide formulary of opioid dependence agents and opioid antagonists, the Department must not require prior authorization unless required by the Department of Health's Drug Use Review Program.</li> <li>• No insurer or entity authorized to issue life insurance can refuse to issue a life insurance policy or annuity contract or adjust the amount of premiums, or rates, charged for life insurance policies or annuity contracts for any individual solely because such individual has been prescribed medication used to block the effects of opioids, including, but not limited to naloxone, unless such action is based on sound actuarial principles or actual or reasonably anticipated experience.</li> </ul>
<b>Naloxone in schools</b>	A school can be issued naloxone through a third-party prescription.
<b>Dispensing or administration reported to PDMP</b>	No.

<b><u>NEW YORK</u></b>	
<b>Other provisions of note</b>	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 not 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.

<b><u>NORTH CAROLINA</u></b>	
<b>Statute(s)</b>	N.C. GEN. STAT. ANN. § 90-12.7.
<b>Initial effective date(s)</b>	April 9, 2013.
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• August 1, 2015 amendment adds immunity provisions for pharmacists who dispense opioid antagonists.</li> <li>• July 1, 2017 amendment allows a practitioner to directly or by standing order prescribe an opioid antagonist to any governmental or nongovernment organization.</li> </ul>
<b>Standing order</b>	North Carolina has a statewide naloxone standing order. The current order took effect on March 12, 2018 and does not expire. <sup>53</sup>
<b>Persons who can prescribe</b>	“Practitioner” acting in good faith and with reasonable care. The term is not defined by the statute.
<b>Prescriber immunity</b>	Any practitioner who prescribes an opioid antagonist is immune from any civil or criminal liability for any action related to the prescription of an opioid antagonist.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Pharmacist.</li> <li>• Governmental or nongovernmental organization, including:               <ul style="list-style-type: none"> <li>○ Local health department;</li> <li>○ Law enforcement agency; and</li> <li>○ Organization that promotes scientifically proven ways of mitigating health risks associated with substance use disorders and other high-risk behaviors.</li> </ul> </li> </ul>
<b>Dispenser immunity</b>	Any pharmacist who dispenses, or any organization that distributes, an opioid antagonist is immune from any civil or criminal liability for any actions associated with the dispensing or distribution of the opioid antagonist.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opiate-related overdose.</li> <li>• Family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose.</li> <li>• Governmental or nongovernmental organization (as defined).               <ul style="list-style-type: none"> <li>• 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.</li> </ul> </li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.

<sup>53</sup> “North Carolina State Health Director’s standing order for naloxone,” last accessed April 2022, <https://naloxonesaves.org/files/2019/01/2018-Standing-Order.pdf>.

<b><u>NORTH CAROLINA</u></b>	
<b>Layperson administration</b>	Person who receives an opioid antagonist that was prescribed or distributed pursuant to the law may administer the drug to another person if the person has a good faith belief that the other person is experiencing a drug-related overdose and he or she exercises reasonable care in administering the drug to the other person.
<b>Layperson immunity</b>	Person who administers an opioid antagonist is immune from any civil or criminal liability for any actions associated with the administration of the opioid antagonist.
<b>Training and education requirements</b>	Evidence of the use of reasonable care in administering an opioid antagonist includes the receipt of basic instruction and information on how to administer the opioid antagonist.
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Naloxone in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	Any government or nongovernmental organization that oversees a needle and hypodermic exchange program must also provide access to naloxone kits that contain naloxone hydrochloride or alternatively offer a referral to programs that offer naloxone hydrochloride. N.C. GEN. STAT. ANN. § 90-113.27.

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

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

<b><u>OHIO</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• OHIO REV. CODE ANN. § 2925.61 (immunity for administration).</li> <li>• OHIO REV. CODE ANN. § 4729.51 (persons who may sell, deliver, distribute, or possess dangerous drugs).</li> <li>• OHIO REV. CODE ANN. § 4729.541 (persons exempt from licensure).</li> <li>• OHIO REV. CODE ANN. § 4730.431 (immunity for physician assistants).</li> <li>• OHIO REV. CODE ANN. § 4731.94 to 4731.943 (physicians).</li> <li>• OHIO REV. CODE ANN. § 4723.488 (immunity for advanced practice registered nurses).</li> <li>• OHIO REV. CODE ANN. § 4729.44 (immunity for pharmacists).</li> <li>• Ohio Admin. Code 4729-5-39 (naloxone protocol).</li> <li>• OHIO REV. CODE ANN. § 3707.56 to 3707.562 (Board of Health).</li> <li>• OHIO REV. CODE ANN. § 4729.514 (procurement for emergency situations).</li> <li>• Ohio Admin. Code 4731-11-14 (co-prescription requirements).</li> <li>• OHIO REV. CODE ANN. § 4723.485 (naloxone furnished by an advanced practice registered nurse).</li> <li>• OHIO REV. CODE ANN. § 4730.435 (naloxone furnished by a physician assistant).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• March 11, 2014 (OHIO REV. CODE ANN. § 2925.61, 4730.431, 4731.94).</li> <li>• July 16, 2015 (OHIO REV. CODE ANN. § 4731.941, 4731.942, 4723.488, and 4729.44).</li> <li>• July 17, 2015 (Ohio Admin. Code 4729-5-39).</li> <li>• April 6, 2017 (OHIO REV. CODE ANN. § 3707.56 to 3707.562, 4729.514, and 4731.943).</li> <li>• December 23, 2018 (Ohio Admin. Code 4731-11-14).</li> <li>• December 16, 2020 (OHIO REV. CODE ANN. § 4723.485 and 4730.435).</li> </ul>
<b>Term(s) used</b>	Opioid reversal drug; naloxone.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 15, 2015 amendment to OHIO REV. CODE ANN. § 2925.61 allows individuals to legally obtain naloxone issued by: (1) a licensed health professional; (2) an individual who is authorized by a physician to personally furnish naloxone, or a pharmacist or pharmacy intern who is authorized by a physician or Board of Health to dispense naloxone without a prescription.</li> </ul>



<b><u>OHIO</u></b>	
<b>Substantive amendment(s) to law(s) (continued)</b>	<ul style="list-style-type: none"> <li>• June 24, 2022 amendment to OHIO REV. CODE ANN. §925.61; OHIO REV. CODE ANN. §3707.56; OHIO REV. CODE ANN. §3707.561; OHIO REV. CODE ANN. §3707.562; OHIO REV. CODE ANN. §3712.01; OHIO REV. CODE ANN. §3712.031; OHIO REV. CODE ANN. §3712.061; OHIO REV. CODE ANN. §3719.051; OHIO REV. CODE ANN. §3719.06; OHIO REV. CODE ANN. §4723.484; OHIO REV. CODE ANN. §4723.485; OHIO REV. CODE ANN. §4723.486; OHIO REV. CODE ANN. §4729.01; OHIO REV. CODE ANN. §4729.29; OHIO REV. CODE ANN. §4729.44; OHIO REV. CODE ANN. §4729.51; OHIO REV. CODE ANN. §4729.511; OHIO REV. CODE ANN. §4729.514; OHIO REV. CODE ANN. §4729.515; OHIO REV. CODE ANN. §4729.541; OHIO REV. CODE ANN. §4730.434; OHIO REV. CODE ANN. §4730.435; OHIO REV. CODE ANN. §4730.436; OHIO REV. CODE ANN. §4731.36; OHIO REV. CODE ANN. §4731.94; OHIO REV. CODE ANN. §4731.941; OHIO REV. CODE ANN. §4731.942; OHIO REV. CODE ANN. §4731.943; OHIO REV. CODE ANN. §4765.44; OHIO REV. CODE ANN. §4765.45; and OHIO REV. CODE ANN. §4765.52 deletes the word “naloxone” and replaces it with “overdose reversal drug.” (Effective date September 23, 2022).</li> <li>• April 6, 2017 amendment to OHIO REV. CODE ANN. §2925.61 adds immunity provisions for individuals who are employees, volunteers, or contractors of a service entity and are authorized to administer naloxone.</li> <li>• House Bill 341 makes several amendments, which are to be effective December 16, 2020: <ul style="list-style-type: none"> <li>○ Adds civil immunity protections for laypersons who administer naloxone to OHIO REV. CODE ANN. §2925.61.</li> <li>○ Amends OHIO REV. CODE ANN. § 4729.44 to require the Ohio Board of Pharmacy to develop an education program on the authority of pharmacist or pharmacy interns to dispense naloxone without a prescription.</li> </ul> </li> <li>• Adds libraries to the list of “service entities” and allows a service entity to procure and maintain naloxone to use or to furnish naloxone.</li> </ul>
<b>Standing order</b>	Under OHIO REV. CODE ANN. § 4729.44, a pharmacist or pharmacy intern is authorized to dispense naloxone without a prescription in accordance with a physician-approved protocol.
<b>Persons who can prescribe</b>	<p>“Licensed health professional, which is defined to mean all of the following:</p> <ul style="list-style-type: none"> <li>• Physician;</li> <li>• Physician assistant; and</li> <li>• Advanced practice registered nurse.</li> </ul>

<b><u>OHIO</u></b>	
<b>Prescriber immunity</b>	Physician, physician assistant, or advanced practice registered nurse acting in good faith is not liable for or subject to any of the following for any action or omission of the individual to whom the naloxone is furnished or the prescription is issued: (1) damages in any civil action; (2) prosecution in any criminal proceeding; or (3) professional disciplinary action.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Licensed health professional.</li> <li>• Pharmacist or pharmacy intern.</li> <li>• Individual who is authorized by either a physician or a board of health to personally furnish naloxone.</li> <li>• Employee, volunteer, or contractor of a “service entity,” which is defined as a public or private entity that may provide services to individuals who there is reason to believe may be at risk of experiencing an opioid-related overdose, including: <ul style="list-style-type: none"> <li>○ Church or other place of worship;</li> <li>○ College or university;</li> <li>○ School;</li> <li>○ Library;</li> <li>○ Health department operated by the Board of Health of a city or general health district.</li> <li>○ Community substance use disorder services provider;</li> <li>○ Court;</li> <li>○ Probation department;</li> <li>○ Halfway house;</li> <li>○ Prison or jail;</li> <li>○ Community residential center; and</li> <li>○ Homeless shelter.</li> </ul> </li> </ul>
<b>Dispenser immunity</b>	Pharmacist or pharmacy intern authorized to dispense naloxone without a prescription who does so in good faith is not liable for or subject to any of the following for any action or omission of the individual to whom the naloxone is dispensed: (1) damages in any civil action; (2) prosecution in any criminal proceeding; or (3) professional disciplinary action.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Individual who there is reason to believe is at risk of experiencing an opioid-related overdose.</li> <li>• Family member, friend, or other individual who is able to assist an individual who is at risk of experiencing an opioid-related overdose.</li> <li>• Employee, volunteer, or contractor of a service entity.</li> <li>• Peace officer.</li> <li>• Emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic.</li> </ul>

<b><u>OHIO</u></b>	
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Layperson who obtains naloxone pursuant to a prescription or through a pharmacist or pharmacy intern without a prescription, may administer the naloxone to an individual who is apparently experiencing an opioid-related overdose. The layperson must attempt to summon emergency services as soon as practicable either before or after administering the naloxone.
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• Layperson or an employee, volunteer, or contractor of a service entity who, in good faith, administers naloxone and attempts to summon emergency services, will not be subject to criminal prosecution for the practice of medicine and surgery without a license or certificate (OHIO REV. CODE ANN. § 4731.41) or for criminal prosecution for a violation of drug offense under Chapter 2925 of the Ohio Revised Code for the act of administering naloxone. After December 16, 2020, a layperson will not be liable for damages in a civil action for injury, death, or loss to person or property for an act or omission that allegedly arises from obtaining, maintaining, accessing, or administering naloxone, if the individual, acting in good faith, in addition to criminal immunity.</li> <li>• If a peace officer, acting in good faith, administers naloxone to an individual who is apparently experiencing an opioid-related overdose, then the peace officer is not subject to administrative action, criminal prosecution for the practice of medicine and surgery without a license or certificate (OHIO REV. CODE ANN. § 4731.41), or for criminal prosecution for a violation of drug offense under Chapter 2925 of the Ohio Revised Code for the act of administering naloxone. The peace officer is also not liable for damages in a civil action for injury, death, or loss to person or property for an act or omission that allegedly arises from obtaining, maintaining, accessing, or administering the naloxone.</li> </ul>

<b><u>OHIO</u></b>	
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Physician can establish a naloxone protocol to authorize an individual who is an employee, volunteer, or contractor of a service entity to administer naloxone. A protocol established by a physician must be in writing and include all of the following: (1) a description of the clinical pharmacology of naloxone; (2) precautions and contraindications concerning the administration of naloxone; (3) any limitations the physician specifies concerning the individuals to whom naloxone may be administered; (4) the naloxone dosage that may be administered and any variation in the dosage based on circumstances specified in the protocol; (5) labeling, storage, record-keeping, and administrative requirements; and (6) training requirements.</li> <li>• Pharmacist, pharmacy intern, or a pharmacist's designee that is appropriately trained must personally provide in-person training and written educational materials to the individual to whom naloxone is dispensed, appropriate to the dosage form of naloxone dispensed, including, but not limited to, all of the following: (1) risk factors of opioid overdose; (2) strategies to prevent opioid overdose; (3) signs of opioid overdose; (4) steps in responding to an overdose; (5) information on naloxone; (6) procedures for administering naloxone; (7) proper storage and expiration of naloxone product dispensed; and (8) information on where to obtain a referral for substance use treatment.</li> </ul>
<b>Co-prescription requirements</b>	Physician must offer a prescription for naloxone to the patient receiving an opioid analgesic prescription under any of the following circumstances: (1) the patient has a history of prior opioid overdose; (2) the dosage prescribed exceeds a daily average of 80 morphine equivalent doses or at lower doses if the patient is co-prescribing a benzodiazepine, sedative hypnotic drug, carisoprodol, tramadol, or gabapentin; or (3) the patient has a concurrent substance use disorder.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Naloxone in schools</b>	Employee, volunteer, or contractor of a school can be authorized by a physician to administer naloxone to an individual who is apparently experiencing an opioid-related overdose.
<b>Dispensing or administration reported to PDMP</b>	No.

<b><u>OHIO</u></b>	
<b>Other provisions of note</b>	<ul style="list-style-type: none"><li>• The state's Board of Pharmacy is required to develop a program to educate the following individuals about the authority of a pharmacist or pharmacy intern to dispense naloxone without a prescription:<ul style="list-style-type: none"><li>○ Holders of licenses that engage in the sale or dispensing of naloxone;</li><li>○ Registered pharmacy technicians, certified pharmacy technicians, and pharmacy technician trainees; and</li><li>○ Individuals who are not licensed or registered but are employed by license holders.</li></ul></li><li>• As part of the program the Board must educate the licensed holders, pharmacy technicians, and employees about maintaining an adequate supply of naloxone and methods for determining a pharmacy's stock of the drug.</li><li>• Law enforcement agency and its peace officers and service entity which means a public or private entity that may provide services to or interact with individuals who there is reason to believe may be at risk of experiencing an opioid-related overdose, do not need a special license to possess an opioid reversal drug.</li></ul>

<b><u>OKLAHOMA</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• OKLA. STAT. ANN. TIT. 63 § 1-2506.1 to -2506.2 (prescriptions and administration).</li> <li>• OKLA. STAT. ANN. TIT. 63, § 2-1101</li> <li>• OKLA. STAT. ANN. TIT. 63 § 2-312.2 (sale of naloxone).</li> <li>• OKLA. STAT. ANN. TIT. 70 § 1210.242 (authority to administrate naloxone).</li> <li>• OKLA. STAT. ANN. TIT. 59, § 478.1 (telemedicine).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• November 1, 2013 (OKLA. STAT. ANN. TIT. 63 § 1-2506.1 to -2506.2).</li> <li>• November 1, 2014 (OKLA. STAT. ANN. TIT. 63 § 2-312.2).</li> <li>• July 1, 2019 (OKLA. STAT. ANN. TIT. 70 § 1210.242).</li> <li>• November 1, 2021 (OKLA. STAT. ANN. TIT. 59, § 478.1).</li> </ul>
<b>Term(s) used</b>	Opiate antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• November 1, 2017 amendment to OKLA. STAT. ANN. TIT. 63§ 1-2506.1 adds forensic laboratory personnel to list of first responders eligible to administer.</li> <li>• November 1, 2018 amendment to OKLA. STAT. ANN. TIT. 63 § 1-2506.2 adds protections under the Good Samaritan Act for any provider prescribing or administering an opiate antagonist.</li> <li>• July 1, 2019 amendment to OKLA. STAT. ANN. TIT. 63 § 1-2506.1 adds certified alcohol and drug counselors and licensed alcohol and drug counselors to list of first responders eligible to administer.</li> <li>• November 1, 2019 amendment to OKLA. STAT. ANN. TIT. 63 § 1-2506.1 adds personnel at the state’s Department of Corrections to list of first responders eligible to administer.</li> </ul>
<b>Standing order</b>	Under OKLA. STAT. ANN. TIT. 63 § 2-312.2, naloxone may be dispensed or sold by a pharmacy without a prescription; provided, however, it must be dispensed or sold only by, or under the supervision of, a licensed pharmacist. No dispensing protocol is required.
<b>Persons who can prescribe</b>	“Provider.” The term is not defined by statute.
<b>Prescriber immunity</b>	Any provider prescribing or administering an opiate antagonist in a manner consistent with addressing opiate overdose is covered under the state’s Good Samaritan Act (OKLA. STAT. ANN. TIT. 76 § 5) and is not liable for any civil damages as a result of any acts or omissions by such person in prescribing or administering the naloxone.

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

<b><u>OKLAHOMA</u></b>	
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• When an opiate 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 naloxone administration; and (4) the importance of calling 911 for help.</li> <li>• Administration of a public school may authorize one or more persons employed by the school to receive training offered by the Department of Mental Health and Substance Abuse Services, a law enforcement agency, or any other entity in recognizing the signs of an opiate overdose and administering an opiate antagonist.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Naloxone in schools</b>	<ul style="list-style-type: none"> <li>• School nurse, public health nurse, licensed practitioner of the healing arts, nurse working under contract with a school district, or any person designated by the school administration to administer an opiate antagonist is authorized to administer an opiate antagonist when encountering a student or other individual exhibiting signs of an opiate overdose.</li> <li>• Any person administering an opiate antagonist to a student or other individual at a school site or school-sponsored event in a manner consistent with addressing opiate overdose is covered under the Good Samaritan Act (Okla. Stat. Ann. tit. 76 § 5). A school and any of its employees or designees must be immune from civil liability in relation to the administration of an opiate antagonist in the event of a suspected overdose.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Oklahoma tracks naloxone dispensing and administration in the PDMP. <sup>54</sup> LAPPA did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• Telemedicine encounters within the state may be used to prescribe opioid antagonists if there a valid physician-patient relationship.</li> <li>• The state will fund organizations that offer harm reduction services including, organizations that distribute opioid antagonists. OKLA. STAT. ANN. TIT. 63, § 2-1101 (Effective date April 20, 2021).</li> </ul>

<sup>54</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed April 2022, <https://www.pdmppassist.org/Policies/Maps/PDMPPolicies>.



<b><u>OREGON</u></b>	
<b>Statute(s) and regulation(s)</b>	<ul style="list-style-type: none"> <li>• OR. REV. STAT. ANN. § 689.681 (immunity provisions).</li> <li>• OR. REV. STAT. ANN. § 689.682 (pharmacist prescription).</li> <li>• OR. REV. STAT. ANN. § 689.684 (naloxone administered by employee of social services agency).</li> <li>• Or. Admin. R. 855-019-0460 (co-prescription provision).</li> <li>• OR. REV. STAT. ANN. § 431A.855 (reporting to PDMP).</li> <li>• OR. REV. STAT. ANN. § 689.686 (written notice of naloxone availability).</li> <li>• OR. REV. STAT. ANN. § 339.871 (naloxone in schools- immunity).</li> <li>• OR. REV. STAT. ANN. § 339.869 (naloxone in schools- policy).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• June 6, 2013 (OR. REV. STAT. ANN. § 689.681).</li> <li>• April 4, 2016 (OR. REV. STAT. ANN. § 689.682 and 689.684).</li> <li>• September 7, 2016 (Or. Admin. R. 855-019-0460).</li> <li>• October 6, 2017 (OR. REV. STAT. ANN. § 431A.855).</li> <li>• September 29, 2019 (OR. REV. STAT. ANN. § 689.686).</li> <li>• January 1, 2020 (OR. REV. STAT. ANN. § 339.871 and 339.869).</li> </ul>
<b>Term(s) used</b>	Naloxone.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• October 6, 2017 amendment to OR. REV. STAT. ANN. § 689.681 removes the requirement that the Oregon Health Authority establish criteria for training on treatments for opiate overdoses and removes the requirement that persons have completed the training in order to receive immunity for any act or omission committed during the course of administering naloxone.</li> <li>• September 29, 2019 amendment to OR. REV. STAT. ANN. § 689.682 allows a pharmacy to co-prescribe naloxone with an opioid.</li> <li>• January 1, 2020 amendment to OR. REV. STAT. ANN. § 689.684 allows a person to administer naloxone not distributed to him or her if the person is an employee of a social services agency or is trained under the rules adopted by the Oregon Board of Education.</li> </ul>
<b>Standing order</b>	Under OR. REV. STAT. ANN. § 689.682, a pharmacist may prescribe naloxone and the necessary medical supplies to administer the naloxone. It is not necessary for the individual to see their healthcare provider first to obtain a prescription.
<b>Persons who can prescribe</b>	<ul style="list-style-type: none"> <li>• “Health care professional.” The term is not defined by statute.</li> <li>• Pharmacist.</li> </ul>
<b>Prescriber immunity</b>	Not addressed by statute.

<b><u>OREGON</u></b>	
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Health care professional.</li> <li>• Pharmacist.</li> <li>• Any person designated by the state Board of Pharmacy by rule.</li> <li>• “Social services agencies,” which includes, but is not limited to:               <ul style="list-style-type: none"> <li>○ Homeless shelters; and</li> <li>○ Crisis centers.</li> </ul> </li> </ul>
<b>Dispenser immunity</b>	Person acting in good faith, if the act does not constitute wanton misconduct, is immune from civil liability for any act or omission of an act committed during the course of distributing naloxone and distributing the necessary medical supplies to administer the naloxone.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Individuals likely to experience an opiate overdose.</li> <li>• Family members of individuals likely to experience an opiate overdose.</li> <li>• Social services agencies.</li> <li>• School nurse or other school employee.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Person may administer naloxone that was not distributed to the person if: (1) the individual to whom the naloxone is being administered appears to be experiencing an opiate overdose; and (2) the person who administers the naloxone is an employee of a social services agency or is trained under rules adopted by the Oregon Board of Education.
<b>Layperson immunity</b>	Layperson acting in good faith, if the act does not constitute wanton misconduct, is immune from civil liability for any act or omission of an act committed while administering naloxone.
<b>Training and education requirements</b>	An employee of a social services agency must be trained under the rules adopted by the Oregon Board of Education in order to administer naloxone.
<b>Co-prescription requirements</b>	If a prescription is presented to a pharmacist for the dispensing of an opiate or opioid in excess of a morphine equivalent dose established by rule by the Board of Pharmacy, the pharmacist may offer to prescribe and provide a naloxone kit consisting of a dose of naloxone and the necessary medical supplies to administer the naloxone.
<b>Requirements placed on insurers</b>	Not addressed by statute.

<b><u>OREGON</u></b>	
<b>Naloxone in schools</b>	<ul style="list-style-type: none"> <li>• Oregon Board of Education, in consultation with the Oregon Health Authority, the Oregon State Board of Nursing, and the Oregon Board of Pharmacy, must adopt rules for the administration of naloxone or any similar medication by trained school personnel to any student or other individual on school premises who the personnel believe in good faith is experiencing an overdose of an opioid drug.</li> <li>• School district boards may adopt policies and procedures that provide for the administration of naloxone or any similar medication. These policies must be consistent with the rules adopted by the state Board of Education.</li> <li>• School administrator, school nurse, teacher, or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the use of medication if the school administrator, school nurse, teacher or other school employee in good faith administers naloxone or any similar medication to a student or other individual who the school administrator, school nurse, teacher or other school employee believes in good faith is experiencing an overdose of an opioid drug.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	Oregon statutory law requires the Oregon Health Authority to establish and maintain a prescription drug monitoring program (PDMP) to collect information on prescribed naloxone dispensed by pharmacies.
<b>Other provisions of note</b>	The state's Oversight and Accountability Council, in consultation with the Oregon's Health Authority, must provide grants and funding to agencies or organizations including helping to fund organizations that provide access to naloxone hydrochloride. OR. REV. STAT. ANN. § 430.389 (Effective date July 19, 2021).

<b><u>PENNSYLVANIA</u></b>	
<b>Statute(s)</b>	35 PA. STAT. AND CONS. STAT. § 780-113.8.
<b>Initial effective date(s)</b>	December 1, 2014.
<b>Term(s) used</b>	Naloxone.
<b>Substantive amendment(s) to law(s)</b>	None.
<b>Standing order</b>	A statewide naloxone standing order first took effect on October 28, 2015. <sup>55</sup> According to a press release, on August 18, 2020, the state Secretary of Health signed an updated standing order that permits community-based organizations to provide naloxone by mail. <sup>56</sup> The most recent order that is publicly available is dated February 22, 2022. According to the 2022 order, the order must be reviewed at least every four years and automatically expires on the date that the physician who signed the order ceases to act as the Secretary of Health. <sup>57</sup>
<b>Persons who can prescribe</b>	Health care professional otherwise authorized to prescribe naloxone.
<b>Prescriber immunity</b>	Licensed health care professional who, acting in good faith, prescribes naloxone 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 naloxone. The immunity does not apply to a health professional who acts with intent to harm or with reckless indifference to a substantial risk of harm.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Health care professional otherwise authorized to prescribe naloxone.</li> <li>• Pharmacist.</li> </ul>
<b>Dispenser immunity</b>	Licensed health care professional or pharmacist who, acting in good faith, dispenses naloxone 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 naloxone. 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.

<sup>55</sup> Brett Healy, “Naloxone Standing Order: Saving Lives,” *Pennsylvania Society of Health-system Pharmacists*, November 13, 2015, <https://www.pshp.org/news/260159/Naloxone-Standing-Order-Saving-Lives.htm>.

<sup>56</sup> “Wolf Administration: Third Naloxone Standing Order Allows Naloxone to be Obtained by Mail,” last modified August 18, 2020, <https://www.governor.pa.gov/newsroom/wolf-administration-third-naloxone-standing-order-allows-naloxone-to-be-obtained-by-mail/#:~:text=The%20Wolf%20Administration%20today%20announced,%2C%E2%80%9D%20Secretary%20of%20Health%20Dr.>

<sup>57</sup> “Standing order DOH-002-2018,” Penn. Dept. of Health, last accessed April 2022, <https://www.health.pa.gov/topics/Documents/Opioids/General%20Public%20Standing%20Order.pdf>.

<b><u>PENNSYLVANIA</u></b>	
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related overdose.</li> <li>• Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose.</li> <li>• Law enforcement officer.</li> <li>• Firefighter.</li> </ul>
<b>Layperson possession without prescription</b>	Not addressed by statute.
<b>Layperson administration</b>	Layperson can administer naloxone to another person whom he or she believes to be suffering an opioid-related drug overdose.
<b>Layperson immunity</b>	Person, law enforcement agency, fire department or fire company acting in good faith and with reasonable care who administers naloxone 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 naloxone.
<b>Training and education requirements</b>	<p>Pennsylvania Department of Health must:</p> <ul style="list-style-type: none"> <li>• In consultation with the Pennsylvania Emergency Health Services Council, implement training, treatment protocols, equipment lists, and other policies and procedures for all types of emergency medical services providers; and</li> <li>• In consultation with the Department of Drug and Alcohol Programs, develop or approve training and instructional materials about recognizing opioid-related overdoses, administering naloxone, and promptly seeking medical attention.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Naloxone in schools</b>	Not addressed by statute.

<b><u>PENNSYLVANIA</u></b>	
<b>Dispensing or administration reported to PDMP</b>	According to information from the PDMP/TTAC, Pennsylvania tracks naloxone administration in the PDMP. <sup>58</sup> LAPP did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	The 2021 Pennsylvania budget includes funding for a naloxone tracking program administered by the Department of Criminal Justice.

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<sup>58</sup> "PDMP Policies and Capabilities," Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed September 23, 2020 <https://www.pdmassist.org/Policies/Maps/PDMPPolicies>.

<b><u>RHODE ISLAND</u></b>	
<b>Statute(s) and regulation(s)</b>	<ul style="list-style-type: none"> <li>• 216 R.I. CODE R. § 20-20-5.4 (healthcare professional immunity).</li> <li>• R.I. GEN. LAWS ANN. § 16-21-35 (naloxone in schools).</li> <li>• R.I. GEN. LAWS ANN. § 21-28.9-3 (layperson immunity).</li> <li>• R.I. GEN. LAWS ANN. § 27-18-82, § 27-19-73, §27-20-69, § 27-41-86 (health insurance requirements).</li> <li>• R.I. GEN. LAWS ANN. § 21-28-3.18 (reporting to PDMP).</li> <li>• R.I. GEN. LAWS ANN. § 21-28-3.20 (co-prescribing).</li> <li>• R.I. GEN. LAWS ANN. § 27-4-1.1 (life insurance requirements).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• October 23, 2014 (216 R.I. Code R. § 20-20-5.4).</li> <li>• July 10, 2015 (R.I. GEN. LAWS ANN. § 16-21-35).</li> <li>• January 27, 2016 (R.I. GEN. LAWS ANN. § 21-28.9-3).</li> <li>• January 1, 2017 (R.I. GEN. LAWS ANN. § 27-18-82, 27-19-73, §27-20-69, and 27-41-86).</li> <li>• July 19, 2017 (R.I. GEN. LAWS ANN. § 21-28-3.18).</li> <li>• July 2, 2018 (R.I. GEN. LAWS ANN. § 21-28-3.20).</li> <li>• July 8, 2019 (R.I. GEN. LAWS ANN. § 27-4-1.1).</li> </ul>
<b>Term(s) used</b>	Naloxone; overdose antidote.
<b>Substantive amendment(s) to law(s)</b>	July 15, 2019 amendment to R.I. GEN. LAWS ANN. § 16-21-35 expands the naloxone requirement to private schools in addition to public schools.
<b>Standing order</b>	Rhode Island does not have a statewide naloxone standing order, but a prescriber and a pharmacist can enter into a naloxone standing order agreement.
<b>Persons who can prescribe</b>	Health care professional who is licensed in Rhode Island to prescribe naloxone, which includes: <ul style="list-style-type: none"> <li>• Physician;</li> <li>• Physician assistant; and</li> <li>• Advanced practice registered nurse.</li> </ul>
<b>Prescriber immunity</b>	<ul style="list-style-type: none"> <li>• Health care professional who is licensed in Rhode Island to prescribe naloxone and who in good faith, either directly or by standing order, prescribes naloxone to a patient who, in the judgment of the health care professional, is capable of administering the drug in an emergency, is not, as a result of his or her acts or omissions, subject to disciplinary or other adverse action under any statute or regulation otherwise enforceable by the Rhode Island Department of Health.</li> <li>• A health care professional who prescribes naloxone is not subject to any professional disciplinary action for prescribing or any outcomes resulting from the eventual administration of naloxone</li> </ul>

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



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

<b><u>RHODE ISLAND</u></b>	
<b>Requirements placed on insurers</b>	<ul style="list-style-type: none"> <li>• Every individual or group health-insurance contract, plan, or policy that provides prescription coverage that is delivered, issued for delivery, amended, or renewed in the state must provide coverage for at least one generic opioid antagonist and device. Prior authorization may be required for non-generic forms of opioid antagonists and devices.</li> <li>• No life insurance company organized or doing business within this state can: (1) deny the application of an individual seeking coverage solely on the basis that the applicant has a prescription to carry or possess the drug naloxone; or (2) otherwise discriminate in the offering, issuance, cancellation, amount of coverage, price, or any other condition of a life insurance policy based solely and without any additional actuarial justification upon the fact that an individual has been issued a prescription for naloxone or has purchased naloxone.</li> </ul>
<b>Naloxone in schools</b>	<ul style="list-style-type: none"> <li>• All public and private elementary, middle schools, junior high schools, and high schools must provide and maintain an opioid antagonist on-site in each school facility.</li> <li>• To treat a case of suspected opioid overdose in a school setting, any trained nurse or teacher may administer an opioid antagonist, during an emergency, to any student or staff suspected of having an opioid-related drug overdose whether or not there is a previous history of opioid abuse.</li> <li>• Any school nurse, teacher, or other school personnel using an opioid antagonist will be protected from both civil and criminal liability.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	Under state statutory law, opioid antagonist dispensing information must be transmitted electronically to the PDMP. The information collected regarding dispensing of opioid antagonists must be deidentified and is for statistical, research, or educational purposes only.
<b>Other provisions of note</b>	None.

<b><u>SOUTH CAROLINA</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• S.C. CODE ANN. § 44-130-10 to -80 (general provisions).</li> <li>• S.C. CODE ANN. § 44-53-361 (prescription for opioid antidotes).</li> <li>• S.C. CODE ANN. § 44-53-1640 (reporting to PDMP)</li> <li>• S.C. CODE ANN. § 44-53-1645 (requirement to review patient history).</li> <li>• S.C. CODE ANN. § 44-130-75 (opioid antidote distribution).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• June 3, 2015 (S.C. CODE ANN. § 44-130-10 to -60).</li> <li>• May 3, 2018 (S.C. CODE ANN. § 44-130-70).</li> <li>• January 1, 2021 (S.C. CODE ANN. § 44-130-80 and 44-53-1640).</li> <li>• July 25, 2021 (S.C. CODE ANN. § 44-53-361).</li> <li>• May 23, 2022 (S.C. CODE ANN. § 44-130-75).</li> </ul>
<b>Term(s) used</b>	Opioid antidote.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• June 5, 2016 amendment to S.C. CODE ANN. § 44-130-40 allows a pharmacist to dispense an opioid antidote pursuant to a written joint protocol.</li> <li>• January 1, 2021 amendment to S.C. CODE ANN. § 44-130-60 will require an administering first responder to report for inclusion in the PDMP.</li> <li>• January 1, 2021 amendment to S.C. CODE ANN. § 44-53-1645 requires providers to review a patient’s medical history, including whether the patient has a history of having an opioid antidote, before prescribing certain controlled substances.</li> </ul>
<b>Standing order</b>	The South Carolina Board of Medical Examiners and Board of Pharmacy issued a joint protocol on November 17, 2016. <sup>59</sup> The joint protocol authorizes any pharmacist practicing in South Carolina and licensed by the South Carolina Board of Pharmacy to dispense naloxone products to persons without a prescription.
<b>Persons who can prescribe</b>	<p>“Prescriber,” which is defined to include a:</p> <ul style="list-style-type: none"> <li>• Physician;</li> <li>• Advanced practice registered nurse; and</li> <li>• Physician assistant.</li> </ul>
<b>Prescriber immunity</b>	Prescriber who issues a written prescription or a standing order for an opioid antidote is not, as a result of an act or omission, subject to civil or criminal liability or to professional disciplinary action.

<sup>59</sup> “The South Carolina Board of Medical Examiners and the South Carolina Board of Pharmacy’s joint protocol to initiate dispensing of naloxone HCl without a prescription,” last accessed May 2022, [http://naloxonesavessc.org/wp-content/uploads/2018/11/Joint\\_Naloxone\\_Protocol.pdf](http://naloxonesavessc.org/wp-content/uploads/2018/11/Joint_Naloxone_Protocol.pdf).

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

<b><u>SOUTH CAROLINA</u></b>	
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Prescriber must provide to the person or the caregiver overdose information addressing the following: (1) opioid overdose prevention and recognition; (2) opioid antidote dosage and administration; (3) the importance of calling 911 emergency telephone service for medical assistance with an opioid overdose; and (4) care for an overdose victim after administration of the opioid antidote.</li> <li>• Prescriber must document in the medical record that the opioid overdose information has been provided to the person or the caregiver.</li> <li>• The South Carolina Department of Health and Environmental Control may establish regulations on the appropriate training for first responders who carry or have access to an opioid antidote.</li> </ul>
<b>Co-prescription requirements</b>	A prescriber must offer a prescription for naloxone hydrochloride or a similar drug if the patient is being prescribed certain enumerated drugs or the patient presents with an increased risk of overdose.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Naloxone in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	Effective January 1, 2021, hospital emergency departments, other health care facilities, and first responders who administer an opioid antidote must report the date of administration and the name, address, and birthdate of the recipient for inclusion in the PDMP.
<b>Other provisions of note</b>	2021 South Carolina House Bill No. 4100, South Carolina One Hundred Twenty-Fourth Session General Assembly - First Regular Session was signed into law on June 9, 2021 and included language that required the Department of Health and Environmental Control to expand the Prescription Monitoring Program to include the administration of naloxone and other opioid overdose antidotes.

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

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

<b>TENNESSEE</b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• TENN. CODE ANN. § 63-1-152 (immunity provisions).</li> <li>• TENN. CODE ANN. § 63-1-157 (pharmacy practice agreement).</li> <li>• TENN. CODE ANN. § 49-50-1604 (naloxone in schools).</li> <li>• TENN. CODE ANN. § 63-1-401 (co-prescribing study).</li> <li>• TENN. CODE ANN. § 53-11-308 (co-prescription requirement).</li> <li>• TENN. CODE ANN. § 53-11-401 (failure to comply with co-prescription requirement).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2014 (TENN. CODE ANN. § 63-1-152).</li> <li>• March 10, 2016 (TENN. CODE ANN. § 63-1-157).</li> <li>• July 1, 2017 (TENN. CODE ANN. § 49-50-1604).</li> <li>• May 8, 2019 (TENN. CODE ANN. § 63-1-401).</li> <li>• July 1, 2022 (TENN. CODE ANN. § 53-11-308).</li> <li>• July 1, 2022 (TENN. CODE ANN. § 53-11-401).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2015 amendment to TENN. CODE ANN. § 63-1-152 added a requirement that the Commissioner of Health make available recommendations for training of first responders.</li> <li>• July 1, 2022 amendment to TENN. CODE ANN. § 63-1-152 expanded the number of entities or people who can prescribe an opioid antagonist. This amendment also clarifies the immunity provision related to prescribing or dispensing an opioid antagonist.</li> <li>• July 1, 2022 amendment to TENN. CODE ANN. § 63-1-157 revises the language used to describe overdose from “opiate-related overdose” to a “drug-related overdose.”</li> </ul>
<b>Standing order</b>	The chief medical officer for the Department of Health is authorized to implement a statewide collaborative pharmacy practice agreement specific to opioid antagonist therapy with any pharmacist licensed in, and practicing in, this state. A copy of the statewide collaborative pharmacy practice agreement is available on the Tennessee Pharmacists Association website. <sup>60</sup>
<b>Persons who can prescribe</b>	Licensed healthcare practitioner otherwise authorized to prescribe an opioid antagonist.

<sup>60</sup> “Opioid antagonist collaborative pharmacy practice policy,” Tenn. Dept. of Health, last accessed June 2022, [https://www.tn.gov/content/dam/tn/health/documents/opioid\\_response/TDH\\_Naloxone\\_Collaborative\\_practice.pdf](https://www.tn.gov/content/dam/tn/health/documents/opioid_response/TDH_Naloxone_Collaborative_practice.pdf).



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

<b><u>TENNESSEE</u></b>	
<b>Layperson immunity</b>	Any person who administers an opioid antagonist is immune from civil liability in the absence of gross negligence or willful misconduct for the act of administering naloxone.
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• The Commissioner of Health or the Commissioner’s designee must create and maintain an online education program about the administration of opioid antagonists and appropriate techniques and follow-up procedures for opioid related drug overdose.</li> <li>• Commissioner of Health or the commissioner’s designee must make available recommendations for training of first responders in the appropriate use of opioid antagonists.</li> <li>• Before a pharmacist enters into a statewide collaborative pharmacy practice agreement with the Chief Medical Officer for the dispensing of an opioid antagonist, the pharmacist must provide documentation of completion of an opioid antagonist training program within the previous two years.</li> </ul>
<b>Co-prescription requirements</b>	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.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Naloxone in schools</b>	<ul style="list-style-type: none"> <li>• Tennessee Board of Education, in consultation with the Department of Health, must develop guidelines for the management of students presenting with a drug overdose for which administration of an opioid antagonist may be appropriate.</li> <li>• Each school within a local education agency and each nonpublic school is authorized to maintain an opioid antagonist at the school in at least two unlocked, secure locations, including, but not limited to, the school office and the school cafeteria, so that an opioid antagonist may be administered to any student believed to be having a drug overdose.</li> </ul>

<b><u>TENNESSEE</u></b>	
<b>Naloxone in schools (continued)</b>	<ul style="list-style-type: none"> <li>• If a student is injured or harmed due to the administration of an opioid antagonist to the student by a school nurse, school resource officer, or other trained school personnel, then the school nurse, school resource officer, or school employee will not be held responsible for the injury unless the school nurse, school resource officer, or school employee administered the opioid antagonist with an intentional disregard for safety.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Any healthcare provider that does not adhere to co-prescribing requirements as provided in statute is punishable by a civil penalty assessed by the provider's licensing board provided that the provider's actions involve a pattern of willful failure to comply.</li> </ul>

<b><u>TEXAS</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• TEX. HEALTH &amp; SAFETY CODE ANN. § 483.101 to 107 (immunity).</li> <li>• TEX. GOV'T. CODE ANN. § 772.0078 (naloxone grant program).</li> <li>• TEX. INS. CODE ANN. § 1101.201 to 203 (insurance).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• September 1, 2015 (TEX. HEALTH &amp; SAFETY CODE ANN. § 483.101 to 107).</li> <li>• June 10, 2019 (TEX. GOV'T. CODE ANN. § 772.0078).</li> <li>• September 1, 2019 (TEX. INS. CODE ANN. §§ 1101.201 to 203)</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	None.
<b>Standing order</b>	The Texas Pharmacy Association has a physician-signed standing order for naloxone. The standing order authorizes a pharmacist that is active and in good standing with the Texas State Board of Pharmacy to dispense an opioid antagonist without a prescription. <sup>61</sup>
<b>Persons who can prescribe</b>	“Prescriber,” which is defined as a person authorized by law to prescribe an opioid antagonist.
<b>Prescriber immunity</b>	Prescriber who, acting in good faith and with reasonable care, prescribes or does not prescribe an opioid antagonist is not subject to any criminal or civil liability or any professional disciplinary action for: (1) prescribing or failing to prescribe the opioid antagonist; or (2) if the prescriber chooses to prescribe an opioid antagonist, any outcome resulting from the eventual administration of the opioid antagonist.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Pharmacist.</li> <li>• Person or organization acting under a standing order issued by a prescriber may store an opioid antagonist and may distribute an opioid antagonist, provided the person or organization does not request or receive compensation for storage or distribution.</li> </ul>
<b>Dispenser immunity</b>	Pharmacist who, acting in good faith and with reasonable care, dispenses or does not dispense an opioid antagonist under a valid prescription is not subject to any criminal or civil liability or any professional disciplinary action for: (1) dispensing or failing to dispense the opioid antagonist; or (2) if the pharmacist chooses to dispense an opioid antagonist, any outcome resulting from the eventual administration of the opioid antagonist.

<sup>61</sup> “Texas pharmacist naloxone standing order application,” Texas Pharmacy Association, last accessed June 2022, <https://www.texaspharmacy.org/page/TXPHARMNALOX>.

<b><u>TEXAS</u></b>	
<b>Persons who can receive or administer (“laypersons”). .</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related drug overdose.</li> <li>• Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose.</li> <li>• “Emergency services personnel,” which is defined to include:               <ul style="list-style-type: none"> <li>○ Emergency medical services personnel;</li> <li>○ Emergency room personnel; and</li> <li>○ Other individuals who, in the course and scope of employment or as a volunteer, provide services for the benefit of the general public during emergency situations.</li> </ul> </li> </ul>
<b>Layperson possession without prescription</b>	Any person may possess an opioid antagonist regardless of whether the person holds a prescription for the opioid antagonist.
<b>Layperson administration</b>	Person acting in good faith and with reasonable care may administer an opioid antagonist to another person whom he or she believes is suffering an opioid-related drug overdose.
<b>Layperson immunity</b>	Person acting in good faith and with reasonable care who administers or does not administer an opioid antagonist to another person whom the person believes is suffering an opioid-related drug overdose is not subject to criminal prosecution, sanction under any professional licensing statute, or civil liability for an act or omission resulting from the administration of or failure to administer the opioid antagonist.
<b>Training and education requirements</b>	Not addressed by statute.
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	<p>With respect to a life insurance policy: (1) issued or delivered in Texas; or (2) issued by a life insurance company organized in Texas, the insurer may not, based solely on whether an individual has been prescribed or has obtained through a standing order an opioid antagonist:</p> <ul style="list-style-type: none"> <li>• Deny coverage to the individual;</li> <li>• Limit the amount, extent, or kind of coverage available to the individual; or</li> <li>• Charge the individual or a group to which the individual belongs a rate that is different from the rate charged to other individuals or groups, respectively, for the same coverage, unless the charge is based on sound underwriting or actuarial principles.</li> </ul>
<b>Naloxone in schools</b>	Not addressed by statute.

<b><u>TEXAS</u></b>	
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	The Criminal Justice Division of the Governor's Office must establish and administer a grant program to provide financial assistance to a law enforcement agency in the state that seeks to provide opioid antagonists to peace officers, evidence technicians, and related personnel who, in the course of performing their duties, are likely to come into contact with opioids or encounter persons suffering from an apparent opioid-related drug overdose. A law enforcement agency may apply for a grant under this section only if the agency first adopts a policy addressing the usage of an opioid antagonist for a person suffering from an apparent opioid-related drug overdose.

<b>UTAH</b>	
<b>Statute(s) and regulation(s)</b>	<ul style="list-style-type: none"> <li>• UTAH CODE ANN. § 26-55-101 to 26-55-109 (Opiate Overdose Response Act).</li> <li>• UTAH CODE ANN. § 58-17b-507 (professional conduct - pharmacist).</li> <li>• UTAH CODE ANN. § 58-31b-703 (professional conduct – nurse).</li> <li>• UTAH CODE ANN. § 58-67-702 (professional conduct – physician).</li> <li>• UTAH CODE ANN. § 58-68-702 (professional conduct – osteopathic).</li> <li>• UTAH CODE ANN. § 58-69-702 (professional conduct – dentist).</li> <li>• UTAH CODE ANN. § 58-70a-505 (professional conduct – physician assistant).</li> <li>• Utah Admin. Code r. R384-210-2 (co-prescribing guidelines).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• May 13, 2014 (UTAH CODE ANN. §§ 26-55-101 to -104).</li> <li>• May 10, 2016 (UTAH CODE ANN. §§ 26-55-105 to -107; 58-17b-507, 58-31b-703; 58-67-702; 58-68-702; 58-69-702; and 58-70a-505).</li> <li>• May 9, 2017 (UTAH CODE ANN. § 26-55-108).</li> <li>• May 8, 2018 (UTAH CODE ANN. § 26-55-109).</li> <li>• June 7, 2018 (Utah Admin. Code r. R384-210-2).</li> </ul>
<b>Term(s) used</b>	Opiate antagonist.
<b>Substantive amendment(s) to law(s)</b>	None.
<b>Standing order</b>	The Executive Director of the Utah Department of Health issued a statewide naloxone standing order on December 8, 2016, allowing pharmacists to dispense naloxone without a prior prescription. <sup>62</sup>
<b>Persons who can prescribe</b>	<p>“Health care provider,” which is defined to include a:</p> <ul style="list-style-type: none"> <li>• Physician;</li> <li>• Advanced practice registered nurse;</li> <li>• Physician assistant; and</li> <li>• Individual licensed to engage in the practice of dentistry.</li> </ul>
<b>Prescriber immunity</b>	<ul style="list-style-type: none"> <li>• Health care provider who is licensed to prescribe an opiate antagonist may prescribe an opiate antagonist without liability for any civil damages for acts or omissions made as a result of prescribing the opiate antagonist in good faith.</li> <li>• It is not unprofessional conduct or unlawful conduct for a physician, advanced practice nurse, physician assistant, or dentist to prescribe an opioid antagonist in good faith.</li> </ul>

<sup>62</sup> Utah Department of Health, last accessed April 2022, <https://dopl.utah.gov/docs/NaloxoneStandingOrder.pdf>.

<b>UTAH</b>	
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Health care provider.</li> <li>• Pharmacist.</li> <li>• “Overdose outreach provider,” which is defined to include a(n):               <ul style="list-style-type: none"> <li>○ Law enforcement agency;</li> <li>○ Fire department;</li> <li>○ Emergency medical services provider and personnel;</li> <li>○ Organization providing treatment or recovery services for drug or alcohol use;</li> <li>○ Organization providing support services for an individual, or family of an individual, with a substance use disorder;</li> <li>○ Organization providing substance use or mental health services under contract with a local substance use authority or a local mental health authority;</li> <li>○ Organization providing services to the homeless; and</li> <li>○ Local health department.</li> </ul> </li> </ul>
<b>Dispenser immunity</b>	<ul style="list-style-type: none"> <li>• Health care provider who is licensed to prescribe an opiate antagonist or a pharmacist may dispense an opiate antagonist without liability for any civil damages for acts or omissions made as a result of dispensing the opiate antagonist in good faith.</li> <li>• It is not unprofessional conduct or unlawful conduct for a physician, advanced practice nurse, physician assistant, dentist, or pharmacist to dispense an opioid antagonist in good faith.</li> <li>• Overdose outreach provider may furnish an opiate antagonist without liability for any civil damages for acts or omissions made as a result of furnishing the opiate antagonist in good faith.</li> </ul>
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Individual who is at an increased risk of experiencing an opiate-related drug overdose event.</li> <li>• Family member, friend, or other person that is in a position to assist an individual who is at an increased risk of experiencing an opiate-related drug overdose event.</li> <li>• Overdose outreach provider.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Layperson can administer an opiate antagonist to an individual whom the person believes to be experiencing an opiate-related drug overdose event.



<b>UTAH</b>	
<b>Layperson immunity</b>	Overdose outreach provider and a person other than a health care facility or health care provider are not liable for any civil damages for acts or omissions made as a result of administering an opiate antagonist when the person acts in good faith to administer the opiate antagonist to an individual whom the person believes to be experiencing an opiate-related drug overdose event.
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Health care provider who dispenses an opiate antagonist to an individual or an overdose outreach provider must provide education to the individual or overdose provider that includes written instruction on how to recognize an opiate-related drug overdose event, and respond appropriately to an opiate-related drug overdose event, including how to: (1) administer an opiate antagonist; and (2) ensure that an individual to whom an opiate antagonist has been administered receives, as soon as possible, additional medical care and a medical evaluation.</li> <li>• Overdose outreach provider must furnish to recipient of the opiate antagonist with the written instruction received from the health care provider at the time the opiate antagonist was dispensed to the overdose outreach provider.</li> <li>• As funding is available, the Utah Department of Health must produce and distribute, in conjunction with the Utah Division of Substance Abuse and Mental Health, a pamphlet about opiates that includes information regarding the benefits of and ways to obtain naloxone.</li> </ul>
<b>Co-prescription requirements</b>	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 statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Naloxone in schools</b>	Not addressed by statute other than the Opiate Overdose Outreach Pilot Program (discussed below).
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Utah, tracks naloxone dispensing and administration in the PDMP. <sup>63</sup> LAPP did not locate a statute or regulation directing this reporting.

<sup>63</sup> "PDMP Policies and Capabilities," Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed April 2022, <https://www.pdmpassist.org/Policies/Maps/PDMPPolicies>.

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

<b><u>VERMONT</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• VT. STAT. ANN. TIT.18, § 4240 (immunity provisions).</li> <li>• VT. STAT. ANN. TIT. 33, § 2004a (evidence-based education fund).</li> <li>• VT. STAT. ANN. TIT. 26, § 2080 (pharmacist).</li> <li>• 12-5-53 VT. CODE R. § 7.0 (co-prescription requirement).</li> <li>• VT. STAT. ANN. TIT. 33 § 2004 (manufacturer fee).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2013 (VT. STAT. ANN. TIT. 18, § 4240 and VT. STAT. ANN. TIT. 33, § 2004a).</li> <li>• July 1, 2014 (VT. STAT. ANN. TIT. 26, § 2080).</li> <li>• August 1, 2015 (12-5-53 Vt. Code R. § 7.0).</li> <li>• January 1, 2016 (VT. STAT. ANN. TIT. 33, § 2004).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	None.
<b>Standing order</b>	A statewide naloxone standing order first took effect in August 2016. The order was last updated on August 31, 2021 and will remain effective until August 31, 2023. <sup>64</sup>
<b>Persons who can prescribe</b>	<p>“Health care professional,” which is defined to include a(n):</p> <ul style="list-style-type: none"> <li>• Physician;</li> <li>• Physician assistant; and</li> <li>• Advanced practice registered nurse.</li> </ul>
<b>Prescriber immunity</b>	Health care professional who prescribes an opioid antagonist is immune from civil or criminal liability with regard to the subsequent use of the opioid antagonist, unless the health professional’s actions with regard to prescribing the opioid antagonist constituted recklessness, gross negligence, or intentional misconduct.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Health care professional.</li> <li>• Pharmacist.</li> <li>• Person acting on behalf of a community-based overdose prevention program.</li> </ul>

<sup>64</sup> “Opioid overdose prevention and naloxone rescue program,” Vermont Department of Health, last accessed April 2022, [https://www.healthvermont.gov/sites/default/files/documents/pdf/RESP\\_Naloxone\\_standingorder.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/RESP_Naloxone_standingorder.pdf).

<b><u>VERMONT</u></b>	
<b>Dispenser immunity</b>	<ul style="list-style-type: none"> <li>• Health care professional or pharmacist who dispenses or distributes an opioid antagonist is immune from civil or criminal liability with regard to the subsequent use of the opioid antagonist, unless the person's actions with regard to dispensing or distributing the opioid antagonist constituted recklessness, gross negligence, or intentional misconduct.</li> <li>• Person acting on behalf of a community-based overdose prevention program is immune from civil or criminal liability for providing education on opioid-related overdose prevention or for purchasing, acquiring, or distributing an opioid antagonist unless the person's actions constituted recklessness, gross negligence, or intentional misconduct.</li> </ul>
<b>Persons who can receive or administer ("laypersons")</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related overdose.</li> <li>• Family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.</li> <li>• Person acting on behalf of a community-based overdose prevention program.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	An individual may administer an opioid antagonist to a victim if he or she believes, in good faith, that the victim is experiencing an opioid-related overdose. After an individual has administered an opioid antagonist, he or she must immediately call for emergency medical services if medical assistance has not yet been sought or is not yet present.
<b>Layperson immunity</b>	An individual is immune from civil or criminal liability for administering an opioid antagonist unless the person's actions constituted 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.
<b>Training and education requirements</b>	Vermont's Department of Health must develop and implement a prevention, intervention, and response strategy, depending on available resources, that will: (1) provide educational materials on opioid overdose prevention to the public free of charge; (2) increase community-based prevention programs aimed at reducing risk factors that lead to opioid overdoses; and (3) develop a statewide opioid antagonist pilot program that emphasizes access to opioid antagonists for individuals with a history of opioid use.

<b><u>VERMONT</u></b>	
<b>Co-prescription requirements</b>	Prescribers must co-prescribe naloxone or document in the medical record that a patient has a valid prescription for or states they are in possession of naloxone for: (1) all patients who receive one or more opioid prescriptions totaling a morphine milligram equivalent daily dose of 90 or more; and (2) all patients receiving a prescription that results in concurrent use of an opioid and benzodiazepines.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Naloxone in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Vermont tracks naloxone dispensing and administration in the PDMP. <sup>65</sup> LAPPA did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• Health care professional who treats an opioid overdose victim and who has knowledge that the victim has been administered an opioid antagonist within the preceding 30 days must refer the victim to professional substance use treatment services.</li> <li>• Annually, each pharmaceutical manufacturer or labeler of prescription drugs that are paid for in part by state resources are assessed a fee that funds a number of activities, including the purchase and distribution of naloxone to emergency medical services personnel and state-developed opioid-antagonist education, training, and distribution programs.</li> <li>• Person acting on behalf of a community-based overdose prevention program is immune from civil or criminal liability for providing education on opioid-related overdose prevention or for possessing an opioid antagonist unless the person's actions constituted recklessness, gross negligence, or intentional misconduct.</li> <li>• The Evidence-Based Education and Advertising Fund is established in the State Treasury as a special fund to be a source of financing for certain activities, including the purchase and distribution of naloxone to emergency medical services personnel; and for the support of state-developed opioid-antagonist education, training, and distribution programs.</li> <li>• The state's Opioid Abatement Special Fund must prioritize promoting the appropriate use of naloxone and other drugs approved by the U.S. Food and Drug Administration approved to reverse an opioid overdose. VT. STAT. ANN. TIT. 18, § 4774 (Effective date May 16, 2022).</li> </ul>

<sup>65</sup> "PDMP Policies and Capabilities," Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed March 2022, <https://www.pdmassist.org/Policies/Maps/PDMPPolicies>.

<b><u>VIRGINIA</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• VA. CODE ANN. § 8.01-225 (immunity provisions).</li> <li>• VA. CODE ANN. § 54.1-3408 (naloxone in schools).</li> <li>• VA. CODE ANN. § 54.1-2519 and 54.1-2521 (reporting to PDMP).</li> <li>• 18 Va. Admin. Code § 85-21-70 (co-prescription requirements).</li> <li>• VA. CODE ANN. § 54.1-3303.1 (pharmacist-initiated treatment).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• March 13, 2013 (VA. CODE ANN. § 8.01-225).</li> <li>• April 15, 2015 (VA. CODE ANN. § 54.1-3408).</li> <li>• July 1, 2018 (VA. CODE ANN. § 54.1-2519 and 54.1-2521).</li> <li>• August 8, 2018 (18 Va. Admin. Code § 85-21-70).</li> <li>• July 1, 2020 (VA. CODE ANN. § 54.1-3303.1)</li> </ul>
<b>Term(s) used</b>	Naloxone; opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• April 15, 2015 amendment to VA. CODE ANN. § 8.01-225 added immunity protections for individuals who prescribe and dispense naloxone.</li> <li>• March 5, 2019 amendment to VA. CODE ANN. § 54.1-3408 added provisions for schools to possess and administer naloxone.</li> <li>• July 1, 2020 amendments to VA. CODE ANN. § 8.01-225 and 54.1-3408: <ul style="list-style-type: none"> <li>○ Allows an employee or other individual acting on behalf of a public place to possess and administer naloxone or another opioid antagonist; and</li> <li>○ Allows an individual who is not otherwise authorized to administer naloxone or other opioid antagonist to administer it, provided that the administration is in good faith and absent gross negligence or willful and wanton misconduct.</li> </ul> </li> </ul>
<b>Standing order</b>	The most recent statewide naloxone standing order took effect on March 19, 2020 and superseded an order issued in April 2018. The order is effective for two years from the date issued, unless otherwise discontinued by the Commissioner of Health or upon his or her resignation, removal, or retirement. <sup>66</sup>
<b>Persons who can prescribe</b>	“Prescriber,” which is defined as a practitioner who is authorized to issue a prescription.

<sup>66</sup> “Statewide standing order for naloxone,” Va. Dept. of Health, last accessed May 2022, [https://www.vdh.virginia.gov/content/uploads/sites/3/2020/03/2020-Naloxone-Standing-Order-Final-Draft\\_online-version-.pdf](https://www.vdh.virginia.gov/content/uploads/sites/3/2020/03/2020-Naloxone-Standing-Order-Final-Draft_online-version-.pdf).

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

<b><u>VIRGINIA</u></b>	
<b>Persons who can receive or administer (“laypersons”) (continued)</b>	<ul style="list-style-type: none"> <li>• Firefighters.</li> <li>• Employee or other individual acting on behalf of a public place, which is defined as any enclosed area that is used or held out for use by the public, whether owned or operated by a public or private interest.</li> </ul>
<b>Layperson possession without prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	Person to whom naloxone has been dispensed may possess and administer naloxone to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.
<b>Layperson immunity</b>	Person acting in good faith who administers naloxone to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose in accordance with the provisions of subsection Z of Va. Code. Ann. § 54.1-3408 is not liable for any civil damages for any personal injury that results from any act or omission in the administration of naloxone or other opioid antagonist used for overdose reversal unless such act or omission is the result of gross negligence or willful and wanton misconduct.
<b>Training and education requirements</b>	<p>The following individuals must complete a naloxone training program before they can administer naloxone:</p> <ul style="list-style-type: none"> <li>• Law enforcement officers;</li> <li>• Department of Forensic Science employees;</li> <li>• Employees of the Office of the Chief Medical Examiner;</li> <li>• Employees of the Department of General Services Division of Consolidated Laboratory Services;</li> <li>• Employees of the Department of Corrections designated as probation and parole officers or as correctional officers;</li> <li>• Employees of regional jails;</li> <li>• School nurses, local health department employees that are assigned to a public school pursuant to an agreement between the local health department and the school board, other school board employees or individuals contracted by a school board to provide school health services;</li> <li>• Firefighters; and</li> <li>• Employee or other person acting on behalf of a public place.</li> </ul>
<b>Co-prescription requirements</b>	When treating with an opioid, a practitioner must prescribe naloxone for any patient when the risk factors of prior overdose, substance misuse, doses in excess of 120 morphine milligram equivalents per day, or concomitant benzodiazepine are present.
<b>Requirements placed on insurers</b>	Not addressed by statute.



<b><u>VIRGINIA</u></b>	
<b>Naloxone in schools</b>	School nurses, local health department employees that are assigned to a public school pursuant to an agreement between the local health department and the school board, other school board employees or individuals contracted by a school board to provide school health services who have completed a training program may also possess and administer naloxone or other opioid antagonist used for overdose reversal and may dispense naloxone or other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order issued by a prescriber or the Commissioner of Health or his designee.
<b>Dispensing or administration reported to PDMP</b>	State statutory law requires dispensing information to be reported to the state prescription drug monitoring program (PDMP) as naloxone is included in the definition of “covered substance.”
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• 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. VA. CODE ANN. § 32.1-127 (Effective date July 1, 2022).</li> <li>• 2022 Virginia House Bill No. 30, Virginia 2022 First Special Session appropriates the following naloxone-related funds: <ul style="list-style-type: none"> <li>○ \$300,000 the first year and \$300,000 the second year from the general fund shall be used to purchase and distribute additional REVIVE! kits and associated doses of naloxone used to treat emergency cases of opioid overdose or suspected opioid overdose; and</li> <li>○ \$250,000 in the first year to the Department of Health (601) to contract with the Carilion Clinic for a pilot program to study, operationalize, determine barriers, and report on Opioid Education and Naloxone Distribution in the emergency department (ED) to high-risk opioid use disorder and opioid overdose patients who present in the emergency department. (Effective date July 1, 2022).</li> </ul> </li> </ul>

<b><u>WASHINGTON</u></b>	
<b>Statute(s) and regulation(s)</b>	<ul style="list-style-type: none"> <li>• WASH. REV. CODE ANN. § 69.41.095 (immunity provisions).</li> <li>• Wash. Admin. Code § 246-840-4980 (co-prescribing).</li> <li>• WASH. REV. CODE ANN. § 28A.210.390 (naloxone in schools).</li> <li>• WASH. REV. CODE ANN. § 28A.210.395 (school policy and grant program).</li> <li>• WASH. REV. CODE ANN. § 28B.10.577 (higher education).</li> <li>• WASH. REV. CODE ANN. § 41.05.525 (prior authorization – state health plans)</li> <li>• WASH. REV. CODE ANN. § 48.43.760 (insurance requirements – health plans).</li> <li>• WASH. REV. CODE ANN. § 71.24.597 (coordinated purchasing).</li> <li>• WASH. REV. CODE ANN. § 74.09.645 (prior authorization – Medicaid).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• July 24, 2015 (WASH. REV. CODE ANN. § 69.41.095).</li> <li>• November 1, 2018 (Wash. Admin. Code § 246-840-4980).</li> <li>• July 28, 2019 (WASH. REV. CODE ANN. §§ 28A.210.390; 28A.210.395; 28B.10.577; 41.05.525; 48.43.760; 71.24.597; and 74.09.645).</li> </ul>
<b>Term(s) used</b>	Opioid overdose reversal medication; naloxone.
<b>Substantive amendment(s) to law(s)</b>	July 28, 2019 amendment to WASH. REV. CODE ANN. § 69.41.095 allows the Secretary of Health to issue a standing order for naloxone.
<b>Standing order</b>	A statewide naloxone standing order took effect on August 27, 2019. The most current standing order was issued on February 1, 2021 and will expire on February 1, 2021 or on the date that the physician who signed the order revokes it or ceases to act as the State Health Officer, whichever comes sooner. <sup>67</sup>
<b>Persons who can prescribe</b>	“Practitioner,” which is defined as a health care practitioner who is authorized by law to prescribe legend drugs.
<b>Prescriber immunity</b>	Practitioner acting in good faith and with reasonable care who prescribes an opioid overdose reversal medication is not subject to criminal or civil liability or disciplinary action for any actions authorized by WASH. REV. CODE ANN. § 69.41.095 or the outcomes of any actions authorized by that statute.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Practitioner.</li> <li>• Pharmacist.</li> </ul>

<sup>67</sup> “Standing order to dispense naloxone,” Wash. State Dept. of Health, last accessed April 2022, <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//150-127-StatewideStandingOrderToDispenseNaloxone.pdf>.

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

<b><u>WASHINGTON</u></b>	
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• At the time of prescribing, dispensing, distributing, or delivering the opioid overdose reversal medication, the practitioner must inform the recipient that as soon as possible after administration of the opioid overdose reversal medication, the person at risk of experiencing an opioid-related overdose should be transported to a hospital or a first responder should be summoned.</li> <li>• At the time of dispensing an opioid overdose reversal medication, a pharmacist must provide written instructions on the proper response to an opioid-related overdose, including instructions for seeking immediate medical attention. In addition, instructions to seek immediate medical attention must be conspicuously displayed.</li> <li>• The Washington Department of Health, in coordination with the appropriate entity, must ensure availability of a training module that provides training regarding the identification of a person suffering from an opioid-related overdose and the use of opioid overdose reversal medications. The training must be available electronically and in a variety of media.</li> </ul>
<b>Co-prescription requirements</b>	Health care practitioner must confirm or provide a current prescription for naloxone when 50 milligrams morphine equivalent dose or above of an opioid is prescribed or when opioids are prescribed to a high-risk patient.
<b>Requirements placed on insurers</b>	<p>Health insurers must provide coverage without prior authorization of at least one FDA-approved product for the treatment of opioid use disorder in the drug classes opioid agonists, opioid antagonists, and opioid partial agonists for the following types of plans:</p> <ul style="list-style-type: none"> <li>• Health plan offered to public employees and school employees;</li> <li>• Medicaid managed care plan; and</li> <li>• Private health plans.</li> </ul>
<b>Naloxone in schools</b>	<ul style="list-style-type: none"> <li>• School district with 2,000 or more students must obtain and maintain at least one set of opioid overdose reversal medication doses in each of its high schools.</li> <li>• The following personnel may distribute or administer the school-owned opioid overdose reversal medication to respond to symptoms of an opioid-related overdose: (1) a school nurse; (2) a health care professional or trained staff person located at a health care clinic on public school property or under contract with the school district; or (3) designated trained personnel.</li> <li>• 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.</li> </ul>

<b><u>WASHINGTON</u></b>	
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	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.

<b><u>WEST VIRGINIA</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• W. VA. CODE § 16-46-1 to -7 (Access to Opioid Antagonist Act).</li> <li>• W. VA. CODE § 60A-9-4 (reporting to PDMP).</li> <li>• W. VA. CODE § 18-5-22d (naloxone in schools).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• May 27, 2015 (W. VA. CODE § 16-46-1 to -7).</li> <li>• June 10, 2016 (W. VA. CODE § 60A-9-4).</li> <li>• June 30, 2017 (W. VA. CODE § 18-5-22d).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• June 10, 2016 amendment to W. VA. CODE § 16-46-5 expands immunity protections to pharmacists who dispense an opioid antagonist and people who administer an opioid antagonist.</li> <li>• March 6, 2020 amendment to W. VA. CODE §§ 16-46-6 which provides that if a governmental or non-governmental entity cannot automatically report to the state's-controlled substance monitoring program, the information must be provided via a report to the West Virginia Office of Drug Control Policy on a monthly basis and include the name and address of an entity dispensing or distributing an opioid antagonist and the quantity of opioid antagonist dispensed or distributed.</li> </ul>
<b>Standing order</b>	The state's Health Officer may prescribe on a statewide basis an opioid antagonist by one or more standing orders to eligible recipients. A statewide standing order was issued on November 8, 2018. A subsequent standing order was issued on July 14, 2020. <sup>68</sup> The standing order will be reviewed at least every four years.
<b>Persons who can prescribe</b>	<p>Licensed health care provider acting in good faith and exercising reasonable care. The phrase is defined as a person, partnership, corporation, professional limited liability company, health care facility, or institution licensed by or certified in the state to provide health care or professional health care services, including:</p> <ul style="list-style-type: none"> <li>• Medical physicians;</li> <li>• Allopathic and osteopathic physicians;</li> <li>• Pharmacists;</li> <li>• Physician assistants or osteopathic physician assistants who hold a certificate to prescribe drugs;</li> <li>• Advanced nurse practitioners who hold a certificate to prescribe drugs;</li> <li>• Hospitals;</li> <li>• Emergency service agencies; and</li> <li>• Others as allowed by law to prescribed drugs.</li> </ul>

<sup>68</sup> "Standing order naloxone prescription for overdose prevention," W. Va. Dept. of Health and Human Resources, Bureau for Public Health, last modified Nov. 8, 2018, <https://dhhr.wv.gov/bph/Documents/Standing%20Order%20for%20Naloxone%202018/NaloxonePrescriptionForOverdosePrevention-Dr.Slemp-11.08.2018.pdf>.

<b><u>WEST VIRGINIA</u></b>	
<b>Prescriber immunity</b>	Licensed health care provider may prescribe an opioid antagonist without being subject to civil liability or criminal prosecution unless prescribing the opioid antagonist was the result of the licensed health care provider's gross negligence or willful misconduct.
<b>Persons who can dispense or distribute</b>	<ul style="list-style-type: none"> <li>• Pharmacist.</li> <li>• Pharmacy intern under supervision of a pharmacist.</li> <li>• Any governmental or non-governmental organization, including:               <ul style="list-style-type: none"> <li>○ Local health department;</li> <li>○ Law enforcement agency; or</li> <li>○ Other organization that promotes scientifically proven ways of mitigating health risks associated with substance use disorders and other high-risk behaviors.</li> </ul> </li> </ul>
<b>Dispenser/distributor immunity</b>	Any pharmacist or pharmacy intern who dispenses an opioid antagonist is not subject to civil liability or criminal prosecution unless dispensing the opioid antagonist was the result of the pharmacist or pharmacy intern's gross negligence or willful misconduct.
<b>Persons who can receive or administer ("laypersons")</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opioid-related overdose.</li> <li>• Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose.</li> <li>• Initial responders who receive opioid antagonists from the local and state agencies employing them.</li> <li>• Public, private, parochial, or denominational school located within this state.</li> <li>• School nurse.</li> <li>• Nonmedical school personnel who have been trained in the administration of an opioid antagonist and who have been designated and authorized by the school to administer the opioid antagonist.</li> </ul>
<b>Layperson possession without a prescription</b>	<ul style="list-style-type: none"> <li>• Any person or organization may possess an opioid antagonist, regardless of whether the person or organization holds a prescription.</li> <li>• Public, private, parochial, or denominational school located within this state may possess and maintain at the school a supply of an opioid antagonist without a prescription for use in emergency medical care or treatment for an adverse opioid event.</li> </ul>

<b><u>WEST VIRGINIA</u></b>	
<b>Layperson administration</b>	<ul style="list-style-type: none"> <li>• Person who receives an opioid antagonist may administer an opioid antagonist to another person if he or she has a good faith belief that the other person is experiencing a drug-related overdose and he or she exercises reasonable care in administering the drug to the other person.</li> <li>• Person who administers an opioid antagonist to a person whom they believe to be suffering from an opioid-related overdose is required to seek additional medical treatment at a medical facility for that person immediately following the administration of the opioid antagonist to avoid further complications as a result of suspected opioid-related overdose.</li> </ul>
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• Any person who possesses an opioid antagonist and administers it to a person whom they believe to be suffering from an opioid-related overdose and who is acting in good faith is not, as a result of his or her actions or omissions, subject to criminal prosecution arising from the possession of an opioid antagonist or subject to any civil liability with respect to the administration of or failure to administer the opioid antagonist unless the act or failure to act was the result of gross negligence or willful misconduct.</li> <li>• In the absence of gross negligence or willful misconduct, nothing in this section must be construed to impose civil or criminal liability on a local or state governmental agency or an initial responder acting in good faith in the administration or provision of an opioid antagonist in cases where an individual appears to be experiencing an opioid overdose.</li> <li>• School nurse or trained and authorized nonmedical school personnel, who administer an opioid antagonist as provided in this section, is immune from liability for any civil action arising out of an act or omission resulting from the administration of the opioid antagonist unless the act or omission was the result of the school nurse or trained and authorized nonmedical school personnel's gross negligence or willful misconduct.</li> </ul>



<b><u>WEST VIRGINIA</u></b>	
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Pharmacist or pharmacy intern who dispenses without a prescription must provide patient counseling to the individual for whom the opioid antagonist is dispensed as specified in the law. The patient counseling is mandatory and the person receiving the opioid antagonist may not opt out.</li> <li>• Pharmacists or pharmacy interns who dispense must provide educational materials to any person receiving an opioid antagonist on opiate-related overdose prevention and treatment programs, as well as materials on administering the opioid antagonist.</li> <li>• Governmental or non-governmental organization that is distributing an opioid antagonist through its trained agents must include education, including opioid-related overdose prevention and treatment programs and instruction on how to administer the opioid antagonist.</li> <li>• Local and state governmental agencies that employ initial responders must provide opioid antagonist rescue kits to their initial responders, require initial responders to successfully complete the training, and require the initial responders to carry the opioid antagonist rescue kits in accordance with agency procedures.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed in statute.
<b>Requirements placed on insurers</b>	Not addressed in statute.

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

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

<b><u>WISCONSIN</u></b>	
<b>Statute(s)</b>	<ul style="list-style-type: none"> <li>• WIS. STAT. ANN. § 256.40 (emergency medical services).</li> <li>• WIS. STAT. ANN. § 441.18 (advanced practice nurses).</li> <li>• WIS. STAT. ANN. § 448.037 (physicians and physician assistants).</li> <li>• WIS. STAT. ANN. § 448.9727 (prescription and delivery).</li> <li>• WIS. STAT. ANN. § 450.11(1i) (pharmacists and laypersons).</li> <li>• WIS. STAT. ANN. § 118.29(2)(a) (schools).</li> <li>• WIS. STAT. ANN. § 895.478 (higher education).</li> <li>• WIS. STAT. ANN. § 153.87 (opioid data system).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• April 9, 2014 (WIS. STAT. ANN. § 256.40, 441.18, 448.037 and 450.11(1i)).</li> <li>• July 19, 2017 (WIS. STAT. ANN. § 118.29 and 895.478).</li> <li>• March 18, 2022 (WIS. STAT. ANN. § 153.87).</li> </ul>
<b>Term(s) used</b>	Opioid antagonist; naloxone.
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• March 5, 2020 amendment to WIS. STAT. ANN. § 256.40 added certain jail workers to the list of eligible persons.</li> <li>• March 2, 2021 amendment to WIS. STAT. ANN. § 448.037 removes language allowing physician’s assistant from prescribing opioid antagonist and limits the ability to prescribe to physicians. However, a physician’s assistants may still prescribe an opioid antagonist under WIS. STAT. ANN. § 448.9727. (Effective April 1, 2022).</li> </ul>
<b>Standing order</b>	A standing order may be issued by a physician, physician assistant, or advanced practice nurse certified to issue prescriptions. There is a statewide standing order form available only to Wisconsin pharmacists who cannot obtain a standing order from an affiliated medical provider which allows the pharmacist to maintain supplies of naloxone and dispense it. The most recent order form took effect April 7, 2022. <sup>69</sup>
<b>Persons who can prescribe</b>	<ul style="list-style-type: none"> <li>• Physician.</li> <li>• Physician assistant.</li> <li>• Advanced practice nurse certified to issue prescriptions.</li> </ul>
<b>Prescriber immunity</b>	Physician, physician assistant, or advanced practice nurse who, acting in good faith, prescribes an opioid antagonist, or who, acting in good faith, otherwise lawfully prescribes an opioid antagonist, is immune from criminal or civil liability and may not be subject to professional discipline for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.

<sup>69</sup>“Opioids: Standing order for naloxone,” Wis. Dept. of Health Svcs., last accessed April 2022, <https://www.dhs.wisconsin.gov/forms/f01802.pdf>.

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

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

<b><u>WISCONSIN</u></b>	
<b>Naloxone in schools</b>	<ul style="list-style-type: none"> <li>• Residence hall director may administer an opioid antagonist to any student or other person who appears to be undergoing an opioid-related drug overdose if all of the following are satisfied:               <ul style="list-style-type: none"> <li>○ Director has received training on the administration of opioid antagonists that is approved by his or her employer; and</li> <li>○ As soon as practicable after administering the opioid antagonist, the director reports the drug overdose to 9-1-1.</li> </ul> </li> <li>• Any school employee or volunteer may administer an opioid antagonist to any pupil or other person who appears to be undergoing an opioid-related drug overdose if, as soon as practicable, the school bus operator, employee, or volunteer reports the drug overdose to 9-1-1.</li> </ul>
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Wisconsin tracks naloxone dispensing within the state PDMP. <sup>70</sup> LAPP did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	<p>Ambulance service providers must ensure that:</p> <ul style="list-style-type: none"> <li>• Every emergency medical services practitioner who obtains the proper training has a supply of naloxone available for administration; and</li> <li>• Emergency medical services practitioners keep a record of each instance when naloxone administered.</li> <li>• The Department of Administration must establish and maintain an opioid and methamphetamine data system to collect, format, analyze, and disseminate information, including the amount of naloxone doses dispensed, the total of number of naloxone doses administered, and the number of patients who received doses of naloxone.</li> </ul>

<sup>70</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed April 2022, <https://www.pdmppassist.org/Policies/Maps/PDMPPolicies>.

<b><u>WYOMING</u></b>	
<b>Statute(s) and regulation(s)</b>	<ul style="list-style-type: none"> <li>• WYO. STAT. ANN. § 33-24-158 (prescription by pharmacist).</li> <li>• WYO. STAT. ANN. §§ 35-4-901 to 906 (Emergency Administration of Opiate Antagonist Act).</li> <li>• WYO. CODE R. 059.0001.18 § 6 (pharmacist prescribing).</li> </ul>
<b>Initial effective date(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2017 (all statutes).</li> <li>• October 31, 2017 (WYO. CODE R. 059.0001.18 § 6).</li> </ul>
<b>Term(s) used</b>	Opiate antagonist.
<b>Substantive amendment(s) to law(s)</b>	July 1, 2022 amendment to WYO. STAT. ANN. § 35-4-902 which expands the definition of entity to include the University of Wyoming and statecommunity 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.
<b>Standing order</b>	Practitioner acting in good faith and exercising reasonable care may prescribe by a standing order an opiate antagonist to an entity. The Wyoming Boards of Medicine and Nursing may adopt rules to implement and administer by a standing order.
<b>Persons who can prescribe</b>	<p>The following individuals may prescribe if acting in good faith and with reasonable care and practicing within the scope of their license:</p> <ul style="list-style-type: none"> <li>• Practitioner, who is defined as a state-licensed physician, physician assistant, or advanced practice registered nurse practicing within the scope of their license;</li> <li>• State licensed pharmacist.</li> </ul>
<b>Prescriber immunity</b>	<ul style="list-style-type: none"> <li>• Practitioner or pharmacist who prescribes an opiate antagonist is personally immune from civil or criminal liability for any act or omission resulting in damage or injury.</li> <li>• Prescribing by practitioner or pharmacist is not unprofessional conduct.</li> <li>• Law does not establish a duty or standard of care for prescribing.</li> </ul>
<b>Persons who can dispense or distribute</b>	Not directly addressed by statute.
<b>Dispenser/distributor immunity</b>	Not directly addressed by statute.
<b>Persons who can receive or administer (“laypersons”)</b>	<ul style="list-style-type: none"> <li>• Person at risk of experiencing an opiate-related drug overdose.</li> <li>• Person in a position to assist a person at risk of experiencing an opiate-related drug overdose.</li> <li>• Person who, in the course of the person’s official duties or business, may encounter a person experiencing an opiate-related drug overdose.</li> <li>• An “entity” which is defined as a person, including an individual, partnership, corporation, joint stock company or any other association or entity, public or private.</li> </ul>



<b><u>WYOMING</u></b>	
<b>Layperson possession without a prescription</b>	Not directly addressed by statute.
<b>Layperson administration</b>	<ul style="list-style-type: none"> <li>• Person acting in good faith may administer an opiate antagonist to another person who appears to be experiencing an opiate-related drug overdose.</li> <li>• Law does not establish a duty or standard of care for a person to prescribe or administer.</li> </ul>
<b>Layperson immunity</b>	<ul style="list-style-type: none"> <li>• Person who administers an opiate antagonist is personally immune from civil or criminal liability for any act or omission resulting in damage or injury.</li> <li>• Entity that establishes a drug overdose treatment policy pursuant to the law is immune from civil or criminal liability for any act or omission related to the administration of an opiate antagonist resulting in damage or injury.</li> </ul>
<b>Training and education requirements</b>	<ul style="list-style-type: none"> <li>• Practitioner or pharmacist who prescribes an opiate antagonist must provide education to the person receiving it that includes written instruction on how to:               <ul style="list-style-type: none"> <li>○ Recognize an opiate-related drug overdose;</li> <li>○ Respond appropriately to an opiate-related drug overdose event, including how to administer an opiate antagonist; and</li> <li>○ Ensure that a person to whom an opiate antagonist has been administered receives, as soon as possible, additional medical care and a medical evaluation.</li> </ul> </li> <li>• Entity prescribed an opiate antagonist by standing order must establish a drug overdose treatment policy that includes designation of individuals to receive training and instructional materials on how to recognize and respond to an opiate-related drug overdose and ensure that a person to whom an opiate antagonist has been administered receives additional medical care and a medical evaluation.</li> </ul>
<b>Co-prescription requirements</b>	Not addressed by statute.
<b>Requirements placed on insurers</b>	Not addressed by statute.
<b>Naloxone in schools</b>	Not addressed by statute.
<b>Dispensing or administration reported to PDMP</b>	Wyoming regulations require a pharmacist who prescribes and dispenses naloxone to report that information to the state PDMP.
<b>Other provisions of note</b>	Entity prescribed an opiate antagonist by standing order must establish a drug overdose treatment policy that provides for reporting to the Wyoming Department of Health on all opiate-related drug overdoses where an opiate antagonist is administered.

<b><u>AMERICAN SAMOA</u></b>	
<b>Statute(s)</b>	The territory has no laws related to naloxone access.
<b>Initial effective date(s)</b>	N/A
<b>Term(s) used</b>	N/A
<b>Substantive amendment(s) to law(s)</b>	N/A
<b>Standing order</b>	N/A
<b>Persons who can prescribe</b>	N/A
<b>Prescriber immunity</b>	N/A
<b>Persons who can dispense or distribute</b>	N/A
<b>Dispenser immunity</b>	N/A
<b>Persons who can receive or administer (“laypersons”)</b>	N/A
<b>Layperson possession without prescription</b>	N/A
<b>Layperson administration</b>	N/A
<b>Layperson immunity</b>	N/A
<b>Training and education requirements</b>	N/A
<b>Co-prescription requirements</b>	N/A
<b>Requirements placed on insurers</b>	N/A
<b>Naloxone in schools</b>	N/A
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	N/A

<b><u>GUAM</u></b>	
<b>Statute(s)</b>	N/A
<b>Initial effective date(s)</b>	N/A
<b>Term(s) used</b>	N/A
<b>Substantive amendment(s) to law(s)</b>	N/A
<b>Standing order</b>	N/A
<b>Persons who can prescribe</b>	N/A
<b>Prescriber immunity</b>	N/A
<b>Persons who can dispense or distribute</b>	N/A
<b>Dispenser immunity</b>	N/A
<b>Persons who can receive or administer (“laypersons”)</b>	N/A
<b>Layperson possession without prescription</b>	N/A
<b>Layperson administration</b>	N/A
<b>Layperson immunity</b>	N/A
<b>Training and education requirements</b>	N/A
<b>Co-prescription requirements</b>	N/A
<b>Requirements placed on insurers</b>	N/A
<b>Naloxone in schools</b>	N/A
<b>Dispensing or administration reported to PDMP</b>	No.
<b>Other provisions of note</b>	N/A

<b><u>NORTHERN MARIANA ISLANDS</u></b>	
<b>Statute(s)</b>	The territory has no laws related to naloxone access.
<b>Initial effective date(s)</b>	N/A
<b>Term(s) used</b>	N/A
<b>Substantive amendment(s) to law(s)</b>	N/A
<b>Standing order</b>	N/A
<b>Persons who can prescribe</b>	N/A
<b>Prescriber immunity</b>	N/A
<b>Persons who can dispense or distribute</b>	N/A
<b>Dispenser immunity</b>	N/A
<b>Persons who can receive or administer (“laypersons”)</b>	N/A
<b>Layperson possession without prescription</b>	N/A
<b>Layperson administration</b>	N/A
<b>Layperson immunity</b>	N/A
<b>Training and education requirements</b>	N/A
<b>Co-prescription requirements</b>	N/A
<b>Requirements placed on insurers</b>	N/A
<b>Naloxone in schools</b>	N/A
<b>Dispensing or administration reported to PDMP</b>	According to information from PDMP/TTAC, Northern Mariana Island tracks naloxone dispensing within the territory PDMP. <sup>71</sup> LAPPA did not locate a statute or regulation directing this reporting.
<b>Other provisions of note</b>	N/A

<sup>71</sup> “PDMP Policies and Capabilities,” Prescription Drug Monitoring Program Training and Technical Assistance Center, last accessed May 2022, <https://www.pdmpassist.org/Policies/Maps/PDMPPolicies>.

<b><u>PUERTO RICO</u></b>	
<b>Statute(s)</b>	2021 PUERTO RICO LAWS ACT 035 (P. del S. 71)
<b>Initial effective date(s)</b>	August 27, 2021 (2021 PUERTO RICO LAWS ACT 035 (P. del S. 71)).
<b>Term(s) used</b>	Naloxone; opioid overdose antidote.
<b>Substantive amendment(s) to law(s)</b>	N/A
<b>Standing order</b>	On March 19, 2019, Puerto Rico’s Department of Health announced that naloxone can be sold without a prescription. <sup>72, 73</sup>
<b>Persons who can prescribe</b>	Non-profit organization, pharmacist, or health professionals acting under a standing order.
<b>Prescriber immunity</b>	A health care professional or pharmacist who, acting in good faith, directly or by prescription, dispenses an opioid overdose antidote to a participant who is capable, in the health care professional's judgment, of administering such antidote in an emergency, is not subject to any civil or criminal liability, or any professional disciplinary action by the Board of Medical Licensing and Discipline and/or the Board of Nurse Examiners.
<b>Persons who can dispense or distribute</b>	Non-profit organizations, whose purpose is of a health or community nature by means of a standing order.
<b>Dispenser immunity</b>	Not addressed in statute.
<b>Persons who can receive or administer (“laypersons”)</b>	A member of law enforcement, emergency services, or first responders.
<b>Layperson possession without prescription</b>	Not addressed in statute.
<b>Layperson administration</b>	Not addressed in statute.

<sup>72</sup> “Puerto Rico approves sale of naloxone amid opioid crisis,” *AP News*, March 19, 2019, <https://apnews.com/55be38ac4fa44016853deb617d841ae0>.

<sup>73</sup> The administrative order is located at [salud.gov.pr](http://salud.gov.pr), [here](#).

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

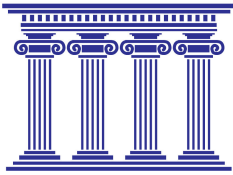
<b><u>U.S. VIRGIN ISLANDS</u></b>	
<b>Statute(s)</b>	The territory has no laws related to naloxone access.
<b>Initial effective date(s)</b>	N/A
<b>Term(s) used</b>	N/A
<b>Substantive amendment(s) to law(s)</b>	N/A
<b>Standing order</b>	N/A
<b>Persons who can prescribe</b>	N/A
<b>Prescriber immunity</b>	N/A
<b>Persons who can dispense or distribute</b>	N/A
<b>Dispenser immunity</b>	N/A
<b>Persons who can receive or administer (“laypersons”)</b>	N/A
<b>Layperson possession without prescription</b>	N/A
<b>Layperson administration</b>	N/A
<b>Layperson immunity</b>	N/A
<b>Training and education requirements</b>	N/A
<b>Co-prescription requirements</b>	N/A
<b>Requirements placed on insurers</b>	N/A
<b>Naloxone in schools</b>	N/A
<b>Dispensing or administration reported to PDMP</b>	N/A
<b>Other provisions of note</b>	N/A

## ABOUT THE LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

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

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





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