



LEGAL INTERVENTIONS TO REDUCE OVERDOSE MORTALITY: NALOXONE ACCESS AND OVERDOSE GOOD SAMARITAN LAWS

Background

Drug overdose is a nationwide epidemic that claims the lives of over 52,000 Americans every year.¹ Opioids, both prescription painkillers and illegal drugs such as heroin and illicitly manufactured fentanyl, are responsible for most of these deaths – over 33,000 in 2015 alone.² Opioids also cause hundreds of thousands of non-fatal overdoses and an incalculable amount of emotional suffering and preventable health care expenses each year.

Many of these negative outcomes are preventable. Opioid overdose is reversible through the timely administration of the medication naloxone and, where needed, the provision of other emergency care.³ However, community access to naloxone was historically limited by laws and regulations that pre-date the overdose epidemic. In an attempt to reverse the unprecedented increase in preventable overdose deaths, all fifty states and the District of Columbia have now modified their laws to increase access to naloxone, the standard first-line treatment for opioid overdose.

Law as both problem and solution

Although naloxone is a prescription drug, it is not a controlled substance and has no abuse potential.⁴ It is regularly utilized by medical first responders and can be administered by ordinary citizens with little or no formal training.⁵ Yet, it is often not available when and where it is needed. Because opioid overdose often occurs when the victim is with friends or family members, those people are often the best situated to act to save his or her life by administering naloxone. Unfortunately, in many cases neither the victim nor his or her companions have the medication on hand.

Law is at least partially responsible for this lack of access. State practice laws generally prohibit the prescription of medications to a person other than the one to whom they will be administered (a process referred to as third-party prescription) or to a person with whom the prescriber does not have a prescriber-patient relationship (a process referred to as prescription via standing order).⁶ Additionally, some medical professionals are wary of prescribing or dispensing naloxone because of liability fears, despite the fact that there is rarely a legal basis for such concerns.⁷ Compounding the problem, people who witness an overdose may be afraid to call for help for fear of being prosecuted for possession of illegal drugs, drug paraphernalia, or other crimes.⁸

At the urging of organizations including the U.S. Conference of Mayors, the American Medical Association, the American Public Health Association, and the National Association of Boards of Pharmacy, all states have removed some legal barriers to the seeking of emergency medical care and the timely administration of naloxone.⁹ These changes come in two general varieties. The first improves the availability of naloxone, typically by permitting it to be prescribed to people other than the person at risk of overdose or otherwise removing the need for a person to see a prescriber before obtaining the medication. The second encourages bystanders to become “Good Samaritans” by summoning emergency responders without fear of arrest or other negative legal consequences.

Overview of naloxone access and Good Samaritan laws

By July 15, 2017, all 50 states and the District of Columbia had passed legislation designed to improve layperson naloxone access.¹⁰ Table 1 displays characteristics of these laws. The columns first display whether the law provides civil, criminal, and disciplinary immunity for medical professionals who prescribe or dispense naloxone, as well as laypeople who administer it.¹¹ The columns then display whether the law permits organizations that are not otherwise permitted to dispense naloxone, such as non-profits and syringe access programs, to distribute the medication, and whether laypeople are permitted to possess naloxone without a prescription. Finally, the columns display whether naloxone is permitted to be prescribed to third parties - that is, to a person other than the person at risk of overdose -- and whether it may be prescribed via a standing order.

As of July 15, 2017, 40 states and the District of Columbia have passed an overdose Good Samaritan law that provides some protection from arrest or prosecution for individuals who report an overdose in good faith.¹² Table 2 displays characteristics of these laws. First, the columns display whether the law provides protection from arrest, charge, and prosecution for both controlled substance possession and paraphernalia possession. The columns then display whether the law provides protection from protective or restraining orders, probation or parole violations, and other crimes. Finally, the columns display whether the law provides that reporting an overdose can be a mitigating factor in sentencing for crimes for which immunity is not provided, and whether the law provides protection from civil forfeiture.¹³

Note that these tables cover only laws that were passed specifically to address drug overdose. That does not necessarily mean the activities covered by the laws in these tables are not permitted in other states, only that they are not explicitly authorized by laws created for that purpose. The categories listed were chosen because of their prevalence in existing laws and may not necessarily reflect best practices.¹⁴

Conclusion

Opioid overdose kills tens of thousands of Americans every year. Many of those deaths are preventable through the timely provision of a relatively cheap, safe and effective drug and the summoning of emergency responders. As with most public health problems, there is no magic bullet to preventing overdose deaths. A comprehensive solution that includes reductions in inappropriate opioid prescribing, increased access to evidence-based treatment and de-stigmatization and de-criminalization of addiction is likely necessary to create large-scale, lasting change. Rigorous evaluation of these changes should be a priority to ensure that legal changes have the intended effect and to suggest additional amendments.¹⁵

Largely because of these legal changes, over 150,000 laypeople had received training and naloxone kits as of 2014, and naloxone program participants reported reversing more than 26,000 overdoses.¹⁶ A recent paper from the National Bureau of Economic Research found that the adoption of a naloxone access law is associated with a 9 to 11 percent decrease in the opioid-related deaths in a state, a relatively dramatic change. The authors also found that overdose Good Samaritan laws were associated with a similar reduction, although that change was not statistically significant. Neither law was associated with an increase in non-medical use of prescription painkillers.¹⁷

These findings are consistent with results from specific areas. For example, a recent evaluation of one naloxone program in Massachusetts, which trained over 2,900 potential overdose bystanders, reported that opioid overdose death rates were significantly reduced in communities in which the program was implemented compared to those in which it was not.¹⁸ Similarly, 88 percent of people who use drugs surveyed in Washington state indicated that they would be more likely to summon emergency personnel during an overdose as a result of the adoption of an overdose Good Samaritan law in that state.¹⁹

Since both naloxone access and overdose Good Samaritan laws have few if any foreseeable negative effects, can be implemented at little or no cost, and will likely save both lives and resources, they may represent some of the lowest-hanging public health fruit available to policymakers today.

Table 1: Characteristics of state naloxone access laws

As of July 15, 2017

State	Cite	Has law	Most recent change	Immunity: Prescribers			Immunity: Dispensers			Immunity: Lay administrators		Lay distribution and possession		Prescribing permitted	
				Civil	Criminal	Disciplinary	Civil	Criminal	Disciplinary	Civil	Criminal	Lay distribution	Poss. w/o Rx	3 rd Party	Standing order
AL	Ala. Code § 20-2-280	Yes	May 10, 2016	Yes	Yes	-	Yes	Yes	-	Yes	Yes	-	-	Yes	Yes
AK	Alaska Stat. Ann. § 09.65.340 ; Alaska Stat. Ann § 17.20.085	Yes	Mar. 15, 2016	Yes	-	-	Yes	-	-	Yes	-	Yes	-	Yes	Yes
AZ	Ariz. Rev. Stat. Ann. § 32-1979 ; Ariz. Rev. Stat. Ann § 36-2266 ; Ariz. Rev. Stat. Ann. § 36-22667	Yes	Aug. 6, 2016	-	Yes	Yes	-	Yes	Yes	Yes	-	²⁰	-	Yes	Yes
AR	Ark. Code. Ann. § 20-13-1801 et. seq.	Yes	July 22, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	²¹	-	Yes	Yes
CA	Cal. Civ. Code § 1714.22 ; Cal. Bus. & Prof. Code § 4052.01	Yes	Jan. 1, 2014; Jan. 1, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
CO	Colo. Rev. Stat. Ann. § 12-36-117.7 ; Colo. Rev. Stat. Ann. § 12-42.5-120	Yes	Apr. 3, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
CT	Conn. Gen. Stat. Ann. § 17a-714a	Yes	May 27, 2016	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	Yes	-
DC	D.C. Code § 7-403(f) ; D.C. Code § 7-404	Yes	Feb. 18, 2017	Yes	Yes	-	Yes	Yes	-	Yes	Yes	Yes ²²	Yes	Yes	Yes
DE	Del. Code Ann. tit. 16, § 138 ; Del. Code Ann. tit. 16, § 3001G	Yes	June 25, 2014; Aug. 4, 2014	Yes	Yes	Yes	Yes ²³	Yes ²⁴	Yes ²⁵	-	-	-	-	Yes ²⁶	Yes
FL	Fla. Stat. Ann. § 381.887	Yes	July 1, 2016	Yes ²⁷	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-	Yes	Yes ²⁸
GA	Ga. Code Ann. § 26-4-116.2	Yes	Apr. 18, 2017	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	- ²⁹	-	Yes	Yes ³⁰

State	Cite	Has law	Most recent change	Immunity: Prescribers			Immunity: Dispensers			Immunity: Lay administrators		Lay distribution and possession		Prescribing permitted	
				Civil	Criminal	Disciplinary	Civil	Criminal	Disciplinary	Civil	Criminal	Lay distribution	Poss. w/o Rx	3 rd Party	Standing order
HI	Haw. Rev. Stat. §§ 329E-1 – 329E-7	Yes	June 16, 2016	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
IA	Iowa Code Ann. §§ 147A.18; 135.190	Yes	Apr. 6, 2016	Yes	-	-	-	-	-	Yes	-	-	Yes	Yes	Yes ^{*31}
ID	Idaho Code Ann. § 54-1733B	Yes	July 1, 2015	Yes	Yes	Yes	-	-	-	Yes	Yes	-	-	Yes	-
IL	745 Ill. Comp. Stat. Ann. § 49/36 20 Ill. Comp. Stat. Ann. § 301/5-23	Yes	Sept. 9, 2015; July 28, 2016	-	Yes	Yes	Yes ³²	Yes	Yes	Yes	Yes	-	-	Yes	Yes
IN	Ind. Code Ann. § 16-42-27-2; 3	Yes	July 1, 2016	Yes	-	-	Yes ³³	-	-	- ³⁴	-	Yes ³⁵	-	Yes	Yes ³⁶
KS	HB 2217 (2017)	Yes	Apr. 7, 2017	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-	Yes ^{*37}
KY	Ky. Rev. Stat. Ann. § 217.186; 201 Ky. Admin. Regs. 2:360	Yes	Sept. 4, 2015	-	-	Yes	-	-	Yes	Yes	Yes	-	-	Yes	Yes
LA	La. Rev. Stat. Ann. § 40:978.2	Yes	June 6, 2016	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes ³⁸	Yes	Yes	Yes	Yes
MA	Mass. Gen. Laws Ann. ch. 94C, §§ 19(d); 19B; 34A Mass. Gen. Laws Ann. ch. 112 § 12FF	Yes	Aug. 2, 2012; July 1, 2014; March 14, 2016	-	-	- ³⁹	-	-	-	Yes	Yes	-	Yes	Yes	Yes
MD	Md. Code Ann., Health-Gen. §§ 13-3104 – 13-3108	Yes	June 1, 2017	Yes	-	Yes	Yes	-	Yes ⁴⁰	Yes	-	Yes	-	Yes	Yes ⁴¹
ME	Me. Rev. Stat. Ann. tit. 22, § 2353	Yes	July 29, 2016	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
MI	Mich. Comp. Laws Ann. §§ 691.1503; 333.17744b; 333.17744c; 333.17744e	Yes	March 29, 2017	Yes	-	-	Yes	-	-	Yes	Yes	Yes	Yes	Yes	Yes
MN	Minn. Stat. Ann. § 604A.04	Yes	May 10, 2014	Yes	Yes	-	Yes ⁴²	Yes ⁴³	-	Yes	Yes	-	-	-	Yes

State	Cite	Has law	Most recent change	Immunity: Prescribers			Immunity: Dispensers			Immunity: Lay administrators		Lay distribution and possession		Prescribing permitted	
				Civil	Criminal	Disciplinary	Civil	Criminal	Disciplinary	Civil	Criminal	Lay distribution	Poss. w/o Rx	3 rd Party	Standing order
MO	Mo. Ann. Stat. §§ 195.206; 338.205	Yes	Aug. 28, 2016	Yes	Yes	Yes ⁴⁴	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes ⁴⁵	Yes ⁴⁶
MS	Miss. Code Ann. § 41-29-319	Yes	March 15, 2017	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	Yes	Yes
MT	HB 333 (2017)	Yes	May 4, 2017	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
NC	N.C. Gen. Stat. Ann. § 90-12.7	Yes	June 20, 2016	Yes	Yes	-	Yes ⁴⁷	Yes ⁴⁸	-	Yes	Yes	-	-	Yes	Yes
ND	N.D. Cent. Code Ann. § 23-01-42	Yes	Aug. 1, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes	Yes
NE	Neb. Rev. Stat. Ann. § 28-470	Yes	May 28, 2015	-	Yes	Yes	-	Yes	Yes	- ⁴⁹	Yes ⁵⁰	-	-	Yes	-
NH	N.H. Rev. Stat. Ann. § 318-B:15	Yes	June 2, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
NJ	N.J. Stat. Ann. § 24:6J-4	Yes	Feb. 5, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes ⁵¹	-	Yes	Yes
NM	N.M. Stat. Ann. § 24-23-1	Yes	Mar. 4, 2016	-	-	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
NV	Nev. Rev. Stat. Ann. §§ 453c.100 – 453c.110	Yes	Oct. 1, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
NY	N.Y. Pub. Health Law § 3309	Yes	June 22, 2016	-	-	-	-	-	-	Yes	Yes ⁵²	Yes	-	Yes	Yes
OH	Ohio Rev. Code Ann. § 4731.94; Ohio Rev. Code Ann. § 4729.44; Ohio Rev. Code Ann. § 2925.61	Yes	April 6, 2017	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes ^{**}	Yes	-	Yes	Yes ⁵³
OK	Okla. Stat. Ann. tit. 63, § 1-2506.2; Ok. Stat. Ann. tit. 63 § 2-312.2	Yes	Nov. 1, 2013; Nov. 1, 2014	-	-	-	-	-	-	-	-	-	-	Yes ⁵⁴	Yes ^{55*}
OR	Or. Rev. Stat. Ann. § 689.681	Yes	April 4, 2016	-	-	-	-	-	-	Yes ⁵⁶	-	Yes ⁵⁷	-	Yes	-
PA	35 Pa. Cons. Stat. Ann. § 780-113.8	Yes	Dec. 1, 2014	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes ⁵⁸	-	Yes	Yes
RI	31-2-9 R.I. Code R. §§ 1.0-5.1; R.I. Gen. Laws Ann. § 21-28.9-1 to -5	Yes	Jan. 27, 2016	-	-	Yes	-	-	Yes	Yes	Yes	Yes ⁵⁹	Yes	Yes	Yes

State	Cite	Has law	Most recent change	Immunity: Prescribers			Immunity: Dispensers			Immunity: Lay administrators		Lay distribution and possession		Prescribing permitted	
				Civil	Criminal	Disciplinary	Civil	Criminal	Disciplinary	Civil	Criminal	Lay distribution	Poss. w/o Rx	3 rd Party	Standing order
SC	S.C. Code Ann. §§ 44-130-10 – 44-130-60	Yes	June 5, 2016	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	Yes	Yes ⁶⁰
SD	S.D. Codified Laws §§ 34-20a-103 – 34-20a-108	Yes	July 1, 2016	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-	-	Yes	Yes
TN	Tenn. Code Ann. § 63-1-152; Tenn. Code Ann. 63-1-157	Yes	July 1, 2015	Yes	-	Yes	Yes	-	Yes	Yes	-	-	-	Yes	Yes ⁶¹
TX	Tex. Health & Safety Code Ann. § 483.101 et. seq.	Yes	Sept. 1, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
UT	Utah Code Ann. § 26-55-101 et. seq.	Yes	March 21, 2017	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	-	Yes	Yes
VA	VA Code Ann. §§ 8.01-225(A)(18); 54.1-3408(X)	Yes	Apr. 15, 2015	Yes	-	-	Yes	-	-	Yes	Yes ⁶²	-	-	Yes	Yes
VT	Vt. Stat. Ann. tit. 18, § 4240; Vt. Stat. Ann. tit. 26, § 2080	Yes	May 28, 2015	Yes	Yes	-	Yes	Yes	-	Yes	Yes	Yes ^{*63}	Yes ⁶⁴	Yes	Yes
WA	Wash. Rev. Code Ann. § 69.41.095	Yes	July 24, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
WI	Wis. Stat. Ann. § 441.18; Wis. Stat. Ann. § 448.037; Wis. Stat. Ann. § 450.11(1i)	Yes	April 1, 2016	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
WV	W. Va. Code Ann. § 16-46-1 – 16-46-6	Yes	June 10, 2016	Yes	Yes	-	Yes	Yes	-	Yes	Yes	-	Yes	Yes	Yes ^{*65}
WY	Senate File 42 (2017)	Yes	July 1, 2017	Yes	Yes	Yes	-	-	-	Yes	Yes	-	-	Yes	Yes ⁶⁶
Total		51		41	37	35	40	36	34	44	39	26, 3*	15	49, 1*	46, 5*

* = Implied by statutory text

** = Limited to violations of medical practice code

Table 2: Characteristics of state overdose Good Samaritan laws

As of July 15, 2017

State	Cite	Eff. Date	Has Law	Immunity: Controlled Substance Possession			Immunity: Paraphernalia			Immunity: Other Violations			Other Protections	
				Arrest	Charge	Prosecution	Arrest	Charge	Prosecution	Protective or Restraining Order	Pretrial, Probation, or Parole Violations	Other CS Crimes	Reporting Mitigating Factor	Civil Forfeiture
AL	Ala. Code § 20-2-281	June 5, 2015	Yes ⁶⁷	-	-	Yes	-	-	Yes	-	-	Yes ⁶⁸	-	-
AK	Alaska Stat. Ann. § 12.55.155 ; Alaska Stat. Ann. § 11.71.311	Sept. 8, 2008; July 12, 2016	Yes ⁶⁹	-	-	Yes	*** ⁷⁰	***	***	-	-	-	Yes	-
AZ	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AR	Ark. Code Ann. § 20-13-1701 et. seq.	July 22, 2015	Yes	Yes	Yes	Yes	-	-	-	Yes	Yes	-	-	-
CA	CA Health & Safety Code § 11376.5	Jan. 1, 2013	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-	-	-
CO	Colo. Rev. Stat. Ann. § 18-1-711	Aug. 10, 2016	Yes ⁷¹	Yes	-	Yes	Yes	-	Yes	-	-	-	-	-
CT	Conn. Gen. Stat. Ann. § 21a-267(e) ; Conn. Gen. Stat. Ann. § 21a-279(d)	Oct. 1, 2011	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-	-	-
D.C.	D.C. Code § 7-403	Mar. 19, 2013	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	-	Yes	-

State	Cite	Eff. Date	Has Law	Immunity: Controlled Substance Possession			Immunity: Paraphernalia			Immunity: Other Violations			Other Protections	
				Arrest	Charge	Prosecution	Arrest	Charge	Prosecution	Protective or Restraining Order	Pretrial, Probation, or Parole Violations	Other CS Crimes	Reporting Mitigating Factor	Civil Forfeiture
DE	Del. Code Ann. Tit. 16, § 4769	Aug. 31, 2013	Yes ⁷²	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes ⁷³	-	-
FL	Fla. Stat. Ann. § 893.21; Fla. Stat. Ann. § 921.0026(n)	Oct. 1, 2012	Yes	-	Yes	Yes	-	-	-	-	-	-	Yes	-
GA	Ga. Code Ann § 16-13-5	Apr. 24, 2014	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-
HI	Haw. Rev. Stat § 329-436.6	July 7, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
IA														
ID	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IL	730 Ill. Comp. Stat. Ann. 5/5-5-3.1(14); 720 Ill. Comp. Stat. Ann. 646/115; 720 Ill. Comp. Stat. Ann. 570/414	June. 1, 2012	Yes	-	Yes	Yes	-	-	-	-	-	-	Yes	-
IN	Ind. Code Ann. § 35-38-1-7.1(b)(12); Ind. Code Ann. § 16-42-27-2	July 1, 2016	Yes ⁷⁴	Yes	-	Yes	Yes ⁷⁵	-	Yes	-	-	-	Yes	-
KS	-	-	-	-	-	-	-	-	-	-	-	-	-	-

State	Cite	Eff. Date	Has Law	Immunity: Controlled Substance Possession			Immunity: Paraphernalia			Immunity: Other Violations			Other Protections	
				Arrest	Charge	Prosecution	Arrest	Charge	Prosecution	Protective or Restraining Order	Pretrial, Probation, or Parole Violations	Other CS Crimes	Reporting Mitigating Factor	Civil Forfeiture
KY	Ky. Rev. Stat. Ann. § 218A.133	Mar. 25, 2015	Yes	-	Yes	Yes	-	Yes	Yes	-	-	-	-	-
LA	La. Rev. Stat. Ann. § 14:403.10	Aug. 1, 2014	Yes	-	Yes	Yes	-	-	-	-	-	-	-	-
MA	Mass. Gen. Laws Ann. ch. 94c, § 34A	Aug. 2, 2012	Yes	-	Yes	Yes	-	-	-	-	-	-	Yes	-
MD	Md. Code Ann., Crim. Proc. § 1-210	Mar. 14, 2016	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	-	Yes	-
ME	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MI	Mich. Comp. Laws Ann. § 333.7403(3)	Jan. 4, 2017	Yes ⁷⁶	Yes	Yes	Yes	-	-	-	-	-	-	-	-
MN	Minn. Stat. Ann. § 604A.05	July 1, 2014	Yes	-	Yes	Yes	-	Yes	Yes	-	Yes	-. ⁷⁷	-. ⁷⁸	-
MO	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MS	Miss. Code Ann. § 41-29-149.1	July 1, 2016	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	Yes
MT	HB 333 (2017)	May 4, 2017	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-. ⁷⁹	-
NC	N.C. Gen. Stat. Ann. § 90-96.2	Aug. 1, 2015	Yes ⁸⁰	-	-	Yes	-	-	Yes	-	Yes	-	-	-
ND	N.D. Cent. Code Ann. § 19-03.1-23.4	April 21, 2017	Yes ⁸¹	-	Yes	Yes	-	Yes	Yes	-	-	Yes ⁸²	-	-
NE	LB 487 (2017)	May 2, 2017	Yes ⁸³	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-	-	-

State	Cite	Eff. Date	Has Law	Immunity: Controlled Substance Possession			Immunity: Paraphernalia			Immunity: Other Violations			Other Protections	
				Arrest	Charge	Prosecution	Arrest	Charge	Prosecution	Protective or Restraining Order	Pretrial, Probation, or Parole Violations	Other CS Crimes	Reporting Mitigating Factor	Civil Forfeiture
NH	N.H. Rev. Stat. Ann. § 318-B:28-b	Sept. 6, 2015	Yes	Yes	Yes	Yes	-	-	-	-	-	-	-	-
NJ	N.J. Stat. Ann. § 2C:35-30	July 1, 2013	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes ⁸⁴	-	-
NM	N.M. Stat. Ann. § 30-31-27.1	June 15, 2007	Yes	-	Yes	Yes	-	-	-	-	-	-	Yes	-
NV	Nev. Rev. Stat. Ann. § 453C.150	Oct. 1, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes ⁸⁵	Yes	Yes
NY	N.Y. Penal Law §§ 220.03; 220.78	Sept. 18, 2011	Yes	Yes	Yes	Yes	-	Yes	Yes	-	-	Yes ^{**}	-	-
OH	Ohio Rev. Code Ann. § 2925.11	Sept. 14, 2016	Yes ⁸⁶	Yes ⁸⁷	Yes	Yes	-	-	-	-	-	-	Yes	-
OK	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OR	Or. Rev. Stat. Ann. § 475.898	March 3, 2016	Yes	Yes	-	Yes	Yes	-	Yes	-	Yes	Yes ⁸⁸	-	-
PA	35 Pa. Cons. Stat. Ann. § 780-113.7	Dec. 1, 2014	Yes ⁸⁹	-	Yes	Yes	-	Yes	Yes	-	Yes	Yes ⁹⁰	-	-
RI	R.I. Gen Laws Ann. § 21-28.9-4	Jan. 27, 2016	Yes	-	Yes	Yes	-	Yes	Yes	-	Yes	Yes ⁹¹	⁹²	-
SC	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SD	HB 1082 (2017)	March 27, 2017	Yes ⁹³	Yes ⁹⁴	-	Yes	-	-	-	-	-	-	⁹⁵	-
TN	Tenn. Code Ann. § 63-1-156	July 1, 2015	Yes ⁹⁶	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	⁹⁷	-
TX	-	-	-	-	-	-	-	-	-	-	-	-	-	-

State	Cite	Eff. Date	Has Law	Immunity: Controlled Substance Possession			Immunity: Paraphernalia			Immunity: Other Violations			Other Protections	
				Arrest	Charge	Prosecution	Arrest	Charge	Prosecution	Protective or Restraining Order	Pretrial, Probation, or Parole Considerations	Other CS Crimes	Reporting Mitigating Factor	Civil Forfeiture
UT	Utah Code Ann. §§ 58-37-8(16); 76-3-203.11	Mar. 20, 2014	Yes ⁹⁸	-	-	Yes**	-	-	Yes**	-	-	-	Yes ⁹⁹	-
VA	Va. Code Ann. § 18.2-251.03	July 1, 2015	Yes ¹⁰⁰	-	-	Yes**	-	-	Yes**	-	-	-	-	-
VT	Vt. Stat. Ann. tit. 18, § 4254	June 5, 2013	Yes	Yes	-	Yes	*** ¹⁰¹	***	***	Yes	Yes	Yes	Yes	Yes
WA	Wash. Rev. Code Ann. § 69.50.315; Wash. Rev. Code Ann. § 9.94A.535(i)	June 10, 2010; July 24, 2015	Yes	-	Yes	Yes	-	-	-	-	-	-	Yes	-
WI	Wis. Stat. Ann. § 961.443	Apr. 9, 2014	Yes	-	-	Yes	-	-	Yes	-	-	-	-	-
WV	W. Va. Code Ann. § 16-47-4	June 12, 2015	Yes	-	Yes ^{*102}	Yes*	-	-	-	-	Yes	-	Yes	-
WY	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total			41	23	29, 1*	31, 1*, 2**	16	19	25, 2**	8	18	10, 1**	15	4

* = Implied by statutory text

** = Affirmative defense only

*** Alaska does not criminalize the possession, sale, or manufacture of drug paraphernalia. Vermont does not criminalize the possession of drug paraphernalia.

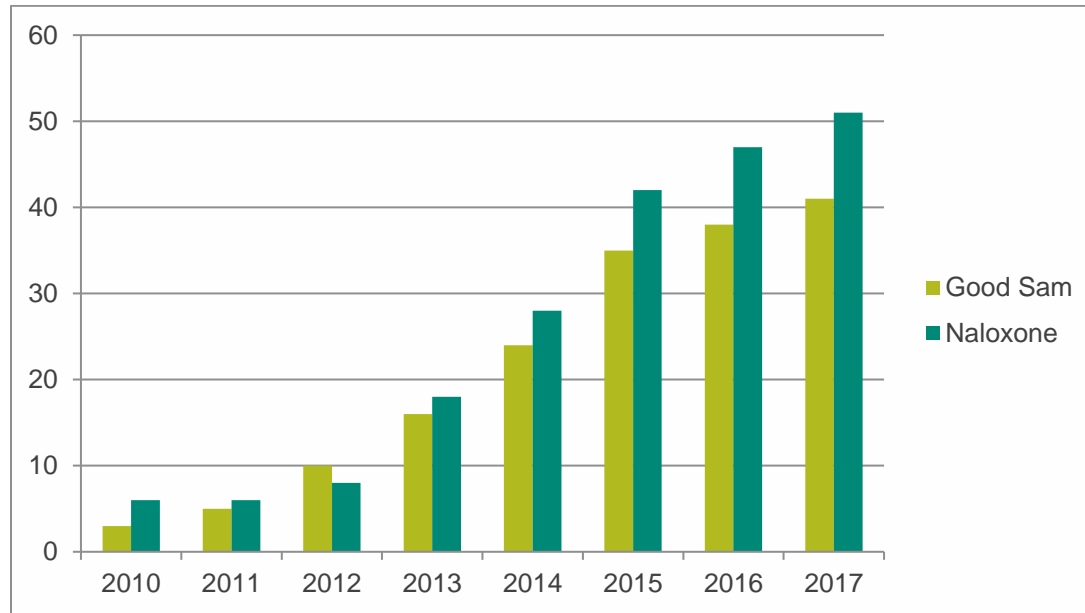


Figure 2: Adoption of naloxone access and overdose Good Samaritan laws over time

The Network for Public Health Law is a national initiative of the Robert Wood Johnson Foundation with direction and technical assistance by the Public Health Law Center at William Mitchell College of Law.

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Robert Wood Johnson Foundation

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¹ Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths - United States, 2010-2015. *MMWR Morb Mortal Wkly Rep* 2016;65:1445-52.

² Id.

³ Opioid overdose is caused by excessive depression of the respiratory and central nervous systems. Naloxone, a κ - and δ , and μ -opioid receptor competitive antagonist, works by displacing opioids from these receptors, thereby reversing their depressant effect. See J. M. Chamberlain & B. L. Klein, *A comprehensive review of naloxone for the emergency physician*, 12 *AM J EMERG MED* (1994).

⁴ See 21 U.S.C. § 801, 21 CFR § 1308.

⁵ E. Wheeler, et al., *Opioid Overdose Prevention Programs Providing Naloxone to Laypersons - United States, 2014*, 64 *MMWR MORB MORTAL WKLY REP* (2015); M. Doe-Simkins, et al., *Overdose rescues by trained and untrained participants an change in opioid use among substance-using participants in overdose education and naloxone distribution programs: a retrospective cohort study*, 14 *BMC Public Health* 297 (2014).

⁶ For simplicity, this fact sheet refers to all mechanisms by which medications can be dispensed without the recipient seeing the prescriber (the other important one being via a collaborative practice agreement) as standing orders. For a full explanation of the various mechanisms by which naloxone may be dispensed via pharmacies without a patient-specific order, see C. Davis & D. Carr, *State legal innovations to encourage naloxone dispensing*, 57 *J AM PHARM ASSOC* (2003) (2017).

⁷ See Leo Beletsky, et al., *Physicians' knowledge of and willingness to prescribe naloxone to reverse accidental opiate overdose: challenges and opportunities*, 84 *Journal of Urban Health* 126 (2007); C. S. Davis, et al., *Co-prescribing naloxone does not increase liability risk*, 37 *SUBST ABUS* (2016).

⁸ Karin Tobin, et al., *Calling emergency medical services during drug overdose: an examination of individual, social and setting correlates*, 100 *Addiction* 397 (2005); Robin A. Pollini, et al., *Response to Overdose Among Injection Drug Users*, 31 *American Journal of Preventive Medicine* 261 (2006).

⁹ See U.S. Conference of Mayors, 2008 Adopted Resolutions – Saving Lives, Saving Money: City-Coordinated Drug Overdose Prevention, available at

http://www.usmayors.org/resolutions/76th_conference/chhs_16.asp; American Medical Association, AMA Adopts New Policies at Annual Meeting, available at [http://www.ama-](http://www.ama-assn.org/ama/pub/news/news/2012-06-19-ama-adopts-new-policies.page)

[assn.org/ama/pub/news/news/2012-06-19-ama-adopts-new-policies.page](http://www.ama-assn.org/ama/pub/news/news/2012-06-19-ama-adopts-new-policies.page); American Public Health Association, Prevention Overdose Through Education and Naloxone Distribution, available at

<http://www.apha.org/NR/rdonlyres/D13CCF7A-1E17-4954-BB28-EAEB7D6E261E/0/LB2Naloxone.pdf>. A number of other organizations, including the National Association of Drug Diversion Investigators and the Office of National Drug Control Policy also support policy changes to increase access to naloxone. See National Association of Drug Diversion Investigators, NADDI Supports Nasal Naloxone, available at http://naddi.org/aws/NADDI/pt/sd/news_article/62028/_PARENT/layout_details/false

¹⁰ For further background on these laws, please see Davis, C.S., Carr, D., 2015. *Legal changes to increase access to naloxone for opioid overdose reversal in the United States*. *Drug Alcohol Depend* 157, 112-120.

¹¹ These tables are limited to laws that increase access to naloxone among non-professional responders, and so may not capture states that have expanded access only to professional responders such as police, firefighters, and EMS personnel.

¹² For a graphical representation of these laws, please see the relevant LawAtlas map at <http://www.lawatlas.org/preview?dataset=good-samaritan-overdose-laws>.

¹³ Note that the “Mitigating factor” column is coded as a “Yes” only if the law provides mitigation for the act of reporting an overdose, not simply responding.

¹⁴ For additional thoughts on legal approaches to reducing opioid overdose deaths, see Davis CS, Webb D, Burris S. *Changing Law from Barrier to Facilitator of Opioid Overdose Prevention*, 41 *J. of Law, Med. & Ethics* 33-36 (2013).

¹⁵ For example, existing laws typically do not include funding for education on the use and provision of naloxone. They also tend to limit criminal immunity to drug-related crimes, which may limit their effect.

¹⁶ E. Wheeler, et al., *Opioid Overdose Prevention Programs Providing Naloxone to Laypersons - United States, 2014*, 64 *MMWR MORB MORTAL WKLY REP* (2015).

¹⁷ D. Rees, et al. *With a Little Help from My Friends: The Effects of Naloxone Access and Good Samaritan Laws on Opioid-Related Deaths*. (2017).

¹⁸ Alex Walley, et al., *Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis*, 346 *BMJ* f174 (2013).

¹⁹ Banta-Green, C. Washington's 911 Good Samaritan Overdose Law: Initial Evaluation Results (Nov. 2011), available at <http://ada1.uw.edu/pubs/infobriefs/ADAI-IB-2011-05.pdf>

²⁰ State law permits naloxone to be prescribed to “a community organization that provides services to persons who are at risk of an opioid-related overdose” but does not permit those organizations to further distribute the medication. *Ariz. Rev. Stat. Ann.* § 36-2266(A).

²¹ State law permits naloxone to be prescribed and dispensed to pain management clinics and harm reduction organizations, but does not explicitly permit those organizations to further distribute the medication. *Ark. Code Ann.* § 20-13-1804.

²² Limited to “an employee or volunteer of a community-based organization acting in good faith and in accordance with a standing order or under a health care professional's prescriptive authority.” [D.C. Code § 7-404\(c\)](#).

²³ Applies only to “[d]octors prescribing naloxone who, acting in good faith, directly or by standing order, prescribe or dispense the drug naloxone to a person who completes an approved-training program [...]” *Del. Code Ann. tit. 16, § 3001G(e)*.

²⁴ Applies only to “[d]octors prescribing naloxone who, acting in good faith, directly or by standing order, prescribe or dispense the drug naloxone to a person who completes an approved-training program [...]” *Del. Code Ann. tit. 16, § 3001G(e)*.

²⁵ Applies only to “[d]octors prescribing naloxone who, acting in good faith, directly or by standing order, prescribe or dispense the drug naloxone to a person who completes an approved-training program [...]” *Del. Code Ann. tit. 16, § 3001G(e)*.

²⁶ State law creates a Community-Based Naloxone Access Program and permits naloxone to be distributed to “people who complete the requirements set forth for this program.” *Del. Code Ann. tit. 16, § 138(3)*. Further, state law provides immunity to a doctor who prescribes naloxone to “a person who completes an approved-training program who, in the judgment of the health-care provider, is capable of administering the drug for an emergency opioid overdose [...]” *Del. Code Ann. tit. 16, § 3001G(e)*.

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- ²⁷ “A person, including, but not limited to, an authorized health care practitioner, a dispensing health care practitioner, or a pharmacist, who possesses, administers, prescribes, dispenses, or stores an approved emergency opioid antagonist in compliance with this section and” the state Good Samaritan Act (Fla. Stat. § 768.13) is provided the immunity protections under that law. Fla. Stat. Ann. § 381.887(5).
- ²⁸ Applies only to auto-injection delivery systems or intranasal application delivery systems. Fla. Stat. Ann. § 381.887(3).
- ²⁹ Law permits naloxone to be prescribed to a “harm reduction organization,” but does not explicitly permit those organizations to distribute naloxone. Ga. Code Ann. § 26-4-116.2(b).
- ³⁰ Law refers to “a protocol specified by” the prescriber, but context makes clear that a standing order is intended. In addition, Ga. Code Ann. § 31-1-10(b)(2) permits a statewide naloxone standing order for naloxone. That order is available at https://gdna.georgia.gov/sites/gdna.georgia.gov/files/related_files/press_release/Naloxone%20Standing%20Order%20DPH%2012-14-2016.pdf.
- ³¹ Iowa law does not clearly permit a prescriber to issue a standing order, but permits a pharmacist to dispense under one. Iowa Code Ann. §§ 147A.18(b)(1).
- ³² Pharmacists receive civil immunity only when dispensing naloxone pursuant to a statewide protocol or standing order. 745 Ill. Comp. Stat. Ann. 49/36.
- ³³ The immunity appears to apply only to “a prescriber who dispenses [...]” and not to a pharmacist. Ind. Code Ann. § 16-42-27-3(a).
- ³⁴ Under Indiana law, the following persons are immune from civil liability when administering naloxone: advanced emergency medical technicians, emergency medical responders, emergency medical technicians, firefighters and volunteer firefighters, law enforcement officers, and paramedics. Ind. Code Ann. § 16-31-6-2.5.
- ³⁵ While the text of the law is not completely clear that lay distribution is permitted, official sub-regulatory communications from the state health department state that entities that may distribute naloxone in the state “may include pharmacies, pharmacists or other non-pharmacy organizations, non-profit entities or individuals that are in a position to assist an individual who, there is reason to believe, is at risk of experiencing an opioid-related overdose.” <https://optin.in.gov/files/Indiana-Statewide-Naloxone-Standing-Order-Toolkit.pdf>.
- ³⁶ Ind. Code Ann. § 16-42-27-2(f) requires the state department to ensure that a statewide standing order for naloxone dispensing is issued.
- ³⁷ State law requires the state board of pharmacy to issue a “statewide opioid antagonist protocol” for naloxone dispensing. HB 2217, Section 1(b). This protocol would be the functional equivalent of a standing order.
- ³⁸ Louisiana also provides immunity to first responders who administer naloxone without a prescription. La. Rev. Stat. Ann. § 14:403.11.
- ³⁹ “[A]ny such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.” Mass Gen. Laws Ann. Ch. 94C § 19(d).
- ⁴⁰ Applies only to a pharmacist, licensed health care provider with prescribing authority. Md. Code Ann., Health-Gen. § 13-3108(b).
- ⁴¹ Under Maryland law, authorized private and public entities “shall enter into a written agreement with a licensed health care provider with prescribing authority to establish protocols for the prescribing and dispensing of naloxone to any individual [...]” Md. Code Ann., Health-Gen. § 13-3104.
- ⁴² Applies only to licensed health care professionals who are permitted by law to prescribe an opiate antagonist. Minn. Stat. Ann. § 604A.04(3).
- ⁴³ Applies only to licensed health care professionals who are permitted by law to prescribe an opiate antagonist. Minn. Stat. Ann. § 604A.04(3).
- ⁴⁴ Prescriber immunity (criminal, civil, and disciplinary) in Missouri is limited to “protocol physician,” the physician who signs a standing order or protocol for naloxone dispensing. Mo. Rev. Stat. § 195.206(3).
- ⁴⁵ Missouri law does not clearly permit third party prescribing, but does permit “any licensed pharmacist in Missouri may sell and dispense an opioid antagonist under physician protocol,” and permits “any person to possess an opioid antagonist.” Mo. Ann. Stat. § 195.206. It also permits “any person or organization acting under a standing order issued by a health care professional who is otherwise authorized to prescribe an opioid antagonist...” to store and dispense an opioid antagonist. Mo. Ann. Stat. § 338.205.
- ⁴⁶ Law uses the term “physician protocol” but context makes clear that a standing order for pharmacy dispensing is intended. Mo. Ann. Stat. §§ 195.206(2).
- ⁴⁷ Applies only to pharmacists who dispense an opioid antagonist in accordance with the naloxone access law. N.C. Gen. Stat. Ann. § 90-12.7(e)(2).
- ⁴⁸ Applies only to pharmacists who dispense an opioid antagonist in accordance with the naloxone access law. N.C. Gen. Stat. Ann. § 90-12.7(e)(2).
- ⁴⁹ In May 2017, the Nebraska Legislature amended the statute to provide civil immunity to emergency responders and peace officers who, acting in good faith, administer naloxone to a person experiencing an overdose. See LB 487 (2017).
- ⁵⁰ Lay administrators are immune from criminal liability if the person “obtains naloxone from a health professional or a prescription for naloxone from a health professional and administers the naloxone obtained from the health professional or acquired pursuant to the prescription to a person who is apparently experiencing an opioid-related overdose.” Neb. Rev. Stat. Ann. § 28-470(2).
- ⁵¹ Law permits dispensing by “any professional entity which is deemed by the health care practitioner to employ professionals who are capable of dispensing opioid antidotes to recipients, for administration thereby, as part of the entity’s regular course of business or volunteer activities.” N.J. Stat. Ann. § 24:6J-4(a)(1)(e).
- ⁵² In addition to the immunity afforded to lay administrators, health care practitioners have disciplinary immunity when administering naloxone in emergency situations. See N.Y. Educ. Law § 6509-d.
- ⁵³ Ohio law permits pharmacists and pharmacist interns to dispense naloxone under a protocol developed by the state board of pharmacy. Ohio Rev. Code Ann. § 4729.44(G). This protocol appears to be the functional equivalent of a standing order.
- ⁵⁴ Oklahoma law permits naloxone to be prescribed to an individual for use by that individual “when encountering a family member exhibiting signs of an opiate overdose” if certain information is provided. Okla. Stat. Ann. tit. 63, § 1-2506.2.
- ⁵⁵ Oklahoma law permits naloxone to be “dispensed or sold by a pharmacy without a prescription [...]” Ok. Stat. Ann. tit. 63 § 2-312.2. We have interpreted this law to be the functional equivalent of a standing order.
- ⁵⁶ Immunity is only provided to an individual who “has successfully completed the training [...]” described in statute and regulations who has acted “in good faith” and without “wanton misconduct.” Or. Rev. Stat. Ann. § 689.681(4)(b).
- ⁵⁷ Oregon law permits “any other person designated by the State Board of Pharmacy may distribute unit-of-use packages of naloxone [...]” Or. Rev. Stat. Ann. § 689.681(4). While regulations issued by the Oregon Public Health Authority permit a variety of organizations to conduct overdose prevention training, it does not appear that the Board of Pharmacy has promulgated regulations permitting such organizations to dispense or distribute naloxone.

- ⁵⁸ A “person or organization acting at the direction of a health care professional authorized to prescribe naloxone” is exempt from all provisions of the state Pharmacy Act, so long as they act without charge or compensation. 35 Pa. Cons. Stat. § 780-113.8(d).
- ⁵⁹ Pursuant to regulations issued by the Rhode Island Department of Health, “Notwithstanding any other law or regulation, a person possessing an order issued by a health care professional who is otherwise authorized to prescribe Naloxone (Narcan) may store and dispense Naloxone (Narcan) regardless of usual drug storage requirements in RIGL Title 21.” 31-2-9 R.I. Code R. § 3.12.
- ⁶⁰ Law permits standing orders to be issued for naloxone administration by first responders, but not by laypeople. S.C. Code Ann. §§ 44-130-30(C). However, a later added provision permits pharmacists to dispense naloxone pursuant to either a “standing order by a prescriber” or a “written joint protocol issued by the Board of Medical Examiners and the Board of Pharmacy.” S.C. Code Ann. §§ 44-130-40.
- ⁶¹ Tennessee law also authorizes the state’s Chief Medical Officer to enter into collaborative practice agreements for naloxone dispensing “with any pharmacist licensed in, and practicing in, this state.” Tenn. Code Ann. 63-1-157(b)(1). The CPA is available at https://www.tn.gov/assets/entities/health/attachments/TDH_Naloxone_Collaborative_practice.pdf.
- ⁶² Under Virginia law, “a person may possess and administer naloxone or other opioid antagonist [...]” VA Code Ann. § 54.1-3408(X).
- ⁶³ Relevant law provides that, “A person acting on behalf of a community-based overdose prevention program [...] shall be immune from civil or criminal liability for providing education on opioid-related overdose prevention or for purchasing, acquiring, distributing, or possessing an opioid antagonist unless the person’s actions constituted recklessness, gross negligence, or intentional misconduct.” Vt. Stat. Ann. tit. 18 § 4240(e). This language would appear to implicitly provide authorization for the distribution of naloxone by community-based overdose prevention programs.
- ⁶⁴ Applies only to “[a] person acting on behalf of a community-based overdose prevention program [...]” Vt. Stat. Ann. tit. 18 § 4240(e).
- ⁶⁵ West Virginia law permits naloxone to be prescribed via standing order to first responders only. See W. Va. Code Ann. § 16-46-3. However, a separate provision permits pharmacists and pharmacy interns to dispense naloxone “without a prescription” under a protocol developed by the Board of Pharmacy. W. Va. Code Ann. § 16-46-3a. We consider this the functional equivalent of a standing order.
- ⁶⁶ Under Wyoming law, a standing order may only be issued to “an entity that, in the course of the entity’s official duties or business, may be in a position to assist a person experiencing an opiate related drug overdose.” Wyo. Stat. Ann. § 35-4-904(a).
- ⁶⁷ Under the law, an individual may not be prosecuted for a “misdemeanor controlled substance offense” if the person acted in good faith, upon a reasonable belief that he or she was the first to call for assistance, user his or her own name when contacting authorities, and remained with the individual needing assistance until help arrived. Immunity is not provided to the overdose victim. Ala. Code § 20-2-281(c).
- ⁶⁸ The law provides protection from all misdemeanor controlled substance offenses with the exception of driving under the influence. Ala. Code § 20-2-281(b).
- ⁶⁹ Law provides protection to the caller only if the person summons assistance in good faith, remained at the scene until medical or law enforcement assistance arrived, and “cooperated” with medical or law enforcement personnel, including by providing identification. Alaska Stat. Ann. § 11.71.311.
- ⁷⁰ Possession of drug paraphernalia is not a crime in Alaska.
- ⁷¹ Under the law, an individual is entitled to immunity only if they remain at the scene until a law enforcement or medical responder arrives and identifies him/herself to and “cooperates with” the responding provider. Colo. Rev. Stat. Ann. § 18-1-711(1).
- ⁷² Immunity provided only if person reporting overdose “provides all relevant medical information as to the cause of the overdose or other life-threatening medical emergency that the person possesses at the scene of the event when a medical provider arrives, or when the person is at the facilities of the medical provider [...]” Del. Code Ann. tit. 16, § 4769(b)(2).
- ⁷³ Immunity is also provided for “all offenses in this chapter that are not class A, B, or C felonies,” including certain offenses concerning underage drinking, as well as “Miscellaneous drug crimes as described in § 4757 (a)(3), (6), and (7) of this Chapter.” Del. Code Ann. tit. 16, § 4769(c).
- ⁷⁴ Law states that a “law enforcement officer may not take an individual into custody..” if the individual: (1) obtained an overdose intervention drug in accordance with state law; (2) administered the overdose intervention drug in accordance with state law; (3) provided the individual’s full name and any other relevant information requested by the law enforcement officer; (4) remained at the scene with the individual who reasonably appeared to need medical assistance until emergency medical assistance arrived; (5) cooperated with emergency medical assistance personnel and law enforcement officers at the scene; and (6) came into contact with law enforcement because the individual requested emergency medical assistance for another individual who appeared to be experiencing an opioid-related overdose. Ind. Code Ann. § 16-42-27-2(g).
- ⁷⁵ Law states that a “law enforcement officer may not take an individual into custody “[...]if the individual: (1) obtained an overdose intervention drug in accordance with state law; (2) administered the overdose intervention drug in accordance with state law; (3) provided the individual’s full name and any other relevant information requested by the law enforcement officer; (4) remained at the scene with the individual who reasonably appeared to need medical assistance until emergency medical assistance arrived; (5) cooperated with emergency medical assistance personnel and law enforcement officers at the scene; and (6) came into contact with law enforcement because the individual requested emergency medical assistance for another individual who appeared to be experiencing an opioid-related overdose. Ind. Code Ann. § 16-42-27-2(g).
- ⁷⁶ Per Michigan law, individuals who seek or require emergency assistance “because of a drug overdose or other perceived medical emergency arising from the use of a controlled substance or a controlled substance analogue that he or she possesses or possessed in an amount sufficient only for personal use” are “not in violation of” applicable law. Mich. Comp. Laws Ann. § 333.7304(3).
- ⁷⁷ MN law provides protection from charge and prosecution for “possession, sharing, or use” of a controlled substance under enumerated section of the law, but those sections appear to prohibit only possession. Minn. Stat. Ann. § 604A.05
- ⁷⁸ The statute establishes that a person who provides first aid and medical assistance to another person experiencing an overdose may use this as a mitigating factor in a criminal prosecution for which immunity is not provided in the statute. Minn. Stat. Ann. § 604A.05 (4)(a).
- ⁷⁹ The statute establishes that a person who provides first aid and medical assistance to another person experiencing an overdose may use this as a mitigating factor in a criminal prosecution for which immunity is not provided in the statute. HB 333, Section 9(3).
- ⁸⁰ Immunity is granted to the person who summons assistance only if they have a “reasonable belief that” they were the first to call for assistance and they provide their own name to the 911 system of law enforcement officer upon arrival. N.C. Gen. Stat. Ann. § 90-96.2(b).
- ⁸¹ Under North Dakota law, for immunity against prosecution and charge for possession and sharing of controlled substances and paraphernalia to apply, the individual receiving immunity “must have remained on the scene [of the overdose] until assistance arrived, cooperated with the medical treatment of the reported drug overdosed individual, and the overdosed individual must have been in a

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- condition a layperson would reasonably believe to be a drug overdose requiring immediate medical assistance.” The maximum number of people who can gain immunity for one occurrence is three. N.D. Cent. Code Ann. § 19-03.1-23.4.
- ⁸² Immunity is also provided for inhalation of certain substances under N.D. Cent. Code Ann § 19-03.1-22.1, ingesting controlled substances under N.D. Cent. Code Ann § 19-02.1-22.3, and using controlled substance analogs under N.D. Cent. Code Ann § 19-03.1-22.5.
- ⁸³ Under Nebraska law, a person is not criminally liable for possession of controlled substances and paraphernalia if the individual was the first to request assistance during the emergency. The person receiving immunity must have remained at the scene of the overdose until assistance arrived and must have cooperated with medical assistance and law enforcement personnel. LB 487, Section 5.
- ⁸⁴ Immunity applies to “using, being under the influence of, or failing to make lawful disposition of, a controlled dangerous substance or controlled substance.” N.J. Stat. Ann. § 2C:35-30(a)(1).
- ⁸⁵ Immunity applies to the use of a controlled substance. Nev. Rev. Stat. Ann. § 453C.150(a)(3).
- ⁸⁶ For reasons that are not clear to this author, the Ohio law applies only to individuals who have been previously granted immunity under the law not more than twice. People on “Community control or post-release control” do not qualify for immunity. Ohio Rev. Code Ann. § 2925.11(B)(2)(f). Ohio law also requires any EMS personnel or firefighter to disclose the name and address of any person to whom the EMS personnel or firefighter administered naloxone due to an actual or suspected drug overdose to a law enforcement agency with jurisdiction over the place where the naloxone was administered. Ohio Rev. Code Ann. § 4765.44.
- ⁸⁷ Immunity from arrest, charge and prosecution is only granted if the caller or victim, within 30 days of seeking or obtaining assistance, “seeks and obtains a screening and receives a referral for treatment [...]” Ohio Rev. Code Ann. § 2925.11(B)(2)(b)(ii).
- ⁸⁸ Immunity also applies to “frequentering a place where controlled substances are used.” Or. Rev. Stat. Ann. § 475.898(3)(a).
- ⁸⁹ Immunity is only granted if the caller provided his or her name and location, “cooperated with” the responding officials, and remained with the person needing assistance until law enforcement, campus security, or EMS personnel arrived. 35 Pa. Cons. Stat. Ann. § 780-113.7(a)(2).
- ⁹⁰ Pennsylvania law also provides protection from delivery, possession with intent to deliver, or manufacture with intent to deliver drug paraphernalia. 35 Pa. Cons. Stat. Ann. § 780-113.7(a).
- ⁹¹ Immunity is also granted for “operation of a drug-involved premises.” R.I. Gen Laws Ann. § 21-28.9-4(a).
- ⁹² The statute establishes that a person who provides first aid and medical assistance to another person experiencing an overdose may use this as a mitigating factor in a criminal prosecution pursuant to the controlled substance act. R.I. Gen Laws Ann. § 21-28.9-4(c).
- ⁹³ Under North Dakota law, a person who seeks assistance for another experiencing an overdose is immune from arrest and prosecution for possession and use of controlled substances if that person remains at the scene of the overdose and cooperates with medical assistance and law enforcement personnel. HB 1082, Section 2(3). The immunity provided to persons seeking assistance for another experiencing an overdose is limited to one time. The statute provides: “Any person seeking medical assistance or reports a person is in need of medical assistance shall only qualify once for immunity under this Act.” HB 1082, Section 5.
- ⁹⁴ Immunity also applies to the “inhalation, ingestion, or otherwise taking into the body any controlled drug or substance.” HB 1082, Section 2.
- ⁹⁵ The statute establishes that a person who provides first aid and medical assistance to another person experiencing an overdose may use this as a mitigating factor in a criminal prosecution for which immunity is not provided under the statute. HB 1082, Section 4.
- ⁹⁶ Immunity applies to both a person seeking assistance for another experiencing an overdose and to a person seeking assistance for himself or herself. However, the statute specifies that for a person seeking assistance for himself or herself, immunity only applies on the person’s first overdose. Tenn. Code Ann. § 63-1-156(b).
- ⁹⁷ The statute establishes that a person who provides first aid and medical assistance to another person experiencing an overdose may use this as a mitigating factor in a criminal prosecution for which immunity is not provided under the statute. Tenn. Code Ann. § 63-1-156(c)(1).
- ⁹⁸ For immunity to apply, the individual seeking immunity must have remained at the scene of the overdose and must have cooperated with medical assistance and law enforcement personnel. Utah Code Ann. § 58-37-8(16)(iv) – (v).
- ⁹⁹ For the act of seeking assistance for a person experiencing an overdose to serve as a mitigating factor, the individual seeking immunity must have remained at the scene of the overdose and must have cooperated with medical assistance and law enforcement personnel. Utah Code Ann. § 76-3-203.11(4) – (5).
- ¹⁰⁰ The immunity afforded under Virginia law to a person seeking medical assistance for another experiencing an overdose applies only if the person remains at the scene of the overdose and cooperates with medical assistance and law enforcement personnel. Va. Code Ann. § 18.2-251.03(B)(2) – (4).
- ¹⁰¹ Simple possession of drug paraphernalia is not a crime in Vermont. Vt. Stat. Ann. tit. 18, § 4476.
- ¹⁰² Under West Virginia law, a person who seeks emergency medical assistance for another experiencing an overdose “may not be held criminally responsible” for possessing controlled substances. W. Va. Code Ann. § 16-47-4(a)(9).