



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

### Background

Drug overdose is a nationwide epidemic that claimed the lives of nearly 72,000 Americans in 2017.<sup>1</sup> Opioids, both prescription painkillers and illegal drugs such as heroin and illicitly manufactured fentanyl, are responsible for most of these deaths – almost 49,000 in 2017 alone.<sup>2</sup> 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.<sup>3</sup> 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. Most states have also modified criminal law to provide limited immunity to individuals who seek help in an overdose emergency.

### Law as both problem and solution

Although naloxone is a prescription drug, it is not a controlled substance and has no abuse potential.<sup>4</sup> It is regularly utilized by medical first responders and can be administered by laypeople with little or no formal training.<sup>5</sup> 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).<sup>6</sup> 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.<sup>7</sup> 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.<sup>8</sup>

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.<sup>9</sup> 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.<sup>10</sup> Table 1 displays characteristics of these laws as of December 31, 2018. 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.<sup>11</sup> 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 December 31, 2018, 46 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. 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.<sup>12</sup>

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. The categories listed were chosen because of their prevalence in existing laws and may not necessarily reflect best practices.<sup>13</sup>

In addition to this overview, the Network for Public Health Law has prepared detailed documents that explain both naloxone and overdose Good Samaritan laws in fourteen states: [Alaska](#), [Colorado](#), [Connecticut](#), [Florida](#), [Georgia](#), [Illinois](#), [Indiana](#), [Kentucky](#), [North Carolina](#), [Ohio](#), [Pennsylvania](#), [South Carolina](#), [Texas](#), and [Utah](#).

## 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.<sup>14</sup>

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.<sup>15</sup> Recent research shows that naloxone access laws are associated with increases in the dispensing of naloxone from retail pharmacies, the dispensing of naloxone paid for by Medicaid, and the number of community programs that distribute naloxone.<sup>16</sup> Perhaps more importantly, both naloxone laws and overdose Good Samaritan laws are associated with decreases in opioid overdose deaths – approximately 14% and 15%, respectively.<sup>17</sup> Among African Americans, naloxone and Good Samaritan laws reduce opioid overdose deaths by 23% and 26%, respectively.<sup>18</sup>

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.<sup>19</sup> 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.<sup>20</sup>

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 December 31, 2018

			Immunity: Prescribers		Immunity: Dispensers			Immunity: Lay administrators		Lay distribution & possession		Prescribing Permitted		
State	Cite	Most recent change	Civil	Criminal	Disciplinary	Civil	Criminal	Disciplinary	Civil	Criminal	Lay distribution	Poss. w/o Rx	3 <sup>rd</sup> Party	Standing order
AL	<a href="#">Ala. Code § 20-2-280</a>	May 10, 2016	Yes	Yes	-	Yes	Yes	-	Yes	Yes	-	-	Yes	Yes
AK	<a href="#">Alaska Stat. Ann. § 09.65.340</a> ; <a href="#">Alaska Stat. Ann § 17.20.085</a>	Mar. 22, 2017	Yes	-	-	Yes	-	-	Yes	-	Yes	-	Yes	Yes <sup>21</sup>
AZ	<a href="#">Ariz. Rev. Stat. Ann. § 32-1968</a> ; <a href="#">Ariz. Rev. Stat. Ann. § 32-1979</a> ; <a href="#">Ariz. Rev. Stat. Ann § 36-192</a> ; <a href="#">Ariz. Rev. Stat. Ann § 36-2266-67</a> ;	Apr. 26, 2018	-	Yes	Yes	-	Yes	Yes	Yes	-	<sup>22</sup>	-	Yes	Yes
AR	<a href="#">Ark. Code. Ann. § 20-13-1801 et. seq.</a>	Aug. 1, 2017	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	<sup>23</sup>	-	Yes	Yes
CA	<a href="#">Cal. Civ. Code § 1714.22</a> ; <a href="#">Cal. Bus. &amp; Prof. Code § 4052.01</a>	Jan. 1, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
CO	<a href="#">Colo. Rev. Stat. Ann. § 12-36-117.7</a> ; <a href="#">Colo. Rev. Stat. Ann. § 12-42.5-120</a>	Apr. 3, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
CT	<a href="#">Conn. Gen. Stat. Ann. § 17a-714a</a> ; <a href="#">Conn. Gen. Stat. Ann. §§ 20-633c, d</a>	Oct. 1, 2017	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	Yes	Yes <sup>24</sup>

State	Cite	Most recent change	Civil			Criminal			Disciplinary			Lay distribution	Poss. w/o Rx	3 <sup>rd</sup> Party	Standing order
			Civil	Criminal	Disciplinary	Civil	Criminal	Disciplinary	Civil	Criminal	Disciplinary				
DC	<u>D.C. Code § 7-403(f); D.C. Code § 7-404</u>	Feb. 18, 2017	Yes	Yes	-	Yes	Yes	-	Yes	Yes	Yes <sup>25</sup>	Yes	Yes	Yes	
DE	<u>Del. Code Ann. tit. 16, § 138; Del. Code Ann. tit. 16, § 3001G</u>	June 12, 2018	Yes <sup>26</sup>	Yes <sup>27</sup>	Yes <sup>28</sup>	Yes <sup>29</sup>	Yes <sup>30</sup>	Yes <sup>31</sup>	-	-	Yes* <sup>32</sup>	-	Yes <sup>33</sup>	Yes	
FL	<u>Fla. Stat. Ann. § 381.887</u>	Oct. 1, 2017	Yes <sup>34</sup>	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-	Yes	Yes <sup>35</sup>	
GA	<u>Ga. Code Ann. § 26-4-116.2</u>	July 1, 2017	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes* <sup>36</sup>	-	Yes	Yes <sup>37</sup>	
HI	<u>Haw. Rev. Stat. §§ 329E-1 – 329E-7</u>	June 16, 2016	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
IA	<u>Iowa Code Ann. §§ 147A.18; 135.190</u>	Apr. 6, 2016	Yes	-	-	-	-	-	Yes	-	- <sup>38</sup>	Yes	Yes	Yes* <sup>39</sup>	
ID	<u>Idaho Code Ann. § 54-1733B</u>	July 1, 2015	Yes	Yes	Yes	-	-	-	Yes	Yes	-	-	Yes	-	
IL	<u>745 Ill. Comp. Stat. Ann. § 49/36</u> <u>20 Ill. Comp. Stat. Ann. § 301/5-23</u>	Jan. 1, 2019	-	Yes	Yes	Yes <sup>40</sup>	Yes	Yes	Yes	Yes	-	-	Yes	Yes	
IN	<u>Ind. Code Ann. § 16-42-27-2; 3</u>	July 1, 2016	Yes	-	-	Yes <sup>41</sup>	-	-	- <sup>42</sup>	-	Yes <sup>43</sup>	-	Yes	Yes	
KS	<u>Kan. Stat. Ann. §65-16,127</u>	July 1, 2017	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-	Yes* <sup>44</sup>	
KY	<u>Ky. Rev. Stat. Ann. § 217.186; 201 Ky. Admin. Regs. 2:360</u>	Sept. 4, 2015	-	-	Yes	-	-	Yes	Yes	Yes	-	-	Yes	Yes	
LA	<u>La. Rev. Stat. Ann. § 40:978.2</u>	June 5, 2016	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes <sup>45</sup>	Yes	Yes	Yes	Yes	
MA	<u>Mass. Gen. Laws Ann. ch. 94C, §§ 19(d); 19B; 19B1/2; 34A</u> <u>Mass. Gen. Laws Ann. ch. 112 § 12FF</u>	Aug 9, 2018;	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes	Yes	
MD	<u>Md. Code Ann., Health-Gen. §§ 13-3101 – 13-3109</u>	June 1, 2017	Yes	-	Yes	Yes	-	Yes	Yes	-	Yes	-	Yes	Yes	

State	Cite	Most recent change	Civil	Criminal	Disciplinary	Civil	Criminal	Disciplinary	Civil	Criminal	Lay distribution	Poss. w/o Rx	3 <sup>rd</sup> Party	Standing order
ME	<u>Me. Rev. Stat. Ann. tit. 22, § 2353</u>	Aug 1, 2018	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
MI	<u>Mich. Comp. Laws Ann. §§ 691.1503; 333.17744b; 333.17744c; 333.17744e</u>	March 29, 2017	Yes	-	-	Yes	-	-	Yes	Yes	Yes	Yes	Yes	Yes
MN	<u>Minn. Stat. Ann. § 604A.04</u>	May 10, 2014	Yes	Yes	-	Yes <sup>46</sup>	Yes <sup>47</sup>	-	Yes	Yes	-	-	-	Yes
MO	<u>Mo. Ann. Stat. §§ 195.206; 338.205</u>	Aug. 28, 2017;	Yes	Yes	Yes <sup>48</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes <sup>*49</sup>	Yes
MS	<u>Miss. Code Ann. § 41-29-319</u>	July 1, 2017	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	Yes	Yes
MT	<u>Mont. Code Ann. 50-32-601 et. seq.</u>	May 3, 2017	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
NC	<u>N.C. Gen. Stat. Ann. § 90-12.7</u>	July 1, 2017	Yes	Yes	-	Yes <sup>50</sup>	Yes <sup>51</sup>	-	Yes	Yes	Yes	-	Yes	Yes
ND	<u>N.D. Cent. Code Ann. § 23-01-42</u>	Aug. 1, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes <sup>52</sup>	Yes	Yes	Yes
NE	<u>Neb. Rev. Stat. Ann. § 28-470</u>	July 19, 2018	-	Yes	Yes	-	Yes	Yes	-	Yes <sup>53</sup>	-	-	Yes	-
NH	<u>N.H. Rev. Stat. Ann. § 318-B:15</u>	June 2, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
NJ	<u>N.J. Stat. Ann. § 24:6J-4</u>	Dec. 1, 2018	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes <sup>54</sup>	-	Yes	Yes
NM	<u>N.M. Stat. Ann. § 24-23-1</u>	Mar. 4, 2016	-	-	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
NV	<u>Nev. Rev. Stat. Ann. §§ 453c.100 – 453c.110</u>	Oct. 1, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
NY	<u>N.Y. Pub. Health Law § 3309</u>	June 22, 2016	-	-	-	-	-	-	Yes	Yes <sup>55</sup>	Yes	-	Yes	Yes

State	Cite	Most recent change	Civil	Criminal	Disciplinary	Civil	Criminal	Disciplinary	Civil	Criminal	Lay distribution	Poss. w/o Rx	3 <sup>rd</sup> Party	Standing order
OH	<u>Ohio Rev. Code Ann. § 4731.94; Ohio Rev. Code Ann. § 4729.44; Ohio Rev. Code Ann. § 2925.61; Ohio Rev. Code Ann. § 4731.941</u>	April 6, 2017	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes	-	Yes	Yes <sup>56</sup>
OK	<u>Okla. Stat. Ann. tit. 63, § 1-2506.2; Ok. Stat. Ann. tit. 63 § 2-312.2</u>	Nov. 1, 2018	Yes <sup>57</sup>	-	-	-	-	-	Yes <sup>58</sup>	-	-	-	Yes <sup>59</sup>	Yes <sup>60</sup>
OR	<u>Or. Rev. Stat. Ann. § 689.681</u>	Oct. 6, 2017	-	-	-	-	-	-	Yes	-	Yes <sup>61</sup>	-	Yes	-
PA	<u>35 Pa. Cons. Stat. Ann. § 780-113.8</u>	Dec. 1, 2014	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes <sup>62</sup>	-	Yes	Yes
RI	<u>31-2-9 R.I. Code R. §§ 5.1-5.6; R.I. Gen. Laws Ann. § 21-28.9-1 -5</u>	July 2, 2018	-	-	Yes	-	-	Yes	Yes	Yes	Yes <sup>63</sup>	Yes	Yes	Yes
SC	<u>S.C. Code Ann. §§ 44-130-10 – 44-130-70</u>	May 3, 2018	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	Yes	Yes
SD	<u>S.D. Codified Laws §§ 34-20a-103 – 08</u>	July 1, 2016	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-	-	Yes	Yes
TN	<u>Tenn. Code Ann. § 63-1-152; Tenn. Code Ann. 63-1-157</u>	July 1, 2017	Yes	-	Yes	Yes	-	Yes	Yes	-	-	-	Yes	Yes <sup>64</sup>
TX	<u>Tex. Health &amp; Safety Code Ann. § 483.101 et. seq.</u>	Sept. 1, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
UT	<u>Utah Code Ann. § 26-55-101 et. seq.</u>	May 9, 2017	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	-	Yes	Yes
VA	<u>VA Code Ann. §§ 8.01-225(A)(19); 54.1-3408(X). (Y)</u>	Mar. 24, 2017	Yes	-	-	Yes	-	-	Yes	Yes <sup>65</sup>	Yes	-	Yes	Yes
VT	<u>Vt. Stat. Ann. tit. 18, § 4240; Vt. Stat. Ann. tit. 26, § 2080</u>	May 28, 2015	Yes	Yes	-	Yes	Yes	-	Yes	Yes	Yes <sup>66</sup>	Yes <sup>67</sup>	Yes	Yes
WA	<u>Wash. Rev. Code Ann. § 69.41.095</u>	July 24, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
WI	<u>Wis. Stat. Ann. § 441.18; Wis. Stat. Ann. § 448.037; Wis. Stat. Ann. § 450.11(1i)</u>	April 1, 2016	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes



State	Cite	Most recent change	Civil			Criminal			Disciplinary			Lay distribution	Poss. w/o Rx	3 <sup>rd</sup> Party	Standing order
			Civil	Criminal	Disciplinary	Civil	Criminal	Disciplinary	Civil	Criminal	Disciplinary				
WV	<u>W. Va. Code. Ann. § 16-46-1 et. seq.</u>	June 5, 2018	Yes	Yes	-	Yes	Yes	-	Yes	Yes	-	Yes	Yes	Yes	
WY	<u>Wy. Stat. 35-4-901 et. seq.</u>	July 1, 2017	Yes	Yes	Yes	-	-	-	Yes	Yes	-	-	Yes	Yes <sup>68</sup>	
<b>Total</b>		(51)	43	38	36	41	37	35	46	39	26, 3*	15	48, 1*	44, 4*	

\* = Implied by statutory text

**Table 2: Characteristics of state overdose Good Samaritan laws**

As of December 31, 2018

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 Conditions	Other CS Crimes	Reporting Mitigating Factor	Civil Forfeiture
AL	<u>Ala. Code § 20-2-281</u>	June 5, 2015	Yes <sup>69</sup>	-	-	Yes	-	-	Yes	-	-	Yes <sup>70</sup>	-	-
AK	<u>Alaska Stat. Ann. § 12.55.155(19); Alaska Stat. Ann. § 11.71.311</u>	July 12, 2016	Yes <sup>71</sup>	-	-	Yes	*** <sup>72</sup>	***	***	-	-	-	Yes	-
AZ	<u>Ariz. Rev. Stat. Ann. § 13-3423</u>	Apr. 26, 2018	Yes	-	Yes	Yes	-	Yes	Yes	-	-	-	Yes	-
AR	<u>Ark. Code. Ann. § 20-13-1701 et. seq.</u>	July 22, 2015	Yes	Yes	Yes	Yes	-	-	-	Yes	Yes	-	-	-
CA	<u>CA Health &amp; Safety Code § 11376.5</u>	Jan. 1, 2013	Yes <sup>73</sup>	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-	-	-
CO	<u>Colo. Rev. Stat. Ann. § 18-1-711</u>	May. 25, 2017	Yes <sup>74</sup>	Yes	-	Yes	Yes	-	Yes	-	-	Yes <sup>75</sup>	-	-
CT	<u>Conn. Gen. Stat. Ann. § 21a-267(e); Conn. Gen. Stat. Ann. § 21a-279(d)</u>	Oct. 1, 2011	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-	-	-
D.C.	<u>D.C. Code § 7-403</u>	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 Conditions	Other CS Crimes	Reporting Mitigating Factor	Civil Forfeiture
DE	<u>Del. Code Ann. Tit. 16, § 4769</u>	Aug. 31, 2013	Yes <sup>76</sup>	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes <sup>77</sup>	-	-
FL	<u>Fla. Stat. Ann. § 893.21; Fla. Stat. Ann. § 921.0026(n)</u>	Oct. 1, 2012	Yes	-	Yes	Yes	-	-	-	-	-	-	Yes	-
GA	<u>Ga. Code Ann. § 16-13-5</u>	Apr. 24, 2014	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-
HI	<u>Haw. Rev. Stat § 329-43.6</u>	July 7, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
IA	<u>Iowa Code Ann. § 124.418</u>	July 1, 2018	Yes <sup>78</sup>	Yes	-	Yes	Yes	-	Yes	-	Yes	-	Yes	-
ID	<u>Idaho Code Ann. § 37-2739C</u>	July 1, 2018	Yes	-	Yes	Yes	-	Yes	Yes	-	-	Yes <sup>79</sup>	-	-
IL	<u>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</u>	June. 1, 2012	Yes	-	Yes <sup>80</sup>	Yes <sup>81</sup>	-	-	-	-	-	-	Yes	-
IN	<u>Ind. Code Ann. § 35-38-1-7.1(b)(12); Ind. Code Ann. § 16-42-27-2</u>	July 1, 2016	Yes <sup>82</sup>	Yes	-	Yes	Yes <sup>83</sup>	-	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 Conditions	Other CS Crimes	Reporting Mitigating Factor	Civil Forfeiture
KS	-	-	-	-	-	-	-	-	-	-	-	-	-	-
KY	<a href="#">Ky. Rev. Stat. Ann. § 218A.133</a>	Mar. 25, 2015	Yes	-	Yes	Yes	-	Yes	Yes	-	-	-	-	-
LA	<a href="#">La. Rev. Stat. Ann. § 14:403.10</a>	Aug. 1, 2014	Yes <sup>84</sup>	-	Yes	Yes	-	-	-	-	-	-	-	-
MA	<a href="#">Mass. Gen. Laws Ann. ch. 94c, § 34A</a>	Apr. 13, 2018	Yes	-	Yes	Yes	-	-	-	-	Yes	-	Yes	-
MD	<a href="#">Md. Code Ann., Crim. Proc. § 1-210</a>	Mar. 14, 2016	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	-	Yes	-
ME	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MI	<a href="#">Mich. Comp. Laws Ann. § 333.7403(3)</a>	Jan. 4, 2017	Yes <sup>85</sup>	Yes	Yes	Yes <sup>86</sup>	-	-	-	-	-	-	-	-
MN	<a href="#">Minn. Stat. Ann. § 604A.05</a>	July 1, 2014	Yes <sup>87</sup>	-	Yes	Yes	-	Yes	Yes	-	Yes	Yes <sup>88</sup>	Yes <sup>89</sup>	-
MO	<a href="#">Mo. Stat. Ann. § 195.205</a>	Aug 28, 2017	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes <sup>90</sup>	-	Yes
MS	<a href="#">Miss. Code Ann. § 41-29-149.1</a>	July 1, 2016	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	Yes
MT	<a href="#">Mont. Code Ann. 50-32-609</a>	May 3, 2017	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	-
NC	<a href="#">N.C. Gen. Stat. Ann. § 90-96.2</a>	Aug. 1, 2015	Yes <sup>91</sup>	-	-	Yes	-	-	Yes	-	Yes	-	-	-
ND	<a href="#">N.D. Cent. Code Ann. § 19-03.1-23.4</a>	April 21, 2017	Yes <sup>92</sup>	-	Yes	Yes	-	Yes	Yes	-	-	Yes <sup>93</sup>	-	-

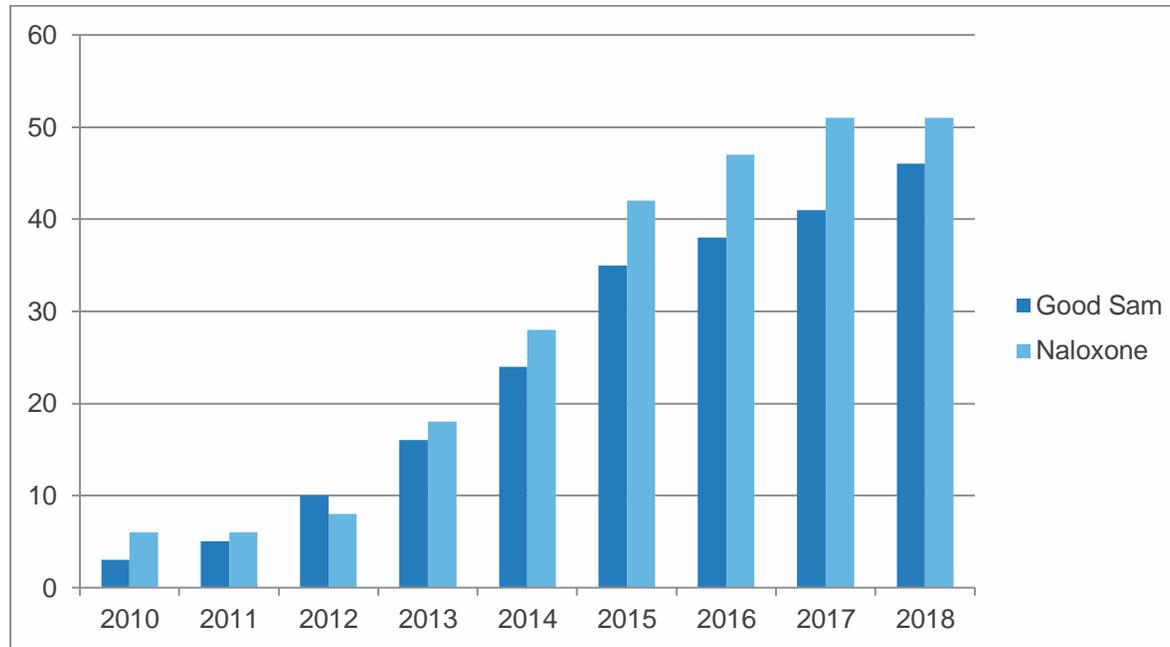


State	Cite	Eff. Date	Has Law	Immunity: Controlled Substance Possession			Immunity: Paraphernalia			Immunity: Other Violations			Other Protections	
				Arrest	Charge	Prosecution	Arrest	Charge	Prosecution	Protective or Restraining Order	Pretrial, Probation, or Parole Conditions	Other CS Crimes	Reporting Mitigating Factor	Civil Forfeiture
NE	<u>Neb. Rev. St. § 28-472</u>	Aug 24, 2017	Yes <sup>94</sup>	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-	-	-
NH	<u>N.H. Rev. Stat. Ann. § 318-B:28-b</u>	Sept. 6, 2015	Yes	Yes	Yes	Yes	-	-	-	-	-	-	-	-
NJ	<u>N.J. Stat. Ann. § 2C:35-30</u>	May 2, 2013	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes <sup>95</sup>	-	-
NM	<u>N.M. Stat. Ann. § 30-31-27.1</u>	June 15, 2007	Yes	-	Yes	Yes	-	-	-	-	-	-	Yes	-
NV	<u>Nev. Rev. Stat. Ann. § 453C.150</u>	Oct. 1, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes <sup>96</sup>	Yes	Yes
NY	<u>N.Y. Penal Law §§ 220.03; 220.78</u>	Apr. 13, 2015	Yes	Yes	Yes	Yes	-	Yes	Yes	-	-	Yes <sup>**97</sup>	-	-
OH	<u>Ohio Rev. Code Ann. § 2925.11</u>	Oct. 31, 2018	Yes <sup>98</sup>	Yes <sup>99</sup>	Yes	Yes	-	-	-	-	-	-	_ <sup>100</sup>	-
OK	<u>Okl. St. Ann. tit. 63 § 2-413.1</u>	Nov. 1, 2018	Yes <sup>101</sup>	_ <sup>102</sup>	-	Yes	_ <sup>103</sup>	-	Yes	-	-	-	-	-
OR	<u>Or. Rev. Stat. Ann. § 475.898</u>	Apr. 21, 2017	Yes	Yes	-	Yes	Yes	-	Yes	-	Yes	Yes <sup>104</sup>	-	-
PA	<u>35 Pa. Cons. Stat. Ann. § 780-113.7</u>	Dec. 1, 2014	Yes <sup>105</sup>	-	Yes	Yes	-	Yes	Yes	-	Yes	Yes <sup>106</sup>	-	-
RI	<u>R.I. Gen Laws Ann. § 21-28.9-4</u>	July 2, 2018	Yes	-	Yes	Yes	-	Yes	Yes	-	Yes	Yes <sup>107</sup>	_ <sup>108</sup>	-
SC	<u>S.C. Code Ann. § 44-53-1910 et seq.</u>	June 10, 2017	Yes <sup>109</sup>	-	-	Yes	-	-	Yes	-	-	Yes <sup>110</sup>	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 Conditions	Other CS Crimes	Reporting Mitigating Factor	Civil Forfeiture
SD	<u>S.D. Codified Laws § 34-20A-110 - 113</u>	March 27, 2017	Yes <sup>111</sup>	Yes	-	Yes	-	-	-	-	-	Yes <sup>112</sup>	<sup>113</sup>	-
TN	<u>Tenn. Code Ann. § 63-1-156</u>	July 1, 2015	Yes <sup>114</sup>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	<sup>115</sup>	-
TX	-	-	-	-	-	-	-	-	-	-	-	-	-	-
UT	<u>Utah Code Ann. §§ 58-37-8(16); 76-3-203.11</u>	Mar. 20, 2014	Yes <sup>116</sup>	-	-	Yes**	-	-	Yes**	-	-	-	Yes <sup>117</sup>	-
VA	<u>Va. Code Ann. § 18.2-251.03</u>	July 1, 2015	Yes <sup>118</sup>	-	-	Yes**	-	-	Yes**	-	-	-	-	-
VT	<u>Vt. Stat. Ann. tit. 18, § 4254</u>	July 1, 2017	Yes	Yes	-	Yes	*** <sup>119</sup>	***	***	Yes	Yes	Yes	Yes	Yes
WA	<u>Wash. Rev. Code Ann. § 69.50.315; Wash. Rev. Code Ann. § 9.94A.535(i)</u>	July 24, 2015	Yes	-	Yes	Yes	-	-	-	-	-	-	Yes	-
WI	<u>Wis. Stat. Ann. § 961.443</u>	Sept. 23, 2017	Yes	-	-	Yes	-	-	Yes	-	Yes <sup>120</sup>	-	-	-
WV	<u>W. Va. Code Ann. § 16-47-4</u>	June 12, 2015	Yes <sup>121</sup>	-	Yes <sup>122</sup>	Yes	-	-	-	-	Yes	-	Yes	-
WY	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>			46	25	33	44, 2**	18	22	30, 2**	9	22	15, 1**	18	5

\*\* = 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

## References

<sup>1</sup> Holly Hedegaard, M.D., et al., Drug Overdose Deaths in the United States, 1999-2017, available at <https://www.cdc.gov/nchs/data/databriefs/db329-h.pdf> (last visited Jan. 12, 2019).

<sup>2</sup> Id.

<sup>3</sup> Opioid overdose is caused by excessive depression of the respiratory and central nervous systems. Naloxone, a  $\kappa$ - and  $\delta$ , and  $\mu$ -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).

<sup>4</sup> See 21 U.S.C. § 801, 21 CFR § 1308.

<sup>5</sup> 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).

<sup>6</sup> 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).

<sup>7</sup> 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).

<sup>8</sup> 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).

<sup>9</sup> 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](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-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](http://naddi.org/aws/NADDI/pt/sd/news_article/62028/_PARENT/layout_details/false)

<sup>10</sup> 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.

<sup>11</sup> 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.

<sup>12</sup> 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.

<sup>13</sup> For additional thoughts on legal approaches to reducing opioid overdose deaths, see Davis CS, Webb D, Burriss S. *Changing Law from Barrier to Facilitator of Opioid Overdose Prevention*, 41 J. of Law, Med. & Ethics 33-36 (2013).

<sup>14</sup> 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.

<sup>15</sup> E. Wheeler, et al., *Opioid Overdose Prevention Programs Providing Naloxone to Laypersons - United States, 2014*, 64 MMWR MORB MORTAL WKLY REP (2015).

<sup>16</sup> See Alex K. Gertner, et al., *Do naloxone access laws increase outpatient naloxone prescriptions? Evidence from Medicaid*, 190 DRUG AND ALCOHOL DEPENDENCE 37 (Sep. 2018); Chandler McClellan, et al., *Opioid-overdose laws associated with opioid use and overdose mortality*, 86 ADDICTIVE BEHAVIORS 90 (Nov. 2018); Barrot H. Lambdin, et al., *Naloxone laws facilitate the establishment of overdose education and naloxone distribution programs in the United States*, 188 DRUG AND ALCOHOL DEPENDENCE 370 (July. 2018)

<sup>17</sup> See Chandler McClellan, et al., *Opioid-overdose laws associated with opioid use and overdose mortality*, 86 ADDICTIVE BEHAVIORS 90 (Nov. 2018)

<sup>18</sup> Id.

<sup>19</sup> 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).

<sup>20</sup> 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>

<sup>21</sup> The law permits both "a health care provider authorized to prescribe an opioid overdose drug" and the "chief medical officer of the department" to issue standing orders for naloxone. A standing order issued by the chief medical officer (but no other medical professional) is required to expire on or before June 30, 2021. Alaska Stat. Ann § 17.20.085(c). For detailed information on Alaska's naloxone law, see Network for Public Health Law, *Legal Interventions to Reduce Overdose Mortality in Alaska*, available at <https://www.networkforphl.org/asset/tvklav/Alaska-Overdose-Prevention-Fact-Sheet.pdf>.

<sup>22</sup> 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). County health departments "may provide to a person who is at risk of experiencing or who is experiencing an opioid-related overdose a kit that contains naloxone hydrochloride or any other opioid antagonist that is approved by the United States food and drug administration for the treatment of a drug overdose." Ariz. Rev. Stat. Ann. § 36-192.

<sup>23</sup> 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.

<sup>24</sup> The standing order may be only for naloxone "administered by an intranasal application delivery system or an auto-injection delivery system," and the dispensing pharmacist must have "been trained and certified as part of a program approved by the Commissioner of Consumer Protection." Conn. Gen. Stat. Ann. § 20-633d.

<sup>25</sup> 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).

<sup>26</sup> 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).

<sup>27</sup> 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).

<sup>28</sup> 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).

<sup>29</sup> 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(g).

<sup>30</sup> 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(g).

<sup>31</sup> 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(g).

<sup>32</sup> 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); see also Delaware Division of Public Health Community-Based Naloxone Access Program Standing Orders, available at <https://www.dhss.delaware.gov/dhss/dph/files/naloxonestandingorders.pdf> (last visited Jan. 15, 2019) ("This standing order authorizes approved Community-Based training programs and participating pharmacies to distribute nasal naloxone kits to persons who have completed CBNAP Opioid Overdose Responder Training.").

<sup>33</sup> 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).

<sup>34</sup> "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).

<sup>35</sup> Applies only to auto-injection delivery systems or intranasal application delivery systems. Fla. Stat. Ann. § 381.887(3).

<sup>36</sup> 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).

<sup>37</sup> 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://gbp.georgia.gov/sites/gbp.georgia.gov/files/related\\_files/press\\_release/Naloxone%20-%20Standing%20Order%201-12-17.pdf](https://gbp.georgia.gov/sites/gbp.georgia.gov/files/related_files/press_release/Naloxone%20-%20Standing%20Order%201-12-17.pdf).

<sup>38</sup> While Iowa law does not clearly provide for lay distribution of naloxone, harm reduction programs have created procedures to educate "certain eligible recipients" in the use and administration of naloxone. See Iowa Harm Reduction Coalition Naloxone Standardized Procedure, available at [https://www.iowaharmreductioncoalition.org/wp-content/uploads/2018/06/StandingOrder2.0\\_IHRC\\_April2018.compressed.pdf](https://www.iowaharmreductioncoalition.org/wp-content/uploads/2018/06/StandingOrder2.0_IHRC_April2018.compressed.pdf) (last visited Jan. 16, 2019).

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- <sup>39</sup> 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). The statewide standing order for pharmacy dispensing, issued by the Department of Public Health, is available at [https://pharmacy.iowa.gov/sites/default/files/documents/2018/09/iowa\\_naloxone\\_standing\\_order\\_-\\_pedati\\_-\\_092118.pdf](https://pharmacy.iowa.gov/sites/default/files/documents/2018/09/iowa_naloxone_standing_order_-_pedati_-_092118.pdf).
- <sup>40</sup> Pharmacists receive civil immunity only when dispensing naloxone pursuant to a statewide protocol or standing order. 745 Ill. Comp. Stat. Ann. 49/36.
- <sup>41</sup> The immunity appears to apply only to “a prescriber who dispenses [...]” and not to a pharmacist. Ind. Code Ann. § 16-42-27-3(a).
- <sup>42</sup> 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.
- <sup>43</sup> 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>.
- <sup>44</sup> 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 is the functional equivalent of a standing order. It is available at [https://pharmacy.ks.gov/docs/default-source/Naloxone/naloxone-statewide-protocol---blank.pdf?sfvrsn=c409a601\\_2](https://pharmacy.ks.gov/docs/default-source/Naloxone/naloxone-statewide-protocol---blank.pdf?sfvrsn=c409a601_2).
- <sup>45</sup> Louisiana also provides immunity to first responders who administer naloxone without a prescription. La. Rev. Stat. Ann. § 14:403.11.
- <sup>46</sup> Applies only to licensed health care professionals who are permitted by law to prescribe an opiate antagonist. Minn. Stat. Ann. § 604A.04(3).
- <sup>47</sup> Applies only to licensed health care professionals who are permitted by law to prescribe an opiate antagonist. Minn. Stat. Ann. § 604A.04(3).
- <sup>48</sup> 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).
- <sup>49</sup> 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.
- <sup>50</sup> 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).
- <sup>51</sup> 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).
- <sup>52</sup> While N.D. Cent. Code Ann. § 23-01-42 does not clearly allow for lay distribution, the protections for receiving naloxone are fairly broad. See N.D. Cent. Code Ann. §§ 23-01-42-5., 6. (“An individual may receive, possess, or administer an opioid antagonist under subsection 3 or 4, regardless of whether the individual is the individual for or to whom the opioid antagonist is prescribed, distributed, or dispensed. 6. An individual who prescribes, distributes, dispenses, receives, possesses, or administers an opioid antagonist as authorized under this section is immune from civil and criminal liability for such action.”)
- <sup>53</sup> 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).
- <sup>54</sup> 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).
- <sup>55</sup> 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.
- <sup>56</sup> 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.
- <sup>57</sup> While naloxone law does not provide immunity directly, it provides that a “provider prescribing or administering an opiate antagonist in a manner consistent with addressing opiate overdose shall be covered under the Good Samaritan Act.” Okla. Stat. Ann. tit. 63, § 1-2506.2(C).
- <sup>58</sup> While naloxone law does not provide immunity directly, it provides that any “family member administering an opiate antagonist in a manner consistent with addressing opiate overdose shall be covered under the Good Samaritan Act.” Okla. Stat. Ann. tit. 63, § 1-2506.2(D).
- <sup>59</sup> 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.
- <sup>60</sup> 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.
- <sup>61</sup> Oregon law permits “any other person designated by the State Board of Pharmacy by rule” to distribute naloxone and necessary medical supplies. Or. Rev. Stat. Ann. § 689.681(2). 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.
- <sup>62</sup> 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).
- <sup>63</sup> 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. Law enforcement and emergency medical personnel are also permitted to “provide and transfer an opioid antagonist to an individual or to his or her family member..” R.I. Gen. Laws Ann. § 21-28.9-3.
- <sup>64</sup> 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/content/dam/tn/health/documents/TDH\\_Naloxone\\_Collaborative\\_practice.pdf](https://www.tn.gov/content/dam/tn/health/documents/TDH_Naloxone_Collaborative_practice.pdf)
- <sup>65</sup> Under Virginia law, “a person may possess and administer naloxone or other opioid antagonist [...]” VA Code. Ann. § 54.1-3408(X).

<sup>66</sup> 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.

<sup>67</sup> Applies only to “[a] person acting on behalf of a community-based overdose prevention program [...]” Vt. Stat. Ann. tit. 18 § 4240(e).

<sup>68</sup> 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).

<sup>69</sup> 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, used 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).

<sup>70</sup> The law provides protection from all misdemeanor controlled substance offenses with the exception of driving under the influence. Ala. Code § 20-2-281(b).

<sup>71</sup> Law provides protection to the person who sought assistance only if that person does so 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.

<sup>72</sup> Possession of drug paraphernalia is not a crime under Alaska state law, although several municipalities have enacted local paraphernalia ordinances.

<sup>73</sup> “...it shall not be a crime it shall not be a crime for a person to be under the influence of, or to possess for personal use, a controlled substance, controlled substance analog, or drug paraphernalia, if that person...[seeks medical assistance in the event of an overdose], and that person does not obstruct medical or law enforcement personnel.

<sup>74</sup> 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 identify him/herself to and “cooperates with” the responding provider. Colo. Rev. Stat. Ann. § 18-1-711(1).

<sup>75</sup> Law also provides protection from unlawful use of a controlled substance as well as several marijuana-related crimes and crimes related to minors in possession of drugs or alcohol. Colo. Rev. Stat. Ann. § 18-1-711(3).

<sup>76</sup> 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).

<sup>77</sup> 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).

<sup>78</sup> “An overdose reporter’s good-faith actions to seek medical assistance for an overdose patient experiencing a drug-related overdose if all of the following are true: (a) The overdose patient is in need of medical assistance for an immediate health or safety concern. (b) The overdose reporter is the first person to seek medical assistance for the overdose patient. (c) The overdose reporter provides the overdose reporter’s name and contact information to medical or law enforcement personnel. (d) The overdose reporter remains on the scene until assistance arrives or is provided. (e) The overdose reporter cooperates with medical and law enforcement personnel. (f) Medical assistance was not sought during the execution of an arrest warrant, search warrant, or other lawful search.” Iowa Code Ann. § 124.418.1(2); “‘Overdose patient’ means a person who is, or would reasonably be perceived to be, suffering a drug-related overdose and who has not previously received immunity under this section. c. ‘Overdose reporter’ means a person who seeks medical assistance for an overdose patient and who has not previously received immunity under this section. Iowa Code Ann. § 124.418b., c.

<sup>79</sup> The limited immunity only applies to the possession of proscribed amounts. See 720 Ill. Comp. Stat. Ann. 570/414. See also [https://www.networkforphl.org/\\_asset/dwdchs/Illinois-Overdose-Prevention-Fact-Sheet.pdf](https://www.networkforphl.org/_asset/dwdchs/Illinois-Overdose-Prevention-Fact-Sheet.pdf).

<sup>80</sup> The limited immunity only applies to the possession of proscribed amounts. See 720 Ill. Comp. Stat. Ann. 570/414. See also [https://www.networkforphl.org/\\_asset/dwdchs/Illinois-Overdose-Prevention-Fact-Sheet.pdf](https://www.networkforphl.org/_asset/dwdchs/Illinois-Overdose-Prevention-Fact-Sheet.pdf).

<sup>81</sup> Law also provides protection from charge and possession for being under the influence of a controlled substance. Idaho Code Ann. § 37-2739C(1).

<sup>82</sup> 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).

<sup>83</sup> 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).

<sup>84</sup> The protections of the law do not apply if “the person illegally provided or administered a controlled dangerous substance to the individual,” which would seem to make the law inapplicable in many instances. La. Rev. Stat. Ann. § 14:403.10.

<sup>85</sup> 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. § 333.7403(3).

<sup>86</sup> Pertains to “an amount sufficient only for personal use” Mich. Comp. Laws Ann. § 333.7403(3)(a).

<sup>87</sup> “[T]he person seeks medical assistance for another person who is in need of medical assistance for an immediate health or safety concern, provided that the person who seeks the medical assistance is the first person to seek the assistance, provides a name and contact information, remains on the scene until assistance arrives or is provided, and cooperates with the authorities.”

Minn. Stat. Ann. § 604A.05 (2).

<sup>88</sup> 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

<sup>89</sup> 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. It is not clear whether this was intended to extend to individuals who seek medical assistance, without more. Minn. Stat. Ann. § 604A.05 (4)(a).

<sup>90</sup> The law also provides protection for the crime of “keeping or maintaining a public nuisance,” Mo. Stat. Ann. § 579.105. This is the state equivalent of the “crack house” statute.

<sup>91</sup> 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).

<sup>92</sup> 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 condition a layperson would reasonably believe to be a drug overdose requiring immediate medical assistance.” A previous version of the law limited the number of people who can gain immunity for one occurrence to three, but that restriction was removed effective Aug 1, 2017. N.D. Cent. Code Ann. § 19-03.1-23.4.

<sup>93</sup> 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.

<sup>94</sup> 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. Neb. Rev. St. § 28-472(1)(a)

<sup>95</sup> 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) as well as several other drug-related crimes.

<sup>96</sup> Immunity applies to the use of a controlled substance. Nev. Rev. Stat. Ann. § 453C.150(a)(3).

<sup>97</sup> “It shall be an affirmative defense to a criminal sale controlled substance offense under this article or a criminal sale of marihuana offense under article two hundred twenty-one of this title, not covered by subdivision one or two of this section, with respect to any controlled substance or marihuana which was obtained as a result of such seeking or receiving of health care, that:

(a) the defendant, in good faith, seeks health care for someone or for him or herself who is experiencing a drug or alcohol overdose or other life threatening medical emergency; and (b) the defendant has no prior conviction for the commission or attempted commission of a class A-I, A-II or B felony under this article.” N.Y. Penal Law § 220.78.4.

<sup>98</sup> 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.

<sup>99</sup> 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).

<sup>100</sup> Ohio Rev. Code Ann. § 2925.11(B)(2)(c) and (d) provide that the penalty for a person found to be in violation of community control or post-release control “the court shall first consider ordering the person’s participation or continued participation in a drug treatment program or mitigating the penalty” if the person sought medical assistance in good faith or was the recipient of such help-seeking.

<sup>101</sup> These provisions apply if: “[t]he person: a. provided his or her full name and any other relevant information requested by the peace officer, b. remained at the scene with the individual who reasonably appeared to be in need of medical assistance due to the use of a controlled dangerous substance until emergency medical assistance arrived, and c. cooperated with emergency medical assistance personnel and peace officers at the scene.” Okl. St. Ann. tit, 63 § 2-413.1.

<sup>102</sup> A peace officer “shall not take a person into custody” if they fall under the ambit of the law, but the statute does not explicitly state that they may not be arrested. Okl. St. Ann. tit, 63 § 2-413.1(A).

<sup>103</sup> Id.

<sup>104</sup> Immunity also applies to “frequenting a place where controlled substances are used.” Or. Rev. Stat. Ann. § 475.898(3)(a). Further, a person may not be arrested on an existing warrant for one of the listed offenses “if the location of the person was obtained because the person contacted emergency medical services or a law enforcement agency to obtain medical assistance for another person who needed medical assistance due to a drug-related overdose.” Or. Rev. Stat. Ann. § 475.898(5).

<sup>105</sup> 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).

<sup>106</sup> 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).

<sup>107</sup> Immunity is also granted for “operation of a drug-involved premises.” R.I. Gen Laws Ann. § 21-28.9-4(a).

<sup>108</sup> 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). It is not clear whether this applies to the seeking of medical assistance as well.

<sup>109</sup> The person must “use his or her own name when contacting authorities, fully cooperate with law enforcement and medical personnel, and must remain with the individual needing medical assistance until help arrives.” S.C. Code Ann. § 44-53-1920(D). Further, if “the person seeking medical assistance pursuant to this section previously has sought medical assistance for another person pursuant to this article, the court may consider the circumstances of the prior incidents and the related offenses to determine whether to grant the person immunity from prosecution.” S.C. Code Ann. § 44-53-1920(C).

<sup>110</sup> “A person who seeks medical assistance for another person in accordance with the requirements of subsection (A) may not be prosecuted for: (1) dispensing or delivering a controlled substance in violation of Section 44-53-370(a), when the controlled substance is dispensed or delivered directly to the person who appears to be experiencing a drug-related overdose; (2) possessing a controlled substance in violation of Section 44-53-370(c); (3) possessing less than one gram of methamphetamine or cocaine base in violation of Section 44-53-375(A); (4) dispensing or delivering methamphetamine or cocaine base in violation of Section 44-53-375(B), when the methamphetamine or cocaine base is dispensed or delivered directly to the person who appears to be experiencing a

drug-related overdose; (5) possessing paraphernalia in violation of Section 44-53-391; (6) selling or delivering paraphernalia in violation of Section 44-53-391, when the sale or delivery is to the person who appears to be experiencing a drug-related overdose; (7) purchasing, attempting to purchase, consuming, or knowingly possessing alcoholic beverages in violation of Section 63-19-2440; (8) transferring or giving to a person under the age of twenty-one years for consumption beer or wine in violation of Section 61-4-90; or (9) contributing to the delinquency of a minor in violation of Section 16-17-490.” S.C. Code Ann. § 44-53-1920(B).

<sup>111</sup> Under South 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. SDCL § 34-20A-110.

The immunity provided to persons seeking assistance for another experiencing an overdose is limited to one time. SDCL § 34-20A-113.

<sup>112</sup> Immunity also applies to the “inhalation, ingestion, or otherwise taking into the body any controlled drug or substance.” HB 1082, Section 2.

<sup>113</sup> 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. SDCL § 34-20A-112. It is not clear whether this extends to seeking medical assistance.

<sup>114</sup> 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).

<sup>115</sup> 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). It is not clear whether this extends to seeking assistance.

<sup>116</sup> 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).

<sup>117</sup> 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).

<sup>118</sup> 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).

<sup>119</sup> Simple possession of drug paraphernalia is not a crime in Vermont. Vt. Stat. Ann. tit. 18, § 4476.

<sup>120</sup> The provisions related to parole are repealed effective Aug. 1, 2020. See 2017 Wis. Act 59. See also Wis. Stat. Ann. § 961.443.

<sup>121</sup> “A person may only be eligible for immunity under subsection (a) of this section if he or she: (1) Remains with the person who reasonably appears to be in need of emergency medical assistance due to an overdose until such assistance is provided; (2) Identifies himself or herself, if requested by emergency medical assistance personnel or law-enforcement officers; and (3) Cooperates with and provides any relevant information requested by emergency medical assistance personnel or law-enforcement officers needed to treat the person reasonably believed to be experiencing an overdose.” W. Va. Code Ann. § 16-47-4 (c).

<sup>122</sup> 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).