



OPIOID MISUSE AND OVERDOSE PREVENTION 50-State Survey

Legal Interventions to Reduce Overdose Mortality: Naloxone Access Laws

Drug overdose is a nationwide epidemic. Opioids, both prescription painkillers such as Oxycontin and non-prescribed drugs such as heroin and fentanyl are responsible for most of these deaths – nearly 48,000 in 2018 alone.¹ Provisional data show that overdose-related deaths have accelerated since then, with more deaths recorded in the twelve-month period ending May 2020 than in any other twelve-month period on record.²

Many of these deaths are preventable. Naloxone, a pure opioid antagonist, quickly and safely reverses opioid overdose.³ Around 40% of people who overdose are not alone when they do so.⁴ Nearly all of those deaths would have been prevented if the other person or people present had administered naloxone to the person experiencing the overdose. However, naloxone is often not available when and where it is most needed. Although naloxone is a prescription drug, it is not a controlled substance and has no abuse potential.⁵ While it was traditionally used only by first responders, it can be administered by laypeople with little or no formal training.⁶ Because of its ability to reverse opioid overdose and its ease of use, by July 15, 2017, all 50 states and the District of Columbia had passed legislation to improve layperson naloxone access.⁷

The Table below displays characteristics of these laws as of July 1, 2020. The columns first provide information on the when the state first enacted a naloxone access law, and when that law was last modified. The next six columns provide information on the current state of the law: whether the law provides civil, criminal, and disciplinary immunity for medical professionals who prescribe or dispense naloxone, and whether it provides civil or criminal immunity for laypeople who administer it.⁸ The Table continues by indicating whether the law permits organizations or individuals 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 Table displays whether naloxone is permitted to be prescribed to people who are not themselves at risk of overdose (termed “third parties”), whether pharmacists may prescribe the medication in addition to dispensing it, and whether it may be prescribed via a standing order or similar mechanism.

Opioid overdose kills tens of thousands of Americans every year. Most of those deaths are preventable through the timely provision of naloxone. As with most public health problems, there is no magic bullet to preventing overdose deaths. The approval of one or more naloxone formulations as an over-the-counter medication would likely help, and a comprehensive solution that includes increased access to evidence-based treatment together with de-stigmatization and de-criminalization of opioid use disorder is necessary to create large-scale, lasting change.⁹ However, ensuring that naloxone is always readily available at the scene of an opioid overdose is still one of the cheapest, safest and most effective ways available to reduce opioid overdose morbidity and mortality.

Characteristics of State Naloxone Access Laws

As of July 1, 2020

State	Citation	First enacted	Most recent change	Prescriber Civil	Criminal	Disciplinary	Dispenser Civil	Criminal	Disciplinary	Administrator Civil	Criminal	Lay distribution	Poss. w/o Rx	3 rd party prescribing permitted	Pharmacist prescribing	Non-patient specific Rx ¹⁰
AL	<u>Ala. Code § 20-2-280</u>	June 5, 2015	May 10, 2016 ¹¹	Yes ¹²	Yes	-	Yes ¹³	Yes	-	Yes ¹⁴	Yes	-	-	Yes ¹⁵	-	SO
AK	<u>Alaska Stat. Ann. §§ 09.65.340; 17.20.085</u>	Mar. 15, 2016	Mar. 15, 2017 ¹⁶	Yes ¹⁷	-	-	Yes ¹⁸	-	-	Yes ¹⁹	-	Yes ²⁰	-	Yes ²¹	-	SO ²² , P ²³
AZ	<u>Ariz. Rev. Stat. Ann. §§ 32-1968(H); 32-1979; 36-192; 36-2266-67</u>	Aug 6, 2016	Apr. 26, 2018 ²⁴	-	Yes ²⁵	Yes	-	Yes ²⁶	Yes	Yes ²⁷	-	Yes ²⁸	-	Yes ²⁹	-	SO, P ³⁰
AR	<u>Ark. Code Ann. § 20-13-1801 et. seq.; 17-92-101</u>	July 22, 2015	Aug. 1, 2017 ³¹	Yes ³²	Yes	Yes	Yes ³³	Yes	Yes	Yes ³⁴	Yes	Yes* ³⁵	-	Yes ³⁶	-	SO ³⁷ ; P ³⁸
CA	<u>Cal. Civ. Code § 1714.22; Cal. Bus. & Prof. Code § 4052.01</u>	Jan. 1, 2008 ³⁹	Jan. 1, 2015 ⁴⁰	Yes ⁴¹	Yes	Yes	Yes ⁴²	Yes	Yes	Yes ⁴³	Yes	Yes ⁴⁴	-	Yes ⁴⁵	-	SO, P ⁴⁶

State	Citation	First enacted	Most recent change	Prescriber Civil	Criminal	Disciplinary	Dispenser Civil	Criminal	Disciplinary	Administrator Civil	Criminal	Lay distribution	Poss. w/o Rx	3 rd party prescribing permitted	Pharmacist prescribing	Non-patient specific Rx ¹⁰
CO	Colo. Rev. Stat. Ann. §§ 12-30-110⁴⁷; 12-280-123(3)⁴⁸; 13-21-108.7	May 10, 2013	Oct. 1, 2019 ⁴⁹	Yes ⁵⁰	Yes	Yes ⁵¹	Yes ⁵²	Yes	Yes	Yes ⁵³	Yes	Yes ⁵⁴	-	Yes ⁵⁵	-	SO ⁵⁶
CT	Conn. Gen. Stat. Ann. § 17a-714a; §§ 20-633c, d; § 21a-286	Oct. 1, 2003	Oct. 1, 2017 ⁵⁷	Yes ⁵⁸	Yes	Yes	Yes ⁵⁹	Yes	Yes	Yes ⁶⁰	Yes	Yes ⁶¹	-	Yes ⁶²	Yes ⁶³	SO ⁶⁴
DC	D.C. Code § 7-403(f); D.C. Code § 7-404	Mar. 9, 2013	April 11, 2019 ⁶⁵	Yes ⁶⁶	Yes	-	Yes ⁶⁷	Yes	-	Yes ⁶⁸	Yes	Yes ⁶⁹	Yes ⁷⁰	Yes ⁷¹	- ⁷²	SO, P ⁷³
DE	Del. Code Ann. tit. 16, §§ 138; § 3001G	June 25, 2014 ⁷⁴	June 12, 2018 ⁷⁵	Yes ⁷⁶	Yes ⁷⁷	Yes ⁷⁸	Yes ⁷⁹	Yes ⁸⁰	Yes ⁸¹	- ⁸²	-	Yes ⁸³	-	Yes ⁸⁴	-	SO ⁸⁵
FL	Fla. Stat. Ann. § 381.887; Fla. Stat. § 768.13	June 10, 2015	Oct. 1, 2017 ⁸⁶	Yes ⁸⁷	Yes	Yes	Yes ⁸⁸	Yes	Yes	Yes ⁸⁹	-	-	- ⁹⁰	Yes ⁹¹	-	SO ⁹²
GA	Ga. Code Ann. §§ 26-4-116.2; 31-1-10	April 24, 2014	July 1, 2017 ⁹³	Yes ⁹⁴	Yes	Yes	Yes ⁹⁵	Yes	Yes	Yes ⁹⁶	Yes	Yes ^{*97}	-	Yes ⁹⁸	-	SO ⁹⁹
HI	Haw. Rev. Stat. § 329E-1 et seq.	June 16, 2016	-	Yes ¹⁰⁰	Yes	Yes	Yes ¹⁰¹	Yes	Yes	Yes ¹⁰²	Yes	Yes ¹⁰³	Yes ¹⁰⁴	Yes ¹⁰⁵	-	SO ¹⁰⁶

State	Citation	First enacted	Most recent change	Prescriber Civil	Criminal	Disciplinary	Dispenser Civil	Criminal	Disciplinary	Administrator Civil	Criminal	Lay distribution	Poss. w/o Rx	3 rd party prescribing permitted	Pharmacist prescribing	Non-patient specific Rx ¹⁰
IA	<u>Iowa Code Ann. §§ 147A.18; 135.190; 155A.46</u>	April 6, 2016	-	Yes ¹⁰⁷	-	-	-	-	-	Yes ¹⁰⁸	-	- ¹⁰⁹	- ¹¹⁰	Yes ¹¹¹	-	SO, CPA ¹¹² , P ¹¹³
ID	<u>Idaho Code Ann. § 54-1733B</u>	July 1, 2015	July 1, 2019 ¹¹⁴	Yes ¹¹⁵	Yes	Yes	Yes ¹¹⁶	Yes	Yes	Yes ¹¹⁷	Yes	-	-	Yes ¹¹⁸	Yes ¹¹⁹	-
IL	<u>745 Ill. Comp. Stat. Ann. § 49/36. § 301/5-23; § 85/19.1</u>	Jan. 1, 2010	Aug. 9, 2019 ¹²⁰	-	Yes ¹²¹	Yes	Yes ¹²²	Yes ¹²³	Yes	Yes ¹²⁴	Yes	Yes* ¹²⁵	-	Yes ¹²⁶	-	SO, P ¹²⁷
IN	<u>Ind. Code Ann. §§ 16-42-27-2; 3</u>	April 17, 2015	July 1, 2019 ¹²⁸	Yes ¹²⁹	-	-	Yes ¹³⁰	-	-	Yes ¹³¹	-	Yes* ¹³²	-	Yes ¹³³	-	SO ¹³⁴
KS	<u>Kan. Stat. Ann. §65-16.127</u>	July 1, 2017	June 6, 2019 ¹³⁵	Yes ¹³⁶	Yes	Yes	Yes ¹³⁷	Yes	Yes	Yes ¹³⁸	Yes	-	-	Yes ¹³⁹	-	P ¹⁴⁰
KY	<u>Ky. Rev. Stat. Ann. § 217.186; 201 Ky. Admin. Regs. 2:360</u>	June 25, 2013	June 27, 2019 ¹⁴¹	-	-	Yes ¹⁴²	-	-	Yes ¹⁴³	Yes ¹⁴⁴	Yes	Yes* ¹⁴⁵	-	Yes ¹⁴⁶	-	P ¹⁴⁷
LA	<u>La. Rev. Stat. Ann. § 40:978.2</u>	Aug. 1, 2015	June 5, 2016 ¹⁴⁸	Yes ¹⁴⁹	Yes	Yes	Yes ¹⁵⁰	Yes	Yes	Yes ¹⁵¹	Yes ¹⁵²	Yes ¹⁵³	Yes ¹⁵⁴	Yes ¹⁵⁵	-	SO ¹⁵⁶

State	Citation	First enacted	Most recent change	Prescriber Civil	Criminal	Disciplinary	Dispenser Civil	Criminal	Disciplinary	Administrator Civil	Criminal	Lay distribution	Poss. w/o Rx	3 rd party prescribing permitted	Pharmacist prescribing	Non-patient specific Rx ¹⁰
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. 2, 2012	Aug. 9, 2018 ¹⁵⁷	Yes ¹⁵⁸	Yes	Yes	Yes ¹⁵⁹	Yes	Yes	Yes ¹⁶⁰	Yes	-	-	Yes ¹⁶¹	-	SO ¹⁶²
MD	<u>Md. Code Ann., Health-Gen. § 13-3101 et seq.</u>	Oct. 1, 2013	June 1, 2017 ¹⁶³	Yes ¹⁶⁴	-	Yes ¹⁶⁵	Yes ¹⁶⁶	-	Yes ¹⁶⁷	Yes ¹⁶⁸	-	Yes ¹⁶⁹	-	Yes ¹⁷⁰	-	SO ¹⁷¹ , CPA ¹⁷² , P ¹⁷³
ME	<u>Me. Rev. Stat. Ann. tit. 22, § 2353; tit. 32 § 13815</u>	April 29, 2014	Sept, 19, 2019 ¹⁷⁴	Yes ¹⁷⁵	Yes	Yes	Yes ¹⁷⁶	Yes	Yes	Yes ¹⁷⁷	Yes	Yes ¹⁷⁸	-	Yes ¹⁷⁹	Yes ¹⁸⁰	SO ¹⁸¹
MI	<u>Mich. Comp. Laws Ann. §§ 691.1503; 333.17744b; 333.17744c; 333.17744e</u>	Oct. 14, 2014	Sept. 24, 2019 ¹⁸²	Yes ¹⁸³	-	-	Yes ¹⁸⁴	-	-	Yes ¹⁸⁵	Yes ¹⁸⁶	Yes ¹⁸⁷	Yes ¹⁸⁸	Yes ¹⁸⁹	-	SO ¹⁹⁰
MN	<u>Minn. Stat. Ann. § 604A.04; Minn. Stat. Ann. § 151.37</u>	May 10, 2014 ¹⁹¹	-	Yes ¹⁹²	Yes	-	Yes ¹⁹³	Yes	-	Yes ¹⁹⁴	Yes	-	-	- Yes ¹⁹⁵	-	SO, ¹⁹⁶ P ¹⁹⁷

State	Citation	First enacted	Most recent change	Prescriber Civil	Criminal	Disciplinary	Dispenser Civil	Criminal	Disciplinary	Administrator Civil	Criminal	Lay distribution	Poss. w/o Rx	3 rd party prescribing permitted	Pharmacist prescribing	Non-patient specific Rx ¹⁰
MO	<u>Mo. Ann. Stat. §§ 195.206; 338.205</u>	Aug. 28, 2016	Aug. 28, 2017 ¹⁹⁸	Yes ¹⁹⁹	Yes	Yes	Yes ²⁰⁰	Yes	Yes	Yes ²⁰¹	Yes	Yes ²⁰²	Yes ²⁰³	Yes* ²⁰⁴	-	SO, P ²⁰⁵
MS	<u>Miss. Code Ann. § 41-29-319</u>	July 1, 2015	July 1, 2017 ²⁰⁶	Yes ²⁰⁷	Yes	Yes	Yes ²⁰⁸	Yes	Yes	Yes ²⁰⁹	Yes	-	-	Yes ²¹⁰	-	SO ²¹¹
MT	<u>Mont. Code Ann. 50-32-601 et. seq.</u>	May 3, 2017	-	Yes ²¹²	Yes	Yes	Yes ²¹³	Yes	Yes ²¹⁴	-	Yes ²¹⁵	Yes ²¹⁶	-	Yes ²¹⁷	-	SO, CPA ²¹⁸
NC	<u>N.C. Gen. Stat. Ann. § 90-12.7</u>	April 9, 2013	July 1, 2017 ²¹⁹	Yes ²²⁰	Yes	-	Yes ²²¹	Yes	-	Yes ²²²	Yes	Yes ²²³	-	Yes ²²⁴	-	SO ²²⁵
ND	<u>N.D. Cent. Code Ann. § 23-01-42; N.D. Admin. Code 61-04-12-02</u>	Aug. 1, 2015	-	Yes ²²⁶	Yes	Yes	Yes ²²⁷	Yes	Yes	Yes ²²⁸	Yes	Yes* ²²⁹	Yes ²³⁰	Yes ²³¹	Yes ²³²	SO ²³³
NE	<u>Neb. Rev. Stat. Ann. § 28-470</u>	May 28, 2015	July 19, 2018 ²³⁴	-	Yes ²³⁵	Yes	-	Yes ²³⁶	Yes	- ²³⁷	Yes ²³⁸	-	-	Yes ²³⁹	-	- ²⁴⁰
NH	<u>N.H. Rev. Stat. Ann. § 318-B:15(IV)</u>	June 2, 2015	-	Yes ²⁴¹	Yes	Yes	Yes ²⁴²	Yes	Yes	Yes ²⁴³	Yes	Yes ²⁴⁴	-	Yes ²⁴⁵	-	SO ²⁴⁶
NJ	<u>N.J. Stat. Ann. § 24:6J-4</u>	July 1, 2013	Dec. 1, 2018 ²⁴⁷	Yes ²⁴⁸	Yes	Yes	Yes ²⁴⁹	Yes	Yes	Yes ²⁵⁰	Yes	Yes ²⁵¹	-	Yes ²⁵²	-	SO ²⁵³

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NM	<u>N.M. Stat. Ann. § 24-23-1</u> ; N.M. Code R. 16.19.26.13	Apr. 3, 2001	Mar. 4, 2016 ²⁵⁴	-	-	-	Yes ²⁵⁵	Yes	Yes	Yes ²⁵⁶	Yes	Yes ²⁵⁷	Yes ²⁵⁸	Yes ²⁵⁹	Yes ²⁶⁰	SO ²⁶¹
NV	<u>Nev. Rev. Stat. Ann. § 453c.100 et seq.</u>	Oct. 1, 2015	July 1, 2017 ²⁶²	Yes ²⁶³	Yes	Yes	Yes ²⁶⁴	Yes	Yes	Yes ²⁶⁵	Yes	Yes ²⁶⁶	Yes ²⁶⁷	Yes ²⁶⁸	-	SO ²⁶⁹ , P ²⁷⁰
NY	<u>N.Y. Pub. Health Law § 3309</u>	Apr. 1, 2006	June 19, 2020 ²⁷¹	Yes ²⁷²	Yes	Yes	Yes ²⁷³	Yes	Yes	Yes ²⁷⁴	Yes ²⁷⁵	Yes ²⁷⁶	-	Yes ²⁷⁷	-	SO ²⁷⁸
OH	<u>Ohio Rev. Code Ann. § 4731.94</u> ; <u>§ 4729.44</u> ; <u>§ 2925.61</u> ; <u>§ 4731.941</u>	March 11, 2014	March 20, 2019 ²⁷⁹	Yes ²⁸⁰	Yes	Yes	Yes ²⁸¹	Yes	Yes	- ²⁸²	Yes ²⁸³	Yes ²⁸⁴	-	Yes ²⁸⁵	-	P ²⁸⁶
OK	<u>Okla. Stat. Ann. tit. 63, § 1-2506.2</u> ; <u>Ok. Stat. Ann. tit. 63 § 2-312.2</u>	Nov. 1, 2013	Nov. 1, 2018 ²⁸⁷	- ²⁸⁸	-	-	-	-	-	- ²⁸⁹	-	-	-	Yes ²⁹⁰	Yes ²⁹¹	-
OR	<u>Or. Rev. Stat. Ann. § § 689.681, 682</u>	June 6, 2013	Sept. 29, 2019 ²⁹²	-	-	-	Yes ²⁹³	-	-	Yes ²⁹⁴	-	Yes ²⁹⁵	-	Yes ²⁹⁶	Yes ²⁹⁷	Other ²⁹⁸
PA	<u>35 Pa. Cons. Stat. Ann. § 780-113.8</u>	Dec. 1, 2014	-	Yes ²⁹⁹	Yes	Yes	Yes ³⁰⁰	Yes	Yes	Yes ³⁰¹	Yes	Yes ³⁰²	-	Yes ³⁰³	-	SO ³⁰⁴

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RI	<u>R.I. Gen. Laws § 21-28.9-3; 216 R.I. Code Reg. 20-20-5</u>	June 18, 2012 ³⁰⁵	Oct. 23, 2014	-	-	Yes ³⁰⁶	-	-	Yes ³⁰⁷	Yes ³⁰⁸	Yes	Yes ³⁰⁹	Yes ³¹⁰	Yes ³¹¹	-	SO ³¹²
SC	<u>S.C. Code Ann. §§ 44-130-10 et. seq</u>	June 3, 2015	May 3, 2018 ³¹³	Yes ³¹⁴	Yes	Yes	Yes ³¹⁵	Yes	Yes	Yes ³¹⁶	Yes	Yes ³¹⁷	-	Yes ³¹⁸	-	SO, P ³¹⁹
SD	<u>S.D. Codified Laws §§ 34-20a-98 – 108</u>	July 1, 2016	-	Yes ³²⁰	Yes	Yes ³²¹	Yes ³²²	Yes	Yes ³²³	- ³²⁴	-	Yes ³²⁵	-	Yes ³²⁶	-	SO ³²⁷
TN	<u>Tenn. Code Ann. § 63-1-152; Tenn. Code Ann. 63-1-157</u>	July 1, 2014	July 1, 2017 ³²⁸	Yes ³²⁹	-	Yes ³³⁰	Yes ³³¹	-	Yes ³³²	Yes ³³³	-	-	-	Yes ³³⁴	-	SO, CPA ³³⁵
TX	<u>Tex. Health & Safety Code Ann. § 483.101 et. seq.</u>	Sept. 1, 2015	-	Yes ³³⁶	Yes	Yes	Yes ³³⁷	Yes	Yes	Yes ³³⁸	Yes	Yes ³³⁹	Yes ³⁴⁰	Yes ³⁴¹	-	SO ³⁴²
UT	<u>Utah Code Ann. § 26-55-101 et. seq.</u>	May 13, 2014	May 9, 2017 ³⁴³	Yes ³⁴⁴	-	-	- ³⁴⁵	-	-	Yes ³⁴⁶	-	Yes ³⁴⁷	-	Yes ³⁴⁸	-	SO ³⁴⁹
VA	<u>VA Code Ann. §§ 8.01-225(A)(21); 54.1-3408(X-Z)</u>	July 1, 2013	Mar. 24, 2017 ³⁵⁰	Yes ³⁵¹	-	-	Yes ³⁵²	-	-	Yes ³⁵³	Yes ³⁵⁴	Yes ³⁵⁵	-	Yes ³⁵⁶	-	SO ³⁵⁷

State	Citation	First enacted	Most recent change	Prescriber Civil	Criminal	Disciplinary	Dispenser Civil	Criminal	Disciplinary	Administrator Civil	Criminal	Lay distribution	Poss. w/o Rx	3 rd party prescribing permitted	Pharmacist prescribing	Non-patient specific Rx ¹⁰
VT	<u>Vt. Stat. Ann. tit. 18, § 4240; Vt. Stat. Ann. tit. 26, § 2080</u>	July 1, 2013	May 28, 2015 ³⁵⁸	Yes ³⁵⁹	Yes	-	Yes ³⁶⁰	Yes	-	Yes ³⁶¹	Yes	Yes* ³⁶²	-	Yes ³⁶³	-	SO ³⁶⁴ , P ³⁶⁵
WA	<u>Wash. Rev. Code Ann. § 69.41.095</u> ³⁶⁶	June 10, 2010	July 28, 2019 ³⁶⁷	Yes ³⁶⁸	Yes	Yes	Yes ³⁶⁹	Yes	Yes	Yes ³⁷⁰	Yes	Yes ³⁷¹	-	Yes ³⁷²	-	CPA, SO, P ³⁷³
WI	<u>Wis. Stat. Ann. § 441.18; § 448.037; § 450.11(1i)</u>	April 19, 2014	Dec. 10, 2015 ³⁷⁴	Yes ³⁷⁵	Yes	Yes	Yes ³⁷⁶	Yes	Yes	Yes ³⁷⁷	Yes	Yes ³⁷⁸	Yes ³⁷⁹	Yes ³⁸⁰	-	SO ³⁸¹
WV	<u>W. Va. Code. Ann. § 16-46-1 et. seq.</u>	May 27, 2015	Mar. 6, 2020 ³⁸²	Yes ³⁸³	Yes	-	Yes ³⁸⁴	Yes	-	Yes ³⁸⁵	Yes	Yes ³⁸⁶	Yes ³⁸⁷	Yes ³⁸⁸	-	SO ³⁸⁹ , P ³⁹⁰
WY	<u>Wy. Stat. 35-4-901 et. seq.</u>	July 1, 2017	-	Yes ³⁹¹	Yes	Yes ³⁹²	-	-	-	Yes ³⁹³	Yes	-	-	Yes ³⁹⁴	Yes ³⁹⁵	SO ³⁹⁶
Total				43	38	36	43	38	36	45	39	38**	12	51**	8	48

SUPPORTERS



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Updated: February 2021

¹ Nana Wilson et al., *Drug and Opioid-Involved Overdose Deaths - United States, 2017-2018*, 69 MORB. MORTAL WK'LY REP. 11, 290-297, (2020).

² Press Release, Centers for Disease Control and Prevention, Overdose Deaths Accelerating During COVID-19 (December 17, 2020), <https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>.

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 6, 650-60, (1994).

⁴ Christine L. Mattson et al., *Opportunities to Prevent Overdose Deaths Involving Prescription and Illicit Opioids, 11 States, July 2016 – June 2017*, 67 MORB. MORTAL WK'LY REP. 34, 945-951 (2018).

⁵ See 21 U.S.C. § 801, 21 CFR § 1308.

⁶ Eliza Wheeler, et al., *Opioid Overdose Prevention Programs Providing Naloxone to Laypersons - United States, 2014*, 64 MORB. MORTAL WK'LY REP. 23, 631-635 (2015); Maya Doe-Simkins, et al., *Overdose rescues by trained and untrained participants and 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).

⁷ For further background on these laws, please see Corey S. Davis & Derek Carr, *Legal changes to increase access to naloxone for opioid overdose reversal in the United States*. DRUG & ALCOHOL DEPEND. 157, 112-120 (2015).

⁸ 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.

⁹ Corey S. Davis & Derek Carr, *Over the counter naloxone needed to save lives in the United States*, 130 PREVENTATIVE MEDICINE 105932 (2020).

¹⁰ In this column, “SO” means “standing order,” “P” means “protocol,” and “CPA” means collaborative practice agreement. For more detailed on these types of mechanisms, please see NETWORK FOR PUBLIC HEALTH LAW, *Characteristics of statewide naloxone distribution mechanisms*, <https://www.networkforphl.org/wp-content/uploads/2020/08/50-State-Survey-Characteristics-of-Statewide-Naloxone-Distribution-Mechanisms.pdf>.

¹¹ Law was amended effective May 10, 2016 to permit nurses employed by the state health department or county health departments to dispense opioid antagonists under the law and to provide them with immunity. Also added “member of a fire department, rescue squad, volunteer fire department personnel” to the list of people who can receive naloxone under the law. Finally, provides immunity to “the State Health Officer or any county health officer who issues standing orders or other requirements” pursuant to the law.

¹² Civil and criminal immunity applies to a physician or dentist who prescribes an opioid antagonist as permitted by the law and “who has no managerial authority over the individuals administering the opioid antagonist.” Ala. Code § 20-2-280(e)(1).

¹³ Civil and criminal immunity applies to a pharmacist or “registered nurse in the employment of the State Health Department or a county health department” who dispenses an opioid antagonist as permitted by the law. Ala. Code § 20-2-280(e)(3).

¹⁴ Immunity is provided only where the individual received an opioid antagonist that was prescribed as permitted by the law. Ala. Code §§ 20-2-280(e)(2); (d).

¹⁵ May be prescribed and dispensed to “[a] family member, friend, member of a fire department, rescue squad, volunteer fire department personnel, or other individual, including law enforcement, in a position to assist an individual at risk of experiencing an opiate-related overdose.” Ala. Code §§ 20-2-280(b)(2); (c)(2).

¹⁶ Amended to permit the Department’s chief medical officer to issue a standing order, including a statewide standing order, for the prescription of an opioid overdose drug.

¹⁷ Immunity applies only where the prescriber is a health care provider and “each person to whom the opioid overdose drug is prescribed or provided has been educated and trained in the proper emergency use and administration of the opioid overdose drug by the health care provider or the opioid overdose program; education and training under this paragraph may be provided by any reasonable means, including through the use of electronic, video, or automated education or training resources.” Alaska Stat. § 09.65.340(a).

Does not provide immunity for damages “that are the result of gross negligence or intentional misconduct.” Alaska Stat. § 09.65.340(c).

¹⁸ Only applies where the person providing the opioid overdose reversal drug is an employee or volunteer of an opioid overdose program and “each person to whom the opioid overdose drug is prescribed or provided has been educated and trained in the proper emergency use and administration of the opioid overdose drug by the health care provider or the opioid overdose program; education and training under this paragraph may be provided by any reasonable means, including through the use of electronic, video, or automated education or training resources.” Alaska Stat. Ann. § 09.65.340(a). Does not provide immunity for damages “that are the result of gross negligence or intentional misconduct.” Alaska Stat. § 09.65.340(c).

¹⁹ Must “reasonably believe” another person is experiencing an opioid overdose emergency. Alaska Stat. § 09.65.340(b). Does not provide immunity for damages “that are the result of gross negligence or intentional misconduct.” Alaska Stat. § 09.65.340(c).

²⁰ Lay distribution is permitted only by “an employee or volunteer of an opioid overdose program, if acting under a standing order or protocol under” the law. Alaska Stat. § 17.20.085(b).

²¹ May be dispensed to “a family member, friend, caregiver, or other person in a position to administer an opioid overdose drug to a person at risk of experiencing an opioid overdose.” Alaska Stat. § 17.20.085(a).

²² Alaska’s current standing order can be found here: http://dhss.alaska.gov/dph/Director/Documents/opioids/StandingOrder_September30.pdf.

²³ 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. § 17.20.085(c).

²⁴ Effective April 26, 2018, “a county health department 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. § 36-192. Prior to August 10, 2017, a prescriber was permitted to require the person receiving naloxone to “provide in writing a factual basis for a reasonable conclusion that the person or entity meets the description...” of a person or entity who can receive naloxone under the statute. Ariz. Rev. Stat. § 36-2266 (D) (repealed eff. Aug. 10, 2017).

- ²⁵ “Except in cases of gross negligence, wilful misconduct or intentional wrongdoing, a physician, nurse practitioner or other health professional who in good faith prescribes or dispenses an opioid antagonist pursuant to subsection A of this section is immune from professional liability and criminal prosecution for any decision made, act or omission or injury that results from that act if the physician, nurse practitioner or other health professional acts with reasonable care and in good faith.” Ariz. Rev. Stat. § 36-2266(C).
- ²⁶ “A pharmacist who dispenses an opioid antagonist pursuant to this section is immune from professional liability and criminal prosecution for any decision made, act or omission or injury that results from that act if the pharmacist acts with reasonable care and in good faith, except in cases of wanton or wilful neglect.” Ariz. Rev. Stat. § 32-1979 (D).
- ²⁷ “A person who in good faith and without compensation administers an opioid antagonist to a person who is experiencing an opioid-related overdose is not liable for any civil or other damages as the result of any act or omission by the person rendering the care or as the result of any act or failure to act to arrange for further medical treatment or care for the person experiencing the overdose, unless the person while rendering the care acts with gross negligence, wilful misconduct or intentional wrongdoing.” Ariz. Rev. Stat. § 36-2267 (B).
- ²⁸ 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. § 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. § 36-192.
- ²⁹ “...a person who is at risk of experiencing an opioid-related overdose, to a family member of that person, to a community organization that provides services to persons who are at risk of an opioid-related overdose or to any other person who is in a position to assist a person who is at risk of experiencing an opioid-related overdose.” Ariz. Rev. Stat. § 36-2266(A).
- ³⁰ “A pharmacist may dispense naloxone hydrochloride or any other opioid antagonist that is approved by the United States food and drug administration on the receipt of a standing order and according to protocols adopted by the board pursuant to § 32-1979. For the purposes of this subsection, “standing order” means a signed prescription order that authorizes the pharmacist to dispense naloxone hydrochloride or any other opioid antagonist for emergency purposes and that is issued by a medical practitioner licensed in this state or a state or county health officer who is a medical practitioner licensed in this state.” Ariz. Rev. Stat. § 36-1968(H) (eff. May 2, 2017). Further, a pharmacist may dispense naloxone “pursuant to a standing order issued pursuant to § 36-2266 and according to protocols adopted by the board...” Ariz. Rev. Stat. § 32-1979. From Aug. 6, 2016 to Aug. 8, 2017, language read “may dispense without a prescription, according to protocols adopted by the board...”
- ³¹ Law was modified effective Aug. 1, 2017 to permit naloxone to be prescribed and dispensed to “an employee of the State Crime Laboratory.” Ark. Code. § 20-13-1804(a)(7).
- ³² A healthcare professional who prescribes an opioid antagonist is immune from civil liability, criminal liability, or professional sanctions for administering, prescribing, or dispensing an opioid antagonist. Ark. Code. § 20-13-1804(c)(1).
- ³³ “The following individuals are immune from civil liability, criminal liability, or professional sanctions for administering, prescribing, or dispensing an opioid antagonist under this section: (2) a healthcare professional or pharmacist who acts in good faith and in compliance with the standard of care that dispenses an opioid antagonist.” Ark. Code. § 20-13-1604(c)(2).
- ³⁴ “The following individuals are immune from civil liability, criminal liability, or professional sanctions for administering, prescribing, or dispensing an opioid antagonist under this section: (3) a person other than a healthcare professional who administers an opioid antagonist.” Ark. Code. § 20-13-1804(c)(3).
- ³⁵ 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. § 20-13-1804.
- ³⁶ “May prescribe and dispense an opioid antagonist to: (1) a person at risk of experiencing an opioid-related drug overdose; (2) a pain management clinic; (3) a harm reduction organization; (4) an emergency medical services technician; (5) a first responder; (6) a law enforcement officer or agency; or (7) a family member or friend of a person at risk of experiencing an opioid-related drug overdose.” Ark. Code. § 20-13-1804(a).
- ³⁷ Under state law, “A healthcare professional acting in good faith may directly or by standing order prescribe and dispense an opioid antagonist...” Ark. Code. § 20-13-1804(a).
- ³⁸ “Pursuant to a statewide protocol, a pharmacist may initiate therapy and administer, or both, . . . Naloxone.” Ark. Code. § 17-92-101(17)(A)(i)(h). Effective Aug 1, 2017. In practice, it appears that there is one document that is variously referred to as a protocol and a standing order. https://apa.memberclicks.net/assets/Naloxone/naloxone_protocol.pdf.
- ³⁹ Effective January 1, 2008, California permitted opioid overdose prevention and treatment training programs to dispense and distribute, pursuant to certain restrictions, opioid antagonists only in the counties of Alameda, Fresno, Humboldt, Los Angeles, Mendocino, San Francisco, and Santa Cruz. The geographical distribution was removed effective January 1, 2014.
- ⁴⁰ Law was modified effective January 1, 2011 to provide immunity to people not otherwise authorized to administer naloxone who do so in an emergency without fee if they’d received certain training and believed in good faith that the person to whom they administered the naloxone was experiencing an overdose. Effective Jan. 1, 2015, Cal. Bus.

- & Prof. Code § 4052.01 permits pharmacists to furnish naloxone “in accordance with standardized procedures or protocols developed and approved by both the board and the Medical Board of California, in consultation with the California Society of Addiction Medicine, the California Pharmacists Association, and other appropriate entities.”
- ⁴¹ “A licensed health care provider who acts with reasonable care shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for issuing a prescription.” Cal. Civ. Code § 1714.22(e).
- ⁴² “A person who possesses or distributes an opioid antagonist pursuant to a prescription or standing order shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this possession or distribution.” Cal. Civ. Code § 1714.22(f).
- ⁴³ “Notwithstanding any other law, a person not otherwise licensed to administer an opioid antagonist, but trained as required under paragraph (1) of subdivision (d), who acts with reasonable care in administering an opioid antagonist, in good faith and not for compensation, to a person who is experiencing or is suspected of experiencing an overdose shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this administration.” Cal. Civ. Code § 1714.22(f).
- ⁴⁴ Per Cal. Civ. Code § 1714.22(f), “Notwithstanding any other law, a person who possesses or distributes an opioid antagonist pursuant to a prescription or standing order shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this possession or distribution.”
- ⁴⁵ May prescribe, dispense, distribute, or administer to “a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose.” Cal. Civ. Code § 1714.22(b)-(c).
- ⁴⁶ Standing orders permitted as of January 1, 2014. Stats.2013, c. 707 (A.B.635), § 1. Effective Jan. 1, 2015, pharmacists may furnish naloxone “in accordance with standardized procedures or protocols developed and approved by both the board and the Medical Board of California, in consultation with the California Society of Addiction Medicine, the California Pharmacists Association, and other appropriate entities.” Cal. Bus. & Prof. Code § 4052.01(a).
- ⁴⁷ Formerly located at § 12-36-117.7, relocated to Colo. Rev. Stat. §§ 12-30-110 and 12-240-124 by Laws 2019, Ch. 136, § 1.
- ⁴⁸ Formerly located at 12-42.5-120, relocated to Colo. Rev. Stat. § 12-280-123 by Laws 2019, Ch. 136, § 1.
- ⁴⁹ The relevant laws were modified several times over the years; we have not attempted to list all the changes here. The most recent change modified Colo. Rev. Stat. § 12-30-110 to permit mental health professionals to possess, furnish, and administer an opioid antagonist.
- ⁵⁰ A prescriber or pharmacist who prescribes or dispenses an opioid antagonist is not subject to civil or criminal prosecution. Colo. Rev. Stat. § 12-30-110(4)(a).
- ⁵¹ “Neither a prescriber described in subsection (7)(h)(I) of this section nor a pharmacist engages in unprofessional conduct pursuant to section 12-240-121 or 12-280-126, respectively, and a prescriber described in subsection (7)(h)(II) of this section does not engage in conduct that is grounds for discipline pursuant to section 12-255-120, if the prescriber issues standing orders and protocols regarding opiate antagonists or prescribes or dispenses, or the pharmacist dispenses, pursuant to an order or standing orders and protocols, an opiate antagonist...” Colo. Rev. Stat. § 12-30-110(3).
- ⁵² A prescriber or pharmacist who prescribes or dispenses an opioid antagonist is not subject to civil or criminal prosecution. Colo. Rev. Stat. § 12-30-110(4)(a).
- ⁵³ “A law enforcement agency or first responder; an employee or volunteer of a harm reduction organization; a school district, school, or employee or agent of a school; or a person described in section 25-20.5-1001 acting in accordance with this section is not subject to civil liability or criminal prosecution, as specified in sections 13-21-108.7(3) and 18-1-712(2), respectively.” Colo. Rev. Stat. § 12-30-110(4)(b).
- ⁵⁴ “A law enforcement agency or first responder; an employee or volunteer of a harm reduction organization; a school district, school, or employee or agent of a school; a person described in section 25-20.5-1001; or a mental health professional may, pursuant to an order or standing orders and protocols ...[f]urnish an opiate antagonist to a family member, friend, or other person who is in a position to assist an individual who is at risk of experiencing an opiate-related drug overdose event.” Colo. Rev. Stat. § 12-30-110(1)(b)(II).
- ⁵⁵ May prescribe or dispense to “(II) a family member, friend, or other person in a position to assist an individual at risk of experiencing an opiate-related drug overdose event; (III) an employee or volunteer of a harm reduction organization; (IV) a law enforcement agency or first responder; (V) a school district, school, or employee or agent of a school; or (VI) a person described in section 25-20.5-1001.” Colo. Rev. Stat. § 12-30-110(1)(a)(I)-(VI).
- ⁵⁶ Standing orders permitted effective April 3, 2015. “A prescriber may prescribe or dispense, directly or in accordance with standing orders and protocols, and a pharmacist may dispense, pursuant to an order or standing orders and protocols, an opiate antagonist to...” Colo. Rev. Stat. § 12-30-110(1)(a). A map of pharmacies that dispense pursuant to the standing order is available at <http://stoptheclockcolorado.org/map/>.
- ⁵⁷ Several changes have been made to the law over time. Effective October 1, 2017, pharmacists are permitted to dispense under a “medical protocol standing order”. Conn. Gen. Stat. § 20-633d.
- ⁵⁸ “A licensed health care professional who is permitted by law to prescribe an opioid antagonist may prescribe or dispense an opioid antagonist to any individual to treat or prevent a drug overdose without being liable for damages in a civil action or subject to criminal prosecution for prescribing or dispensing such opioid antagonist or for any subsequent use of such opioid antagonist.” Conn. Gen. Stat. § 17a-714a(b).

- ⁵⁹ “A licensed health care professional who is permitted by law to prescribe an opioid antagonist may prescribe or dispense an opioid antagonist to any individual to treat or prevent a drug overdose without being liable for damages in a civil action or subject to criminal prosecution for prescribing or dispensing such opioid antagonist or for any subsequent use of such opioid antagonist.” Conn. Gen. Stat. § 17a-714a(b).
- ⁶⁰ “A licensed health care professional may administer an opioid antagonist to any person to treat or prevent an opioid-related drug overdose [...] shall not be liable for damages in a civil action or subject to criminal prosecution for administration of such opioid antagonist.” Conn. Gen. Stat. § 17a-714a(c).
- ⁶¹ A prescribing practitioner or a pharmacist certified to prescribe naloxone pursuant to section 20-633c may enter into an agreement with a law enforcement agency, emergency medical service provider, government agency or community health organization related to the distribution and administration of an opioid antagonist for the reversal of an opioid overdose. The prescribing practitioner or pharmacist shall provide training to persons who will distribute or administer the opioid antagonist pursuant to the terms of the agreement. Persons other than the prescribing practitioner or pharmacist shall receive training in the distribution or administration of opioid antagonists prior to distributing or administering an opioid antagonist. The agreement shall address the storage, handling, labeling, recalls and recordkeeping of opioid antagonists by the law enforcement agency, emergency medical service provider, government agency or community health organization which is party to the agreement. Conn. Gen. Stat. § 21a-286(b).
- ⁶² “A licensed health care professional who is permitted by law to prescribe an opioid antagonist may prescribe or dispense an opioid antagonist to any individual...” Conn. Gen. Stat. Ann. § 17a-714a(b).
- ⁶³ A person who is licensed and certified as a pharmacist may prescribe, in good faith, an opioid antagonist. Such pharmacist shall (1) provide appropriate training regarding the administration of such opioid antagonist and (2) maintain a record of such dispensing and the training required. Conn. Gen. Stat. § 20-633c(a). Effective June 30, 2015. A list of pharmacists that are authorized to prescribe naloxone is available at <https://portal.ct.gov/DCP/Drug-Control-Division/Drug-Control/Naloxone-Pharmacies>.
- ⁶⁴ The “medical protocol 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. § 20-633d. Effective Oct. 1, 2017. However, pharmacists who are permitted to prescribe naloxone may do so outside of a pharmacy per protocol that includes syringe and vial, available at https://portal.ct.gov/-/media/DCP/drug_control/Naloxone/NarcanDispensing20161024Protocolpdf.pdf.
- ⁶⁵ D.C. Code § 7-403 was effective March 9, 2013 and has not been modified since that date. D.C. Code § 7-404 was initially effective on February 18, 2017 and was last modified effective April 11, 2019.
- ⁶⁶ “A health care professional or an employee or volunteer of a community-based organization who prescribes, dispenses, or distributes an opioid antagonist in accordance with this section shall be immune from civil or criminal liability for the subsequent use of the opioid antagonist.” D.C. Code § 7-404(f)(1). However, immunity is not be granted if “the health care professional’s actions or the actions of the employee or volunteer of a community-based organization with regard to prescribing, dispensing, or distributing the opioid antagonist constitute recklessness, gross negligence, or intentional misconduct.” D.C. Code § 7-404(f)(1).
- ⁶⁷ “A health care professional or an employee or volunteer of a community-based organization who prescribes, dispenses, or distributes an opioid antagonist in accordance with this section shall be immune from civil or criminal liability for the subsequent use of the opioid antagonist.” D.C. Code § 7-404(f)(1). However, immunity is not be granted if “the health care professional’s actions or the actions of the employee or volunteer of a community-based organization with regard to prescribing, dispensing, or distributing the opioid antagonist constitute recklessness, gross negligence, or intentional misconduct.” D.C. Code § 7-404(f)(1).
- ⁶⁸ Immunity from civil or criminal liability shall apply whether or not the opioid antagonist is administered by or to the person for whom it was prescribed, dispensed, or distributed. D.C. Code § 7-404(f)(2). “Notwithstanding any other law, it shall not be considered a crime for a person to possess or administer an opioid antagonist, nor shall such person be subject to civil liability in the absence of gross negligence, if he or she administers the opioid antagonist: (1) in good faith to treat a person who he or she reasonably believes is experiencing an overdose; (2) outside of a hospital or medical office; and (3) without the expectation of receiving or intending to seek compensation for such service and acts.” D.C. Code § 7-403(f).
- ⁶⁹ 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).
- ⁷⁰ “Notwithstanding any other law, it shall not be considered a crime for a person to possess or administer an opioid antagonist. . .” D.C. Code § 7-403(f).
- ⁷¹ “A health care professional acting in good faith may directly or by standing order prescribe, dispense, and distribute an opioid antagonist to the following persons: (2) a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose; or (3) an employee or volunteer of a community-based organization.” D.C. Code § 7-404(b). “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 may dispense and distribute an opioid antagonist to the following persons: (1) a person at risk of experiencing an opioid-related overdose; or (2) a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose.” D.C. Code § 7-404(c).

- ⁷² It appears that pharmacists were permitted to prescribe naloxone from February 8, 2017 through April 10, 2019. While the language during that period appeared to permit pharmacists to prescribe naloxone if they had completed a training conducted by the Department of Health, the text was modified effective April 11, 2019, to read, “A pharmacist may dispense or distribute, but not prescribe, an opioid antagonist pursuant to a written protocol and standing order.” D.C. Code § 7-404(d)(1)(a).
- ⁷³ Standing orders were permitted as of Feb. 18, 2017. Protocols were added Apr. 11, 2019. See D.C. Code § 7-404.
- ⁷⁴ This is the date in which Del. Code Ann. tit. 16, § 138, relating to community naloxone programs, became effective. Del. Code Ann. tit. 16, § 3001G became effective Aug. 4, 2014.
- ⁷⁵ Protection for pharmacists from disciplinary action, criminal liability, and “liability for damages for injuries or death” unless their actions were the result of unreasonable care, or willful, wanton, or gross negligence was added to Del. Code Ann. tit. 16, § 3001G, effective July 20, 2017. The statute was further modified effective June 13, 2018 to permit public safety personnel (previously ‘peace officers’) to receive, carry, and administer naloxone.
- ⁷⁶ 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 tit. 16, § 3001G(e).
- ⁷⁷ 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 tit. 16, § 3001G(e).
- ⁷⁸ 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 tit. 16, § 3001G(e).
- ⁷⁹ Pharmacists must act with in good faith and with reasonable care and without unreasonable care, willful, wanton, or gross negligence. Del. Code tit. 16, § 3001G(g). This section was added effective July 20, 2017.
- ⁸⁰ Pharmacists must act with in good faith and with reasonable care and without unreasonable care, willful, wanton, or gross negligence. Del. Code tit. 16, § 3001G(g).
- ⁸¹ Pharmacists must act with in good faith and with reasonable care and without unreasonable care, willful, wanton, or gross negligence. Del. Code tit. 16, § 3001G(g).
- ⁸² The law contains an immunity provision, but it applies only to “Public safety personnel who, acting in good faith and after completing a Department-approved training course, administers the drug naloxone to an individual whom the public safety personnel reasonably believes to be undergoing an opioid-related drug overdose..., unless it is established that such injuries or death were caused wilfully, wantonly, recklessly, or by gross negligence on the part of the public safety personnel who administered the drug.” Del. Code tit. 16, § 3001G(b).
- ⁸³ 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 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. 12, 2021) (“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.”).
- ⁸⁴ 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 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 tit. 16, § 3001G(e).
- ⁸⁵ While the statute does not require that individuals receive training before obtaining naloxone, a physician is only entitled to immunity if the person has been so trained. Del. Code tit. 16, § 3001G(e).
- ⁸⁶ Minor change to permit crime laboratory personnel to possess, store, and administer naloxone, effective Oct. 1, 2017.
- ⁸⁷ “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. § 381.887(5).
- ⁸⁸ 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 is afforded the civil liability immunity protections. Fla. Stat. § 381.887(5). A dispensing health care practitioner or pharmacist, acting in good faith and exercising reasonable care, is not subject to discipline or other adverse action under any professional licensure statute or rule and is immune from any civil or criminal liability as a result of dispensing an emergency opioid antagonist. Fla. Stat. § 381.887(6)(b).
- ⁸⁹ “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. § 381.887(5).
- ⁹⁰ “The following persons are authorized to possess, store, and administer emergency opioid antagonists as clinically indicated: (a) emergency responders, including, but not limited to, law enforcement officers, paramedics, and emergency medical technicians; (b) crime laboratory personnel for the statewide criminal analysis laboratory system as described in s. 943.32, including, but not limited to, analysts, evidence intake personnel, and their supervisors.” Fla. Stat. § 381.887(4)(a)-(b). While the drafters may not have

intended for this section to include possession of non-prescribed naloxone, the text appears to authorize such possession. Regardless, the statute does not permit laypeople to possess naloxone that has not been prescribed.

⁹¹ Authorized health care practitioners are permitted to prescribe to patients and caregivers. Fla. Stat. § 381.887(3). Caregiver is defined as family member, friend, or person in a position to have recurring contact with a person at risk of experiencing an opioid overdose. Fla. Stat. § 381.887(1)(c).

⁹² Applies only to auto-injection delivery systems or intranasal application delivery systems. Fla. Stat. § 381.887(3). Added July 1, 2016. Laws 2016, c. 2016-145, § 1.

⁹³ Effective April 18, 2017, law was amended to reference a standing order issued by the state health officer pursuant to Ga. Code Ann. § 31-1-10, and to require every pharmacy in the state to retain a copy of that standing order.

⁹⁴ “The following individuals shall be immune from any civil liability, criminal responsibility, or professional licensing sanctions for the following actions authorized by this Code section: (1) Any practitioner acting in good faith and in compliance with the standard of care applicable to that practitioner who prescribes an opioid antagonist pursuant to subsection (b) of this Code section.” Ga. Code Ann. § 26-4-116.2(e)(1).

⁹⁵ “The following individuals shall be immune from any civil liability, criminal responsibility, or professional licensing sanctions for the following actions authorized by this Code section: (2) any practitioner or pharmacist acting in good faith and in compliance with the standard of care applicable to that practitioner or pharmacist who dispenses an opioid antagonist pursuant to a prescription issued in accordance with subsection (b) of this Code section.” Ga. Code Ann. § 26-4-116.2(e)(2).

⁹⁶ “The following individuals shall be immune from any civil liability, criminal responsibility, or professional licensing sanctions for the following actions authorized by this Code section: (4) any person acting in good faith, other than a practitioner, who administers an opioid antagonist pursuant to subsection (d) of this Code section.” Ga. Code Ann. § 26-4-116.2(e)(4).

⁹⁷ 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).

⁹⁸ “...to a person at risk of experiencing an opioid related overdose or to a pain management clinic, first responder, harm reduction organization, family member, friend, or other person in a position to assist a person at risk of experiencing an opioid related overdose. Ga. Code Ann. § 26-4-116.2(b).

⁹⁹ 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, the most recent of which was effective March 6, 2019, <https://dph.georgia.gov/naloxone>.

¹⁰⁰ A health care professional or pharmacist who, acting in good faith and with reasonable care, shall not be subject to any criminal or civil liability or any professional disciplinary action for “(1) prescribing, dispensing, or distributing the opioid antagonist; and (2) any outcomes resulting from the eventual administration of the opioid antagonist.” Haw. Rev. Stat. §§ 329E-2(b)(1)-(2).

¹⁰¹ A health care professional or pharmacist who, acting in good faith and with reasonable care, shall not be subject to any criminal or civil liability or any professional disciplinary action for “(1) prescribing, dispensing, or distributing the opioid antagonist; and (2) any outcomes resulting from the eventual administration of the opioid antagonist.” Haw. Rev. Stat. §§ 329E-2(b)(1)-(2).

¹⁰² “A person who, acting in good faith and with reasonable care, administers an opioid antagonist to another person whom the person believes to be suffering an opioid-related drug overdose shall be immune from criminal prosecution, sanction under any professional licensing law, and civil liability for acts or omissions resulting from the administration.” Haw. Rev. Stat. §§ 329E-2(d).

¹⁰³ A person or harm reduction organization acting under a standing order may distribute an opioid antagonist. Haw. Rev. Stat. §§ 329E-5. “The department of health shall work with community partners to provide or establish any of the following: (3) opioid antagonist prescription and distribution projects.” Haw. Rev. Stat. §§ 329E-7(3).

¹⁰⁴ Notwithstanding any other law to the contrary, any person may lawfully possess an opioid antagonist. Haw. Rev. Stat. §§ 329E-2(c).

¹⁰⁵ “Notwithstanding any other law to the contrary, a health care professional otherwise authorized to prescribe an opioid antagonist may, directly or by standing order, prescribe, dispense, and distribute an opioid antagonist to: (1) An individual at risk of experiencing an opioid-related drug overdose; (2) Another person in a position to assist an individual at risk of experiencing an opioid-related drug overdose; or (3) A harm reduction organization. Haw. Rev. Stat. § 329E-2(a)

¹⁰⁶ “Notwithstanding any other law to the contrary, a health care professional otherwise authorized to prescribe an opioid antagonist may, directly or by standing order, prescribe, dispense, and distribute an opioid antagonist...” Haw. Rev. Stat. §§ 329E-2(a).

¹⁰⁷ “A person in a position to assist or a prescriber of an opioid antagonist who has acted reasonably and in good faith shall not be liable for any injury arising from the provision, administration, or assistance in the administration of an opioid antagonist.” Iowa Code § 135.190(4).

¹⁰⁸ A person in a position to assist or a prescriber of an opioid antagonist who has acted reasonably and in good faith shall not be liable for any injury arising from the provision, administration, or assistance in the administration of an opioid antagonist.” Iowa Code § 135.190(4).

¹⁰⁹ 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, e.g., Iowa Harm Reduction Coalition Naloxone Standardized Procedure, https://www.iowaharmreductioncoalition.org/wp-content/uploads/2018/06/StandingOrder2.0_IHRC_April2018.compressed.pdf.

- ¹¹⁰ There is a potential argument that a person in a position to assist is authorized to possess naloxone even without a prescription: “A person in a position to assist may possess and provide or administer an opioid antagonist to an individual if the person in a position to assist reasonably and in good faith believes that such individual is experiencing an opioid-related overdose.” Iowa Code Ann. § 135.190(3).
- ¹¹¹ Notwithstanding any other provision of law to the contrary, a licensed health care professional may prescribe an opioid antagonist to a person in a position to assist. Iowa Code § 135.190(2)(a).
- ¹¹² Iowa law does not clearly permit a prescriber to issue a standing order but permits a pharmacist to dispense under one. Iowa Code § 147A.18(b)(1) (“Notwithstanding any other provision of law to the contrary, a pharmacist licensed under chapter 155A may, by standing order or through collaborative agreement, dispense, furnish, or otherwise provide an opioid antagonist in the name of a service program, law enforcement agency, or fire department to be maintained for use as provided in this section.”). A statewide standing order for pharmacy dispensing has been issued by the Department of Public Health:
https://pharmacy.iowa.gov/sites/default/files/documents/2020/10/iowa_naloxone_standing_order_-_092120.pdf.
- ¹¹³ “A pharmacist may, pursuant to statewide protocols developed by the board in consultation with the department of public health and consistent with subsection 2, order and administer the following to patients ages eighteen years and older: (1) Naloxone.” Iowa Code §155A.46(1)(a).
- ¹¹⁴ Effective July 1, 2019, language was changed from “prescriber or pharmacist” to “health professional licensed or registered under this title”. Language was also changed to permit dispensing in addition to prescribing. Additionally, language requiring the department of health and welfare to create an online educational program was removed.
- ¹¹⁵ Any person who prescribes, dispenses, or administers an opioid antagonist shall not be liable in a civil or administrative action or subject to criminal prosecution for such acts. Idaho Code Ann. § 54-1733B(3). An opioid antagonist may be prescribed to “(a) a person at risk of experiencing an opiate-related overdose; (b) a person in a position to assist a person at risk of experiencing an opiate-related overdose; (c) a person who, in the course of his official duties or business, may encounter a person experiencing an opiate-related overdose; or (d) a person who, in the opinion of the health professional licensed or registered under this title, has valid reason to be in the possession of an opioid antagonist.” Idaho Code Ann. § 54-1733B(1)(a)-(d).
- ¹¹⁶ Any person who prescribes, dispenses, or administers an opioid antagonist shall not be liable in a civil or administrative action or subject to criminal prosecution for such acts. Idaho Code Ann. § 54-1733B(3). An opioid antagonist may be prescribed to “(a) a person at risk of experiencing an opiate-related overdose; (b) a person in a position to assist a person at risk of experiencing an opiate-related overdose; (c) a person who, in the course of his official duties or business, may encounter a person experiencing an opiate-related overdose; or (d) a person who, in the opinion of the health professional licensed or registered under this title, has valid reason to be in the possession of an opioid antagonist.” Idaho Code Ann. § 54-1733B(1)(a)-(d).
- ¹¹⁷ Any person who prescribes, dispenses, or administers an opioid antagonist shall not be liable in a civil or administrative action or subject to criminal prosecution for such acts. Idaho Code Ann. § 54-1733B(3). An opioid antagonist may be prescribed to “(a) a person at risk of experiencing an opiate-related overdose; (b) a person in a position to assist a person at risk of experiencing an opiate-related overdose; (c) a person who, in the course of his official duties or business, may encounter a person experiencing an opiate-related overdose; or (d) a person who, in the opinion of the health professional licensed or registered under this title, has valid reason to be in the possession of an opioid antagonist.” Idaho Code Ann. § 54-1733B(1)(a)-(d). Additionally, notwithstanding any other provision of law, any person acting in good faith and exercising reasonable care may administer an opioid antagonist to another person who appears to be experiencing an opiate-related overdose. Idaho Code Ann. § 54-1733B(2).
- ¹¹⁸ Naloxone may be prescribed and dispensed to: (b) A person in a position to assist a person at risk of experiencing an opiate-related overdose; (c) A person who, in the course of his official duties or business, may encounter a person experiencing an opiate-related overdose; or (d) A person who, in the opinion of the health professional licensed or registered under this title, has valid reason to be in the possession of an opioid antagonist. Idaho Code Ann. § 54-1733B(1).
- ¹¹⁹ As of July 1, 2019, law was amended to permit “any health professional licensed or registered under this title, acting in good faith and exercising reasonable care;” to prescribe and dispense an opioid antagonist” Previous language was limited to physicians and pharmacists. Idaho Code Ann. § 54-1733B(1).
- ¹²⁰ Statute has been modified several times, mostly in ways that do not impact this table. Numerous changes were made effective September 9, 2015, including statewide protocol distribution, criminal immunity for physicians, civil immunity for pharmacists and lay administrators. Certain programmatic elements that suggest lay distribution were added August 9, 2019.
- ¹²¹ “A healthcare professional who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antagonist to: (a) a patient who, in the judgment of the health care professional, is capable of administering the drug in an emergency, or (b) a person who is not at risk of opioid overdose but who, in the judgment of the health care professional, may be in a position to assist another individual during an opioid-related drug overdose and who has received basic instruction on how to administer an opioid antagonist” shall not be subject to: (i) any disciplinary or (ii) any criminal liability, except for willful and wanton misconduct. 20 Ill. Comp. Stat. § 301/5-23(d)(1). This provision was added Sept. 9, 2015.
- ¹²² Pharmacists receive civil immunity only when dispensing naloxone pursuant to a statewide protocol or standing order, and only if they act “without fee or compensation in any way”. This provision was added Sept. 9, 2015. 745 Ill. Comp. Stat. 49/36.

- ¹²³ “A healthcare professional who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antagonist to: (a) a patient who, in the judgment of the health care professional, is capable of administering the drug in an emergency, or (b) a person who is not at risk of opioid overdose but who, in the judgment of the health care professional, may be in a position to assist another individual during an opioid-related drug overdose and who has received basic instruction on how to administer an opioid antagonist” shall not be subject to: (i) any disciplinary or (ii) any criminal liability, except for willful and wanton misconduct. 20 Ill. Comp. Stat. § 301/5-23(d)(1).
- ¹²⁴ A non-licensed person may in an emergency administer an opioid antagonist if the person has received the patient information and believes in good faith that another person is experiencing a drug overdose. The non-licensed individual is not subject to any criminal prosecution or civil liability, except for willful and wanton misconduct. 20 Ill. Comp. Stat. § 301/5-23(d)(2). Civil liability was added Sept. 9, 2015.
- ¹²⁵ Statute permits the Department to “promote the following programmatic elements” in drug overdose prevention programming including “Directly distributing opioid antagonists approved for the reversal of an opioid overdose rather than providing prescriptions to be filled at a pharmacy.” 20 Ill. Comp. Stat. § 301/5-23(b)(4). This provision was added effective August 9, 2019. Further, the state’s “Naloxone Standardized Procedure” permits naloxone entities, including non-pharmacy OEND programs, to obtain and distribute naloxone. See <http://www.dph.illinois.gov/sites/default/files/Naloxone-SO-Procedures.pdf>.
- ¹²⁶ “The Department may establish or authorize programs for prescribing, dispensing, or distributing opioid antagonists for the treatment of drug overdose. Such programs may include the prescribing of opioid antagonists for the treatment of drug overdose to a person who is not at risk of opioid overdose but who, in the judgment of the health care professional, may be in a position to assist another individual during an opioid-related drug overdose and who has received basic instruction on how to administer an opioid antagonist.” 20 Ill. Comp. Stat. § 301/5-23(b)(1).
- ¹²⁷ Standing orders were permitted in the original legislation, effective Jan 1, 2010. Pharmacist dispensing via protocol has been permitted since Sept. 9, 2015. 225 Ill. Comp. Stat. § 85/19.1. In practice, the state has issued a “standardized procedure” and issues standing orders upon request.
- ¹²⁸ Effective July 1, 2016, additional requirements were added for entities acting under a standing order. A requirement for a statewide standing order was also enacted. July 1, 2019 amendments were not substantive.
- ¹²⁹ Except for an act of gross negligence or willful misconduct, a prescriber who prescribes an overdose intervention drug in compliance with this chapter is immune from civil liability arising from those actions. Ind. Code § 16-42-27-3(a).
- ¹³⁰ Except for an act of gross negligence or willful misconduct, a prescriber or pharmacist who dispenses an overdose intervention drug in compliance with this chapter is immune from civil liability arising from those actions. Ind. Code § 16-42-27-3(a)-(b).
- ¹³¹ 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 § 16-31-6-2.5. Additionally, “an individual or entity described in section 2(a)(1) of this chapter” is immune from civil liability “for administering an overdose intervention drug in good faith.” Ind. Code § 16-42-27-3(c)(2). This includes “(a) a person at risk of experiencing an opioid-related overdose; or (b) a family member, a friend, or any other individual or entity in a position to assist an individual who, there is reason to believe, is at risk of experiencing an opioid-related overdose.” Ind. Code § 16-42-27-2(a)(1)(A)-(B).
- ¹³² While the text of the law is not 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>.
- ¹³³ “The overdose intervention drug is dispensed or prescribed to a family member, a friend, or any other individual or entity in a position to assist an individual who, there is reason to believe, is at risk of experiencing an opioid-related overdose.” Ind. Code § 16-42-27-2(a)(1)(B).
- ¹³⁴ “A prescriber may, directly or by standing order, prescribe or dispense an overdose intervention drug without examining the individual to whom it may be administered...” Ind. Code § 16-42-27-2(a).
- ¹³⁵ 2019 amendments were not substantive for purposes of this table; they modified the definition of “first responder” to include “emergency medical services provider”.
- ¹³⁶ “Any healthcare provider or pharmacist who, in good faith and with reasonable care, prescribes or dispenses an emergency opioid antagonist pursuant to this section shall not, by an act or omission, be subject to civil liability, criminal prosecution or any disciplinary or other adverse action.” Kan. Stat. Ann. §65-16,127(g)(1).
- ¹³⁷ “Any healthcare provider or pharmacist who, in good faith and with reasonable care, prescribes or dispenses an emergency opioid antagonist pursuant to this section shall not, by an act or omission, be subject to civil liability, criminal prosecution or any disciplinary or other adverse action.” Kan. Stat. Ann. §65-16,127(g)(1).
- ¹³⁸ “Any patient, bystander, school nurse, or a first responder, scientist or technician operating under a first responder agency, who, in good faith and with reasonable care, receives and administers an emergency opioid antagonist pursuant to this section to a person experiencing a suspected opioid overdose shall not, by an act or omission, be subject to civil liability or criminal prosecution.” Kan. Stat. Ann. §65-16,127(g)(2). This immunity also applies to “any first responder agency employing or contracting any person that, in good faith and with reasonable care, administers an emergency opioid.” Kan. Stat. Ann. §65-16,127(g)(3).

- ¹³⁹ “A pharmacist may furnish an emergency opioid antagonist to a patient or bystander subject to the requirements of this section;” “Bystander” means a family member, friend, caregiver or other person in a position to assist a person who the family member, friend, caregiver or other person believes, in good faith, to be experiencing an opioid overdose.” Kan. Stat. Ann. § 65-16,127(c); (a)(1).
- ¹⁴⁰ Statute requires the state board of pharmacy to issue a statewide “opioid antagonist protocol that establishes requirements for a licensed pharmacist to dispense emergency opioid antagonists to a person pursuant to this section.” Kan. Stat. Ann. §65-16,127(b). The protocol appears to be the functional equivalent of a standing order. See <https://pharmacy.ks.gov/docs/default-source/Naloxone/naloxone-statewide-protocol---copy.pdf?sfvrsn=0>.
- ¹⁴¹ The original statute provided that a licensed health care provider who prescribed, directly or by standing order, or dispensed naloxone to a patient capable of administering it in an overdose “shall not” be subject to disciplinary or other adverse action under professional licensing statutes for those actions. It permitted the prescription to include authorization for administration of naloxone to a third party, so long as they “indicate the need for the third party upon administering the drug to immediately notify a local public safety answering point of the situation necessitating the administration.” A person acting in good faith who administered naloxone as a third party was provided immunity from criminal and civil liability for that administration, so long as they did not act with gross negligence or willful or wanton misconduct. Amendments effective March 25, 2015 permitted “a person or agency” including but not limited to peace officers, jailers, firefighters, paramedics, EMTs, and school employees to receive, possess, and administer naloxone, and provided civil and criminal immunity to them. Further, these amendments directed the Board of Pharmacy, in consultation with the Board of Medical Licensure, to promulgate administrative regulations regarding a clinical protocol for naloxone. They also permitted schools to keep naloxone on the premises and administer it as necessary. Amendments effective June 27, 2019 gave pharmacists the ability to use the protocol to dispense naloxone to “any person or agency who provides training on the mechanism and circumstances for the administration of naloxone to the public as part of a harm reduction program, regardless of whom the ultimate user of the naloxone may be.” Ky. Rev. Stat. Ann. § 217.186(7).
- ¹⁴² A licensed health-care provider who, acting in good faith, directly or by standing order, prescribes or dispenses the drug naloxone to a person or agency who, in the judgment of the health-care provider, is capable of administering the drug for an emergency opioid overdose shall not be subject to disciplinary or other adverse action. Ky. Rev. Stat. Ann. § 217.186(1).
- ¹⁴³ A licensed health-care provider who, acting in good faith, directly or by standing order, prescribes or dispenses the drug naloxone to a person or agency who, in the judgment of the health-care provider, is capable of administering the drug for an emergency opioid overdose shall not be subject to disciplinary or other adverse action. Ky. Rev. Stat. Ann. § 217.186(1).
- ¹⁴⁴ A person acting in good faith who administers naloxone shall be immune from criminal and civil liability for the administration, unless personal injury results from the gross negligence or willful or wanton misconduct of the person administering the drug. Ky. Rev. Stat. Ann. § 217.186(4).
- ¹⁴⁵ While the law does not explicitly authorize harm reduction organizations to distribute naloxone, effective June 27, 2019, Ky. Rev. Stat. Ann. § 217.186(7) authorizes pharmacists to dispense naloxone to those organizations “regardless of whom the ultimate user of the naloxone may be.”
- ¹⁴⁶ A prescription for naloxone may include authorization for administration of the drug to the person for whom it is prescribed by a third party if the prescribing instructions indicate the need for the third party upon administering the drug to immediately notify a local public safety answering point of the situation necessitating the administration. Ky. Rev. Stat. Ann. § 217.186(2). A 3rd party could consist of a person or agency, including “a peace officer, jailer, firefighter, paramedic, or emergency medical technician or a school employee authorized to administer medication.” Ky. Rev. Stat. Ann. § 217.186(3). They can “(a) receive a prescription for the drug naloxone; (b) possess naloxone pursuant to this subsection and any equipment needed for its administration; and (c) administer naloxone to an individual suffering from an apparent opiate-related overdose.” Ky. Rev. Stat. Ann. § 217.186(3)(a)-(c).
- ¹⁴⁷ State law requires the state board of pharmacy to “promulgate administrative regulations governing dispensing of naloxone by a pharmacist pursuant to a physician-approved protocol.” Ky. Rev. Stat. Ann. § 217.186(5); 201 Ky. Admin. Regs. 2:360. This protocol is the functional equivalent of a standing order, https://pharmacy.ks.gov/docs/default-source/Naloxone/naloxone-statewide-protocol---blank.pdf?sfvrsn=c409a601_2.
- ¹⁴⁸ Law was modified effective June 6, 2016 to permit pharmacists to dispense naloxone pursuant to a standing order, to permit “a person or organization acting pursuant to a standing order issued by a healthcare professional who is authorized to prescribe naloxone or another opioid antagonist may store naloxone or another opioid antagonist and may dispense naloxone or another opioid antagonist if such activities are performed without charge or compensation,” and to permit “any person” to possess naloxone or another opioid antagonist.
- ¹⁴⁹ “A licensed medical practitioner who, in good faith, prescribes or dispenses naloxone or another opioid antagonist pursuant to Subsection A of this Section shall not, as a result of any act or omission, be subject to civil liability, criminal prosecution, or disciplinary or other adverse action under any professional licensing statute.” La. Stat. Ann. § 40:978.2(B).
- ¹⁵⁰ “A licensed medical practitioner who, in good faith, prescribes or dispenses naloxone or another opioid antagonist pursuant to Subsection A of this Section shall not, as a result of any act or omission, be subject to civil liability, criminal prosecution, or disciplinary or other adverse action under any professional licensing statute.” La. Stat. Ann. § 40:978.2(B).

- ¹⁵¹ “A person acting in good faith who [...] receives and administers naloxone or another opioid antagonist to a person reasonably believed to be undergoing an opioid-related drug overdose shall be immune from criminal and civil liability for the administration, unless personal injury results from the gross negligence or willful or wanton misconduct in the administration of the drug.” La. Stat. Ann. § 40:978.2(F).
- ¹⁵² Louisiana also provides immunity to first responders who administer naloxone without a prescription. La. Stat. Ann. § 14:403.11.
- ¹⁵³ “Notwithstanding any other provision of law or regulation, a person or organization acting pursuant to a standing order issued by a healthcare professional who is authorized to prescribe naloxone or another opioid antagonist may store naloxone or another opioid antagonist and may dispense naloxone or another opioid antagonist if such activities are performed without charge or compensation.” La. Stat. Ann. § 40:978.2(D).
- ¹⁵⁴ Notwithstanding any other provision of law or regulation, any person may lawfully possess naloxone or another opioid antagonist. La. Stat. Ann. § 40:978.2(E).
- ¹⁵⁵ “A licensed medical practitioner may, directly or by standing order, prescribe or dispense the drug naloxone or another opioid antagonist without having examined the individual to whom it may be administered.” La. Stat. Ann. § 40:978.2(A).
- ¹⁵⁶ “A licensed medical practitioner may, directly or by standing order, prescribe or dispense the drug naloxone or another opioid antagonist without having examined the individual to whom it may be administered.” La. Stat. Ann. § 40:978.2(A).
- ¹⁵⁷ Modified to require that a statewide standing order be issued and to provide immunity for pharmacists who dispense naloxone pursuant to it.
- ¹⁵⁸ “Except for an act of gross negligence or willful misconduct, a pharmacist who, acting in good faith, dispenses an opioid antagonist shall not be subject to any criminal or civil liability or any professional disciplinary action [...] for the use or administration of an opioid antagonist.” Mass. Gen. Laws Ann. ch. 94C, §§ 19B(c). These immunities also extend to a commissioner, a physician who issues the statewide standing order, and any practitioner, who prescribes or dispenses an opioid antagonist. Mass. Gen. Laws ch. 94C, §§ 19B(f).
- ¹⁵⁹ “Except for an act of gross negligence or willful misconduct, a pharmacist who, acting in good faith, dispenses an opioid antagonist shall not be subject to any criminal or civil liability or any professional disciplinary action [...] for the use or administration of an opioid antagonist.” Mass. Gen. Laws Ann. ch. 94C, §§ 19B(c). These immunities also extend to a commissioner, a physician who issues the statewide standing order, and any practitioner, who prescribes or dispenses an opioid antagonist. Mass. Gen. Laws ch. 94C, §§ 19B(f).
- ¹⁶⁰ “A person who, acting in good faith, administers an opioid antagonist to an individual appearing to experience an opioid-related overdose shall not be subject to any criminal or civil liability or any professional disciplinary action.” Mass. Gen. Laws ch. 94C, §§ 19B(g). “Any person who, in good faith, attempts to render emergency care by administering naloxone or any other opioid antagonist, to a person reasonably believed to be experiencing an opiate-related overdose, shall not be liable for acts or omissions resulting from the attempt to render this emergency care; provided, however, that this section shall not apply to acts of gross negligence or willful or wanton misconduct.” Mass. Gen. Laws ch. 112 § 12FF.
- ¹⁶¹ “Naloxone or other opioid antagonist may lawfully be prescribed and dispensed to a person at risk of experiencing an opiate-related overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose.” Mass. Gen. Laws ch. 94C, §§ 19(d).
- ¹⁶² Standing orders were first permitted July 1, 2014. St.2014, c. 165, § 132.
- ¹⁶³ Maryland law previously required that individuals receive a certificate before obtaining naloxone from the Overdose Response Program. That requirement was lifted eff. June 1, 2017.
- ¹⁶⁴ A cause of action may not arise against any licensed health care provider or pharmacist when in good faith prescribe or dispense naloxone. Md. Code, Health-Gen. § 13-3108(b).
- ¹⁶⁵ A licensed health care provider who prescribes naloxone may not be subject to any disciplinary action for the act of prescribing naloxone. Md. Code, Health-Gen. § 13-3107(c).
- ¹⁶⁶ A cause of action may not arise against any licensed health care provider or pharmacist when in good faith prescribe or dispense naloxone. Md. Code, Health-Gen. § 13-3108(b).
- ¹⁶⁷ A licensed health care provider who dispenses naloxone may not be subject to any disciplinary action for the act of dispensing naloxone. Md. Code, Health-Gen. § 13-3107(c).
- ¹⁶⁸ An individual who administers naloxone to an individual who is or in good faith is believed to be experiencing an opioid overdose shall have immunity from civil liability. Md. Code, Health-Gen. § 13-3107(a).
- ¹⁶⁹ “A person who dispenses naloxone in accordance with this subtitle is exempt from any laws that require a person to maintain a permit to dispense prescription drugs.” Md. Code, Health-Gen. § 13-3109.
- ¹⁷⁰ “A licensed health care provider with prescribing authority may prescribe and dispense naloxone to an individual who: (1) Is believed by the licensed health care provider to be at risk of experiencing an opioid overdose; or (2) Is in a position to assist an individual at risk of experiencing an opioid overdose. Md. Code, Health-Gen. § 13-3106(a).

- ¹⁷¹ “A licensed health care provider with prescribing authority may prescribe and dispense naloxone by issuing a standing order...” Md. Code, Health-Gen. § 13-3106(b). Originally effective Oct 1, 2015 as Md. Code, Health-Gen. § 13-3108.
- ¹⁷² “A pharmacist may dispense naloxone in accordance with a therapy management contract under Title 12, Subtitle 6A of the Health Occupations Article.” Md. Code, Health-Gen. § 13-3106(c). A therapy management contract under Maryland law is the equivalent of what other states refer to as a collaborative practice agreement.
- ¹⁷³ “An authorized private or public entity 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 in accordance with this subtitle.” Md. Code, Health-Gen. § 13-3104. This is the functional equivalent of a standing order.
- ¹⁷⁴ Law has been modified several times. September 2019 change was to require recovery residences to store and dispense naloxone, provide training in administration of naloxone, and require distribute unit-of-use packages of naloxone to recover residences. Me. Stat. tit. 22, § 2353(4-A).
- ¹⁷⁵ “A health care professional or a pharmacist, acting in good faith and with reasonable care, is immune from criminal and civil liability and is not subject to professional disciplinary action for storing, dispensing or prescribing naloxone hydrochloride.” Me. Stat. tit. 22, § 2353(5)(A).
- ¹⁷⁶ “A health care professional or a pharmacist, acting in good faith and with reasonable care, is immune from criminal and civil liability and is not subject to professional disciplinary action for storing, dispensing or prescribing naloxone hydrochloride.” Me. Stat. tit. 22, § 2353(5)(A).
- ¹⁷⁷ “A person, acting in good faith and with reasonable care, is immune from criminal and civil liability and is not subject to professional disciplinary action for administering naloxone hydrochloride to an individual whom the person believes in good faith is experiencing an opioid-related drug overdose or for any outcome resulting from such actions.” Me. Stat. tit. 22, § 2353(5)(B).
- ¹⁷⁸ “Notwithstanding any other provision of law, an overdose prevention program established under this subsection may store and dispense naloxone hydrochloride without being subject to the provisions of Title 32, chapter 117 as long as these activities are undertaken without charge or compensation.” Me. Stat. tit. 22, § 2353(4)(A).
- ¹⁷⁹ “A health care professional may directly or by standing order prescribe naloxone hydrochloride to a member of an individual's immediate family or a friend of the individual or to another person in a position to assist the individual if the individual is at risk of experiencing an opioid-related drug overdose.” Me. Stat. tit. 22, § 2353(2)(C).
- ¹⁸⁰ Statute authorizing pharmacists to prescribe naloxone was effective June 24, 2017. Me. Stat. tit. 22, § 2353(2)(A-1); (C-1). “The board by rule shall establish standards for authorizing pharmacists to prescribe and dispense naloxone hydrochloride in accordance with Title 22, section 2353, subsection 2, paragraphs A-1 and C-1. The rules must establish adequate training requirements and protocols for prescribing and dispensing naloxone hydrochloride when there is no prescription drug order, standing order or collaborative practice agreement authorizing naloxone hydrochloride to be dispensed to the intended recipient. Rules adopted under this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A. A pharmacist authorized by the board pursuant to this subsection to prescribe and dispense naloxone hydrochloride may prescribe and dispense naloxone hydrochloride in accordance with Title 22, section 2353, subsection 2, paragraphs A-1 and C-1.” Me. Stat. tit. 32, § 13815. The relevant rules were not adopted until May 23, 2018. 02-392-40 Me. Code R. § 6.
- ¹⁸¹ “A health care professional may directly or by standing order prescribe naloxone hydrochloride to an individual at risk of experiencing an opioid-related drug overdose.” Me. Stat. tit. 22, § 2353(2)(A). This provision was added effective Oct. 15, 2015.
- ¹⁸² Minor changes to add agencies authorized to purchase, possess, and distribute naloxone to the list of individuals who may receive naloxone.
- ¹⁸³ “A prescriber who issues a prescription for or a dispensing prescriber or pharmacist who dispenses an opioid antagonist as authorized under this section is not liable in a civil action for a properly stored and dispensed opioid antagonist that was a proximate cause of injury or death to an individual due to the administration of or failure to administer the opioid antagonist.” Mich. Comp. Laws § 333.17744b(5).
- ¹⁸⁴ “A prescriber who issues a prescription for or a dispensing prescriber or pharmacist who dispenses an opioid antagonist as authorized under this section is not liable in a civil action for a properly stored and dispensed opioid antagonist that was a proximate cause of injury or death to an individual due to the administration of or failure to administer the opioid antagonist.” Mich. Comp. Laws § 333.17744b(5).
- ¹⁸⁵ “An individual who in good faith believes that another individual is suffering the immediate effects of an opioid-related overdose and who administers an opioid antagonist to the other individual is not liable in a civil action for damages resulting from the administration.” Some restrictions apply. Mich. Comp. Laws § 691.1503(1).
- ¹⁸⁶ “A person that administers an opioid antagonist to an individual who he or she believes is suffering an opioid-related overdose and that acts in good faith and with reasonable care is immune from criminal prosecution or sanction under any professional licensing act for that act.” Mich. Comp. Laws § 333.17744c.
- ¹⁸⁷ Notwithstanding any provision of this act to the contrary, a person that is acting in good faith and with reasonable care may possess and dispense an opioid antagonist. Mich. Comp. Laws § 333.17744b(3).
- ¹⁸⁸ Notwithstanding any provision of this act to the contrary, a person that is acting in good faith and with reasonable care may possess and dispense an opioid antagonist. Mich. Comp. Laws § 333.17744b(3).
- ¹⁸⁹ “Notwithstanding any provision of this act to the contrary, a prescriber may issue a prescription for and a dispensing prescriber or pharmacist may dispense an opioid antagonist to any of the following:(a) An individual patient at risk of experiencing an opioid-related overdose.(b) A family member, friend, or other individual in a position to assist

an individual at risk of experiencing an opioid-related overdose. (c) A person other than an individual that meets all of the following requirements..." Mich. Comp. Laws § 333.17744b(1).

¹⁹⁰ "Notwithstanding any provision of this act to the contrary, the chief medical executive in the office of chief medical executive created within the department of health and human services may issue a standing order that does not identify particular patients at the time it is issued for the purpose of a pharmacist dispensing opioid antagonists to individuals under this section." Mich. Comp. Laws § 333.17744e(1). This provision was effective March 28, 2017.

¹⁹¹ Minn. Stat. § 604A.04 was effective on May 10, 2014. Minn. Stat. Ann. § 151.37, which requires a protocol for pharmacy naloxone access, was effective May 20, 2016.

¹⁹² Applies only to licensed health care professionals who are permitted by law to prescribe an opiate antagonist. Minn. Stat. § 604A.04 Subd. 3.

¹⁹³ Applies only to licensed health care professionals who are permitted by law to prescribe an opiate antagonist. Minn. Stat. § 604A.04 Subd. 3. Because pharmacists cannot be a prescriber of record, it is unlikely that they are covered by this provision.

¹⁹⁴ "A person who is not a health care professional who acts in good faith in administering an opiate antagonist to another person whom the person believes in good faith to be suffering a drug overdose is immune from criminal prosecution for the act and is not liable for any civil damages for acts or omissions resulting from the act." Minn. Stat. § 604A.0 Subd. 2(b).

¹⁹⁵ While the law does not explicitly permit third party prescribing, 604A.04 does not explicitly limit the person to which naloxone may be prescribed to any one category of persons. Additionally, 151.37 Subd. 12 allows prescribers to "authorize" the administration of naloxone by certain groups of people, including certain laypersons. Further, the Minnesota Department of Health's website states that, "Pharmacists, in collaboration with a registered practitioner, may enter into a written protocol to provide naloxone to persons at risk for, or know of someone at risk for, opioid overdose." <https://www.health.state.mn.us/communities/opioids/mnresponse/naloxoneaccess.html>.

¹⁹⁶ "A licensed health care professional who is permitted by law to prescribe an opiate antagonist, if acting in good faith, may directly or by standing order prescribe, dispense, distribute, or administer an opiate antagonist..." Minn. Stat. § 604A.04 Subd. 3.

¹⁹⁷ "The board shall develop an opiate antagonist protocol. When developing the protocol, the board shall consult with the Board of Medical Practice, the Board of Nursing, the commissioner of health, and professional associations of pharmacists, physicians, physician assistants, and advanced practice registered nurses." Minn. Stat. § 151.37 subd. 13. The protocol is available at https://mn.gov/boards/assets/Opiate%20Antagonist%20Protocol%20Revision%2009302016_tcm21-381377.pdf.

¹⁹⁸ Modified Aug. 28, 2017 to permit the issuance of statewide standing orders.

¹⁹⁹ 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(4).

²⁰⁰ "A licensed pharmacist who, acting in good faith and with reasonable care, sells or dispenses an opioid antagonist and appropriate device to administer the drug, and the protocol physician, shall not be subject to any criminal or civil liability or any professional disciplinary action for prescribing or dispensing the opioid antagonist or any outcome resulting from the administration of the opioid antagonist." Mo. Rev. Stat. § 195.206(4).

²⁰¹ "Any person who administers an opioid antagonist to another person shall, immediately after administering the drug, contact emergency personnel. Any person who, acting in good faith and with reasonable care, administers an opioid antagonist to another person whom the person believes to be suffering an opioid-related overdose shall be immune from criminal prosecution, disciplinary actions from his or her professional licensing board, and civil liability due to the administration of the opioid antagonist." Mo. Rev. Stat. § 195.206 (6).

²⁰² "Notwithstanding any other law or regulation to the contrary, any person or organization acting under a standing order issued by a health care professional who is otherwise authorized to prescribe an opioid antagonist may store an opioid antagonist without being subject to the licensing and permitting requirements of this chapter and may dispense an opioid antagonist if the person does not collect a fee or compensation for dispensing the opioid antagonist." Mo. Rev. Stat. § 338.205.

²⁰³ "Notwithstanding any other law or regulation to the contrary, it shall be permissible for any person to possess an opioid antagonist." Mo. Rev. Stat. § 195.206(5).

²⁰⁴ Missouri law does not clearly permit third party prescribing, but, per its terms, "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. Rev. 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. Rev. Stat. § 338.205.

²⁰⁵ "Notwithstanding any other law or regulation to the contrary, any licensed pharmacist in Missouri may sell and dispense an opioid antagonist under physician protocol or under a statewide standing order issued under subsection 2 of this section." Mo. Rev. Stat. § 195.206(3).

²⁰⁶ Technical amendments effective July 1, 2017 clarify that a practitioner may issue a standing order to "one or more individual pharmacies" to dispense naloxone. Permits pharmacists to dispense under the standing order, provided they have completed a training program approved by the State Board of Pharmacy. Also permits firefighters and law enforcement, in addition to EMTs, to administer naloxone, and provides civil and criminal immunity for doing so.

²⁰⁷ "The following individuals are immune from any civil or criminal liability or professional licensing sanctions for the following actions authorized by this section: (a) Any practitioner who prescribes or issues a standing order for an opioid antagonist in accordance with subsection (3) of this section. Miss. Code Ann. § 41-29-319(7).

- ²⁰⁸ “The following individuals are immune from any civil or criminal liability or professional licensing sanctions for the following actions authorized by this section: ... (b) Any practitioner or pharmacist acting in good faith and in compliance with the standard of care applicable to that practitioner or pharmacist who dispenses an opioid antagonist under a prescription or standing order issued in accordance with subsection (3) of this section” Miss. Code Ann. § 41-29-319(7).
- ²⁰⁹ “The following individuals are immune from any civil or criminal liability or professional licensing sanctions for the following actions authorized by this section: ... (c) Any person other than a practitioner who administers an opioid antagonist in accordance with subsection (5) of this section; and (d) Any emergency medical technician, firefighters and law enforcement officers who administers an opioid antagonist in accordance with subsection (6) of this section. Miss. Code Ann. § 41-29-319(7).
- ²¹⁰ “A practitioner acting in good faith and in compliance with the standard of care applicable to that practitioner may directly or by standing order prescribe an opioid antagonist to a person at risk of experiencing an opioid-related overdose or to a registered pain management clinic, family member, friend or other person in a position to assist such person at risk of experiencing an opioid-related overdose.” Miss. Code Ann. § 41-29-319(3)(a).
- ²¹¹ Effective July 1, 2017, pharmacists are required to “complete a training program approved by the State Board of Pharmacy on opioid antagonists” before dispensing under a standing order. Miss. Code Ann. § 41-29-319(4).
- ²¹² “Except for injury or damages arising from gross negligence, willful or wanton misconduct, or an intentional tort: (a) a medical practitioner or licensed pharmacist may not be subject to disciplinary action or civil or criminal liability for injury resulting from the prescribing or dispensing of an opioid antagonist pursuant to 50-32-604 through 50-32-606 to an eligible recipient.” Mont. Code Ann. § 50-32-608.
- ²¹³ “Except for injury or damages arising from gross negligence, willful or wanton misconduct, or an intentional tort: (a) a medical practitioner or licensed pharmacist may not be subject to disciplinary action or civil or criminal liability for injury resulting from the prescribing or dispensing of an opioid antagonist pursuant to 50-32-604 through 50-32-606 to an eligible recipient.” Mont. Code Ann. § 50-32-608.
- ²¹⁴ “A medical practitioner, eligible recipient, emergency care provider, or other person is not liable and may not be subject to disciplinary action as a result of any injury arising from the administration of an opioid antagonist to another person whom the medical practitioner, eligible recipient, emergency care provider, or other person believes in good faith to be suffering from an opioid-related drug overdose, unless the injury arises from an act or omission that is the result of gross negligence, willful or wanton misconduct, or an intentional tort.” Mont. Code Ann. § 50-32-608(3).
- ²¹⁵ A medical practitioner, eligible recipient, emergency care provider, or other person is not liable and may not be subject to disciplinary action as a result of any injury arising from the administration of an opioid antagonist to another person whom the medical practitioner, eligible recipient, emergency care provider, or other person believes in good faith to be suffering from an opioid-related drug overdose, unless the injury arises from an act or omission that is the result of gross negligence, willful or wanton misconduct, or an intentional tort.” Mont. Code Ann. § 50-32-608(3).
- ²¹⁶ “An eligible recipient to whom an opioid antagonist is prescribed, dispensed, or distributed pursuant to 50-32-604 through 50-32-606 and who has received the instruction and information provided for in 50-32-606 may do any of the following: (a) possess and store the opioid antagonist. The storage of an opioid antagonist is not subject to pharmacy practice laws or other requirements that apply to the storage of drugs or medications.(b) in good faith, administer or direct another person to administer the opioid antagonist to a person who is experiencing an actual or reasonably perceived opioid-related drug overdose; or(c) distribute the opioid antagonist to a person who is an eligible recipient under 50-32-603(5)(a) or (5)(b).” Mont. Code Ann. § 50-32-607; “[A]n eligible recipient may not be subject to disciplinary action or civil or criminal liability for injury resulting from distributing an opioid antagonist pursuant to 50-32-606 and 50-32-607(b). Mont. Code Ann. § 50-32-608 (2)(b).
- ²¹⁷ “‘Eligible recipient’ means: (a) a person who is at risk of experiencing an opioid-related drug overdose; (b) a family member, friend, or other person who is in a position to assist a person who is at risk of experiencing an opioid-related drug overdose; (c) a first responder or a first responder entity; (d) a harm reduction organization or its representative; (e) the Montana state crime laboratory or its representative; (f) a person who, on behalf of or at the direction of a law enforcement agency or officer, may process, store, handle, test, transport, or possess a suspected or confirmed opioid; (g) a probation, parole, or detention officer; (h) a county or other local public health department or its representative; or (i) a veterans’ organization or its representative.” Mont. Code Ann. § 50-32-603(5).
- ²¹⁸ “A medical practitioner may prescribe, directly, by a standing order, or by a collaborative practice agreement, or dispense, as permitted under 37-2-104, an opioid antagonist to an eligible recipient.” Mont. Code Ann. § 50-32-605.
- ²¹⁹ Law was modified effective July 1, 2017 to permit naloxone to be prescribed to a variety of organizations, and for those organizations to distribute naloxone obtained pursuant to a standing order. Those organizations were added to the list of parties that receive immunity.
- ²²⁰ “All of the following individuals are immune from any civil or criminal liability for actions authorized by this section: (1) Any practitioner who prescribes an opioid antagonist pursuant to subsection (b) of this section.” N.C. Gen. Stat. § 90-12.7(e).
- ²²¹ “All of the following individuals are immune from any civil or criminal liability for actions authorized by this section: ... (2) Any pharmacist who dispenses an opioid antagonist pursuant to subsection (c) of this section.” N.C. Gen. Stat. § 90-12.7(e).

²²² “All of the following individuals are immune from any civil or criminal liability for actions authorized by this section: ... (3) Any person who administers an opioid antagonist pursuant to subsection (d) of this section. (4) The State Health Director acting pursuant to subsection (b) of this section. (5) Any organization, or agent of the organization, that distributes an opioid antagonist pursuant to subsection (c1) of this section.” N.C. Gen. Stat. § 90-12.7(e).

²²³ “A governmental or nongovernmental organization, including a local health department, a law enforcement agency, or an organization that promotes scientifically proven ways of mitigating health risks associated with substance use disorders and other high-risk behaviors may, through its agents, distribute an opioid antagonist obtained pursuant to a prescription.... An organization, through its agents, shall include with any distribution of an opioid antagonist pursuant to this subsection basic instruction and information on how to administer the opioid antagonist.” N.C. Gen. Stat. § 90-12.7(c1).

²²⁴ “A governmental or nongovernmental organization, including a local health department, a law enforcement agency, or an organization that promotes scientifically proven ways of mitigating health risks associated with substance use disorders and other high-risk behaviors may, through its agents, distribute an opioid antagonist obtained pursuant to a prescription issued in accordance with subdivision (3) of subsection (b) of this section to (i) a person at risk of experiencing an opiate-related overdose or (ii) a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose. An organization, through its agents, shall include with any distribution of an opioid antagonist pursuant to this subsection basic instruction and information on how to administer the opioid antagonist.” N.C. Gen. Stat. § 90-12.7(c1).

²²⁵ “A practitioner acting in good faith and exercising reasonable care may directly or by standing order prescribe an opioid antagonist.” N.C. Gen. Stat. § 90-12.7(b)(1).

²²⁶ “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. A health care professional who prescribes, distributes, or dispenses an opioid antagonist as authorized under this section is not subject to professional discipline for such action.” N.D. Cent. Code §§ 23-01-42(6).

²²⁷ “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. A health care professional who prescribes, distributes, or dispenses an opioid antagonist as authorized under this section is not subject to professional discipline for such action.” N.D. Cent. Code §§ 23-01-42(6).

²²⁸ “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. A health care professional who prescribes, distributes, or dispenses an opioid antagonist as authorized under this section is not subject to professional discipline for such action.” N.D. Cent. Code §§ 23-01-42(6).

²²⁹ 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 §§ 23-01-42 (5, 6). (“5. 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.”).

²³⁰ “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.” N.D. Cent. Code §§ 23-01-42(5).

²³¹ “An individual acting in good faith may receive or possess an opioid antagonist if that individual is: a. An individual at risk of experiencing an opioid-related overdose; or b. A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.” N.D. Cent. Code § 23-01-42(3).

²³² “Pharmacists are authorized to furnish naloxone drug therapy solely in accordance with the written protocol for naloxone drug therapy approved by the board... Any pharmacist exercising prescriptive authority for naloxone drug therapy shall maintain a current copy of the written protocol for naloxone drug therapy approved by the board.” N.D. Admin. Code 61-04-12-02(1)(a). Effective April 1, 2016. Regulation is implementing statute, N.D. Cent. Code § 45-15-10(23), “To establish limited prescriptive authority for individuals to distribute opioid antagonist kits, also known as “Naloxone rescue kits”. If the board establishes limited prescriptive authority under this subsection, the board shall adopt rules to establish standards that may include training, certification, and continuing education requirements.” That section was effective August 1, 2015.

²³³ “A health care professional acting in good faith may directly or by standing order prescribe, distribute, or dispense an opioid antagonist, if the health care professional provides training.” N.D. Cent. Code § 23-01-42(2).

²³⁴ Modified to add a definition of law enforcement employee and related changes, eff. July 19, 2018.

²³⁵ “A health professional who is authorized to prescribe or dispense naloxone, if acting with reasonable care, may prescribe, administer, or dispense naloxone to any of the following persons without being subject to administrative action or criminal prosecution: (a) A person who is apparently experiencing or who is likely to experience an opioid-related overdose; or (b) A family member, friend, or other person in a position to assist a person who is apparently experiencing or who is likely to experience an opioid-related overdose.” Neb. Rev. Stat. § 28-470(1).

²³⁶ “A health professional who is authorized to prescribe or dispense naloxone, if acting with reasonable care, may prescribe, administer, or dispense naloxone to any of the following persons without being subject to administrative action or criminal prosecution: (a) A person who is apparently experiencing or who is likely to experience an opioid-

related overdose; or (b) A family member, friend, or other person in a position to assist a person who is apparently experiencing or who is likely to experience an opioid-related overdose.” Neb. Rev. Stat. § 28-470(1).

²³⁷ Emergency responders and law enforcement officers are immune from criminal, civil, and administrative liability for administering naloxone, but there does not appear to be a broader civil immunity protection for lay persons. Neb. Rev. Stat. § 28-470(3); (4).

²³⁸ 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. § 28-470(2).

²³⁹ “A health professional who is authorized to prescribe or dispense naloxone, if acting with reasonable care, may prescribe, administer, or dispense naloxone to any of the following persons without being subject to administrative action or criminal prosecution: (a) A person who is apparently experiencing or who is likely to experience an opioid-related overdose; or (b) A family member, friend, or other person in a position to assist a person who is apparently experiencing or who is likely to experience an opioid-related overdose.” Neb. Rev. Stat. § 28-470(1).

²⁴⁰ While the law does not appear to clearly permit standing orders, a statewide standing order has been issued. <http://dhhs.ne.gov/PublishingImages/Pages/Drug-Overdose-Prevention-Naloxone/Naloxone%20Standing%20Order.pdf>.

²⁴¹ “No health care professional who, acting in good faith and with reasonable care, prescribes, dispenses, or distributes an opioid antagonist directly or by standing order and no person who, acting in good faith and with reasonable care, stores, dispenses, or distributes an opioid antagonist or administers an opioid antagonist to another person who the person believes is suffering an opioid-related drug overdose shall be subject to any criminal or civil liability, or any professional disciplinary action, for any action authorized by this paragraph or any outcome resulting from an action authorized by this paragraph.” N.H. Rev. Stat. Ann. § 318-B:15(IV)(c).

²⁴² “No health care professional who, acting in good faith and with reasonable care, prescribes, dispenses, or distributes an opioid antagonist directly or by standing order and no person who, acting in good faith and with reasonable care, stores, dispenses, or distributes an opioid antagonist or administers an opioid antagonist to another person who the person believes is suffering an opioid-related drug overdose shall be subject to any criminal or civil liability, or any professional disciplinary action, for any action authorized by this paragraph or any outcome resulting from an action authorized by this paragraph.” N.H. Rev. Stat. Ann. § 318-B:15(IV)(c).

²⁴³ “[N]o person who, acting in good faith and with reasonable care, stores, dispenses, or distributes an opioid antagonist or administers an opioid antagonist to another person who the person believes is suffering an opioid-related drug overdose shall be subject to any criminal or civil liability, or any professional disciplinary action, for any action authorized by this paragraph or any outcome resulting from an action authorized by this paragraph.” N.H. Rev. Stat. Ann. § 318-B:15(IV)(c).

²⁴⁴ “A person or organization may, if acting pursuant to the provisions of subparagraph (a), store and possess an opioid antagonist, dispense or distribute an opioid antagonist, and administer an opioid antagonist to another person who the person believes is suffering an opioid-related overdose.” N.H. Rev. Stat. Ann. § 318-B:15(IV)(b).

²⁴⁵ “A health care professional authorized to prescribe an opioid antagonist may prescribe, dispense, or distribute, directly or by standing order, an opioid antagonist to a person at risk of experiencing an opioid-related overdose or a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose.” N.H. Rev. Stat. Ann. § 318-B:15(IV)(a).

²⁴⁶ The state provides a map showing locations of pharmacies that dispense naloxone under standing orders, <https://www.thedoorway.nh.gov/pharmacies>.

²⁴⁷ Modified with respect to naloxone in schools.

²⁴⁸ “Any prescriber or other health care practitioner who prescribes or dispenses an opioid antidote in good faith, and in accordance with the provisions of this subsection, shall not, as a result of the practitioner’s acts or omissions, be subject to any criminal or civil liability, or any professional disciplinary action under Title 45 of the Revised Statutes for prescribing or dispensing an opioid antidote in accordance with P.L.2013, c. 46 (C.24:6J-1 et seq.).” N.J. Rev. Stat. § 24:6J-4(a)(4).

²⁴⁹ “Any prescriber or other health care practitioner who prescribes or dispenses an opioid antidote in good faith, and in accordance with the provisions of this subsection, shall not, as a result of the practitioner’s acts or omissions, be subject to any criminal or civil liability, or any professional disciplinary action under Title 45 of the Revised Statutes for prescribing or dispensing an opioid antidote in accordance with P.L.2013, c. 46 (C.24:6J-1 et seq.).” N.J. Rev. Stat. § 24:6J-4(a)(4).

²⁵⁰ “Any person who administers an opioid antidote pursuant to paragraph (1) of this subsection shall not, as a result of the person’s acts or omissions, be subject to any criminal or civil liability for administering the opioid antidote in accordance with P.L.2013, c. 46 (C.24:6J-1 et seq.).” N.J. Rev. Stat. § 24:6J-4(d)(2).

²⁵¹ 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. Rev. Stat. § 24:6J-4(a)(1)(e).

²⁵² “A prescriber or other health care practitioner, as appropriate, may prescribe or dispense an opioid antidote: (a) directly or through a standing order, to any recipient who is deemed by the health care practitioner to be capable of administering the opioid antidote to an overdose victim in an emergency...” N.J. Rev. Stat. § 24:6J-4(a)(1).

²⁵³ “A prescriber or other health care practitioner, as appropriate, may prescribe or dispense an opioid antidote: (a) directly or through a standing order, to any recipient who is deemed by the health care practitioner to be capable of administering the opioid antidote to an overdose victim in an emergency...” N.J. Rev. Stat. § 24:6J-4(a)(1).

²⁵⁴ Nearly all of the current provisions, including authority to issue standing orders, became effective March 4, 2016.

²⁵⁵ “A person who possesses or who administers, dispenses or distributes an opioid antagonist to another person pursuant to this section shall not be subject to civil liability, criminal prosecution or professional disciplinary action as a result of the possession, administration, distribution or dispensing of the opioid antagonist; provided that actions are taken with reasonable care and without willful, wanton or reckless behavior.” N.M. Stat. § 24-23-1(H).

²⁵⁶ “A person who possesses or who administers, dispenses or distributes an opioid antagonist to another person pursuant to this section shall not be subject to civil liability, criminal prosecution or professional disciplinary action as a result of the possession, administration, distribution or dispensing of the opioid antagonist; provided that actions are taken with reasonable care and without willful, wanton or reckless behavior.” N.M. Stat. § 24-23-1(H).

²⁵⁷ “Any person acting under a standing order issued by a licensed prescriber may store or distribute an opioid antagonist.” N.M. Stat. § 24-23-1(B).

²⁵⁸ “A person may possess an opioid antagonist, regardless of whether the person holds a prescription for the opioid antagonist.” N.M. Stat. § 24-23-1(A).

²⁵⁹ “Pursuant to a valid prescription, a pharmacist may dispense an opioid antagonist to a person:(1) at risk of experiencing an opioid-related drug overdose; or (2) in a position to assist another person at risk of experiencing an opioid-related drug overdose.” N.M. Stat. § 24-23-1(C).

²⁶⁰ “Prescriptive authority shall be limited to naloxone and shall include any device(s) approved for the administration of naloxone. Prescriptive authority for naloxone drug therapy shall be limited to naloxone as delineated in the written protocol for naloxone drug therapy approved by the board.” N.M. Code R. 16.19.26.13. This authority became effective March 14, 2014.

²⁶¹ “A licensed prescriber may directly or by standing order prescribe, dispense or distribute an opioid antagonist.” N.M. Stat. § 24-23-1(F).

²⁶² Authority for pharmacists to dispense via protocol was added effective July 1, 2017.

²⁶³ “A person who, acting in good faith and with reasonable care, prescribes or dispenses an opioid antagonist pursuant to subsection 1, is not subject to any criminal or civil liability or any professional disciplinary action for: (a) Such prescribing or dispensing; or (b) Any outcomes that result from the eventual administration of the opioid antagonist.” Nev. Rev. Stat. § 453C.100 (2).

²⁶⁴ “A person who, acting in good faith and with reasonable care, prescribes or dispenses an opioid antagonist pursuant to subsection 1, is not subject to any criminal or civil liability or any professional disciplinary action for: (a) Such prescribing or dispensing; or (b) Any outcomes that result from the eventual administration of the opioid antagonist.” Nev. Rev. Stat. § 453C.100 (2).

²⁶⁵ “A person who, acting in good faith and with reasonable care, administers an opioid antagonist to another person whom the person believes to be experiencing an opioid-related drug overdose is immune from criminal prosecution, sanction under any professional licensing statute and civil liability for such act.” Nev. Rev. Stat. § 453C.100 (4).

²⁶⁶ “Notwithstanding any other provision of law, a person acting under a standing order issued by a health care professional who is otherwise authorized to prescribe an opioid antagonist may store an opioid antagonist without being subject to the registration and licensing provisions of chapter 639 of NRS and may dispense an opioid antagonist if those activities are undertaken without charge or compensation.” Nev. Rev. Stat. § 453c.110.

²⁶⁷ Any person, including, without limitation, a law enforcement officer, acting in good faith, may possess and administer an opioid antagonist to another person whom he or she reasonably believes to be experiencing an opioid-related drug overdose. Nev. Rev. Stat. § 453c.100(3)(a).

²⁶⁸ “Notwithstanding any other provision of law, a health care professional otherwise authorized to prescribe an opioid antagonist may, directly or by standing order, prescribe and dispense an opioid antagonist to a person at risk of experiencing an opioid-related drug overdose or to a family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose.” Nev. Rev. Stat. § 453c.100(1).

²⁶⁹ “Notwithstanding any other provision of law, a health care professional otherwise authorized to prescribe an opioid antagonist may, directly or by standing order, prescribe and dispense an opioid antagonist to a person at risk of experiencing an opioid-related drug overdose or to a family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose.” Nev. Rev. Stat. § 453c.100(1).

²⁷⁰ “Notwithstanding any other provision of law, a registered pharmacist may, with or without a prescription from a health care professional authorized to prescribe an opioid antagonist, furnish an opioid antagonist in accordance with standardized procedures or protocols developed and approved by the State Board of Pharmacy pursuant to this section.” Nev. Rev. Stat. § 453c.120. Effective July 1, 2017.

²⁷¹ The definition of “recipient” was expanded to include any person or entity.

²⁷² “A recipient, opioid overdose prevention program, person or entity, or any person employed by the person or entity, acting reasonably and in good faith in compliance with this section, shall not be subject to criminal, civil or administrative liability solely by reason of such action.” N.Y. Pub. Health Law § 3309(4)(b).

²⁷³ “A recipient, opioid overdose prevention program, person or entity, or any person employed by the person or entity, acting reasonably and in good faith in compliance with this section, shall not be subject to criminal, civil or administrative liability solely by reason of such action.” N.Y. Pub. Health Law § 3309(4)(b).

²⁷⁴ “A recipient, opioid overdose prevention program, person or entity, or any person employed by the person or entity, acting reasonably and in good faith in compliance with this section, shall not be subject to criminal, civil or administrative liability solely by reason of such action.” N.Y. Pub. Health Law § 3309(4)(b).

- ²⁷⁵ 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.
- ²⁷⁶ “An opioid antagonist recipient may possess an opioid antagonist obtained pursuant to this paragraph, may distribute such opioid antagonist to a recipient, and may administer such opioid antagonist to a person the recipient reasonably believes is experiencing an opioid overdose.” N.Y. Pub. Health Law § 3309(3)(b)(iii).
- ²⁷⁷ A health care professional may prescribe by a patient-specific or non-patient-specific prescription, dispense or distribute, directly or indirectly, an opioid antagonist to an opioid antagonist recipient. (ii) A pharmacist may dispense an opioid antagonist, through a patient-specific or non-patient-specific prescription pursuant to this paragraph, to an opioid antagonist recipient. N.Y. Pub. Health Law § 3309(3)(b)(i). “(iv) ‘Opioid antagonist recipient’ or ‘recipient’ means a person at risk of experiencing an opioid-related overdose, or a family member, friend or other person in a position to assist a person experiencing or at risk of experiencing an opioid-related overdose, or an organization registered as an opioid overdose prevention program pursuant to this section or any person or entity or any person employed by the person or entity. (v) As used in this section, ‘entity’ includes, but is not limited to, a school district, public library, board of cooperative educational services, county vocational education and extension board, charter school, non-public elementary or secondary school, restaurant, bar, retail store, shopping mall, barber shop, beauty parlor, theater, sporting or event center, inn, hotel or motel.” N.Y. Pub. Health Law § 3309.
- ²⁷⁸ “A health care professional may prescribe by a patient-specific or non-patient-specific prescription, dispense or distribute, directly or indirectly, an opioid antagonist to an opioid antagonist recipient.” N.Y. Pub. Health Law § 3309(3)(b)(i). Effective June 24, 2014.
- ²⁷⁹ Changes made effective March 20, 2019 to Ohio Rev. Code § 4729.44 are not substantive.
- ²⁸⁰ “A physician who under division (B) of this section in good faith furnishes a supply of naloxone or issues a prescription for naloxone is not liable for or subject to any of the following for any act or omission of the individual to whom the naloxone is furnished or the prescription is issued: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action.” Ohio Rev. Code § 4731.94 (C).
- ²⁸¹ A physician who in good faith authorizes a pharmacist or pharmacy intern to dispense naloxone without a prescription in accordance with a protocol developed pursuant to rules adopted under division (G) of this section is not liable for or subject to any of the following for any action or omission of the individual to whom the naloxone is dispensed: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action. Ohio Rev. Code § 4729.44(F).
- ²⁸² It appears that there is civil immunity provided to police officers only: “If a peace officer, acting in good faith, administers naloxone to an individual who is apparently experiencing an opioid-related overdose, both of the following apply: a) The peace officer is not subject to administrative action, criminal prosecution for a violation of section 4731.41 of the Revised Code, or criminal prosecution under this chapter. (b) The peace officer is not liable for damages in a civil action for injury, death, or loss to person or property for an act or omission that allegedly arises from obtaining, maintaining, accessing, or administering the naloxone.” Ohio Rev. Code § 2925.61(E)(1).
- ²⁸³ “A family member, friend, or other individual who is in a position to assist an individual who is apparently experiencing or at risk of experiencing an opioid-related overdose, is not subject to criminal prosecution for a violation of section 4731.41 of the Revised Code or criminal prosecution under this chapter if the individual, acting in good faith, does all of the following: (1) Obtains naloxone pursuant to a prescription issued by a licensed health professional or obtains naloxone from one of the following:(a) A licensed health professional;(b) An individual who is authorized by either a physician under section 4731.941 of the Revised Code or a board of health under section 3707.561 of the Revised Code to personally furnish naloxone;(c) A pharmacist or pharmacy intern who is authorized by a physician or board of health under section 4729.44 of the Revised Code to dispense naloxone without a prescription.(2) Administers the naloxone obtained as described in division (B)(1) of this section to an individual who is apparently experiencing an opioid-related overdose;(3) Attempts to summon emergency services as soon as practicable either before or after administering the naloxone.” Ohio Rev. Code § 2925.61(B).
- ²⁸⁴ “An individual authorized by a physician under this section may personally furnish naloxone to an individual described in division (A)(1)(a) or (b) of this section if both of the following conditions are met:(1) The authorized individual complies with the protocol established by the authorizing physician, including having completed the training required by the protocol. (2) The authorized individual instructs the individual to whom naloxone is furnished to summon emergency services as soon as practicable either before or after administering naloxone.” Ohio Rev. Code § 4731.941(B).
- ²⁸⁵ “...The naloxone supply is furnished to, or the prescription is issued to and in the name of, a family member, friend, or other individual in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid-related overdose.” Ohio Rev. Code § 4731.94(B)(1).
- ²⁸⁶ Ohio law permits pharmacists and pharmacist interns to dispense naloxone under a protocol developed by the state board of pharmacy, effective July 16, 2015. Ohio Rev. Code § 4729.44. This protocol appears to be the functional equivalent of a standing order. Further, Ohio Rev. Code § 4731.941 permits, effective July 16, 2015, “A physician who has established a protocol that meets the requirements of division (C) of this section may authorize one or more other individuals to personally furnish a supply of naloxone pursuant to the protocol..” This is the functional equivalent of a standing order.
- ²⁸⁷ Immunity, to the extent that it is provided, was added effective Nov. 1, 2018.
- ²⁸⁸ 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. tit. 63, § 1-2506.2(C).

- ²⁸⁹ 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. tit. 63, § 1-2506.2(D).
- ²⁹⁰ 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. tit. 63, § 1-2506.2.
- ²⁹¹ Effective Nov. 1, 2014, Oklahoma law provided that, “Naloxone, also known as Narcan, or any of its generic equivalents may be dispensed or sold by a pharmacy without a prescription; provided, however, it shall be dispensed or sold only by, or under the supervision of, a licensed pharmacist.” Okla. Stat. tit. 63 § 2-312.2. Effective Nov. 1, 2017, that language was changed to read, “Naloxone, also known as Narcan, or any of its generic equivalents may be dispensed or sold by a pharmacy without a prescription; provided, however, it shall be dispensed or sold only by, or under the supervision of, a licensed pharmacist. Naloxone may be prescribed and dispensed by a licensed pharmacist; provided, however, it shall be dispensed only by, or under the supervision of, a licensed pharmacist. No dispensing protocol shall be required.” Per Okla. Admin. Code § 535:10-9-15(c), “A Pharmacist may prescribe and dispense Naloxone without a protocol or prescription to any person at risk of experiencing an opioid-related drug overdose, family or friend of an at-risk person, or first responder. Naloxone may only be dispensed by, or under the supervision, of a licensed pharmacist.” That section was effective Sept. 14, 2018.
- ²⁹² The following language was added effective Sept. 29, 2019: “The pharmacy, health care professional or pharmacist may also distribute multiple kits to social service agencies under ORS 689.684 or to other persons who work with individuals who have experienced an opiate overdose. The social services agencies or other persons may redistribute the kits to individuals likely to experience an opiate overdose or to family members of the individuals.” Or. Rev. Stat. § 689.681(2).
- ²⁹³ A person acting in good faith, if the act does not constitute wanton misconduct, is immune from civil liability for any act or omission of an act committed during the course of distributing and administering naloxone and distributing the necessary medical supplies to administer the naloxone under this section. Or. Rev. Stat. Ann. § 689.681(3).
- ²⁹⁴ A person acting in good faith, if the act does not constitute wanton misconduct, is immune from civil liability for any act or omission of an act committed during the course of distributing and administering naloxone and distributing the necessary medical supplies to administer the naloxone under this section. Or. Rev. Stat. Ann. § 689.681(3).
- ²⁹⁵ 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. § 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. See Or. Admin. R. § 855-019-0460. Nevertheless, the Oregon Health Authority [website](#) says that “You can obtain naloxone through some social service agencies and advocacy groups...”.
- ²⁹⁶ Notwithstanding any other provision of law, a pharmacy, a health care professional or a pharmacist with prescription and dispensing privileges or any other person designated by the State Board of Pharmacy by rule may distribute and administer naloxone and distribute the necessary medical supplies to administer the naloxone. The pharmacy, health care professional or pharmacist may also distribute multiple kits to social service agencies under ORS 689.684 or to other persons who work with individuals who have experienced an opiate overdose. The social services agencies or other persons may redistribute the kits to individuals likely to experience an opiate overdose or to family members of the individuals. Or. Rev. Stat. Ann. § 689.681(2).
- ²⁹⁷ Pharmacists have been permitted to prescribe since April 4, 2016. Or. Rev. Stat. § 689.682. See *also* Or. Admin. R. § 855-019-0460 (rules regulating pharmacist naloxone prescription).
- ²⁹⁸ 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. § 689.681(2). In practice, since pharmacists may prescribe naloxone, it appears that the pharmacist generally does so. The Oregon Health Authority maintains a list of pharmacies at which naloxone is available without prior prescription at <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Documents/pharmacies-distributing-naloxone.pdf>.
- ²⁹⁹ “A licensed health care professional who, acting in good faith, prescribes or dispenses naloxone shall not be subject to any criminal or civil liability or any professional disciplinary action for: (i) such prescribing or dispensing; or (ii) any outcomes resulting from the eventual administration of naloxone.” 35 Pa. Cons. Stat. §§ 780-113.8(e)(1); (2). The immunity under paragraph (1) shall not apply to a health professional who acts with intent to harm or with reckless indifference to a substantial risk of harm.” 35 Pa. Cons. Stat. §§ 780-113.8(e)(1); (2).
- ³⁰⁰ “A licensed health care professional who, acting in good faith, prescribes or dispenses naloxone shall not be subject to any criminal or civil liability or any professional disciplinary action for: (i) such prescribing or dispensing; or (ii) any outcomes resulting from the eventual administration of naloxone.” 35 Pa. Cons. Stat. §§ 780-113.8(e)(1); (2). The immunity under paragraph (1) shall not apply to a health professional who acts with intent to harm or with reckless indifference to a substantial risk of harm.” 35 Pa. Cons. Stat. §§ 780-113.8(e)(1); (2).
- ³⁰¹ “A person, law enforcement agency, fire department or fire company under subsection (b)(2) or (c) who, acting in good faith and with reasonable care, administers naloxone to another person whom the person believes to be suffering an opioid-related drug overdose: (i) Shall be immune from criminal prosecution, sanction under any professional licensing statute and civil liability for such act. (ii) Shall not be subject to professional review for such act. (iii) Shall not be liable for any civil damages for acts or omissions resulting from such act.” 35 Pa. Cons. Stat. § 780-113.8(f)(1).
- ³⁰² 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).

- ³⁰³ “Notwithstanding any other law to the contrary, a health care professional otherwise authorized to prescribe naloxone may dispense, prescribe or distribute naloxone directly or by a standing order to an authorized law enforcement officer or firefighter in accordance with an agreement under subsection (b) or to a person at risk of experiencing an opioid-related overdose or family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related overdose.” 35 Pa. Cons. Stat. § 780-113.8(c).
- ³⁰⁴ “Notwithstanding any other law to the contrary, a health care professional otherwise authorized to prescribe naloxone may dispense, prescribe or distribute naloxone directly or by a standing order to an authorized law enforcement officer or firefighter in accordance with an agreement under subsection (b) or to a person at risk of experiencing an opioid-related overdose or family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related overdose.” 35 Pa. Cons. Stat. § 780-113.8(c).
- ³⁰⁵ Rhode Island’s overdose Good Samaritan law was initially enacted on June 18, 2012, and automatically sunset on July 1, 2015. A portion of that law permitted a person to administer an opioid antagonist to another person if they believed, in good faith, that the person was experiencing an overdose and they acted with reasonable care in administering the antagonist. They were provided with civil and criminal immunity for doing so. R.I. Gen. Laws § 21-28.8-3.
- ³⁰⁶ “These Regulations authorize health care professionals who have a current license to prescribe or dispense medications to prescribe or dispense Naloxone (Narcan) to an individual who either abuses opioids or who does not abuse opioids but in is in a position to assist another individual during an overdose. These Regulations provide protections against any professional disciplinary action resulting from such prescribing.” 216 R.I. Code R. 20-20-5.3(1).
- ³⁰⁷ “These Regulations authorize health care professionals who have a current license to prescribe or dispense medications to prescribe or dispense Naloxone (Narcan) to an individual who either abuses opioids or who does not abuse opioids but in is in a position to assist another individual during an overdose. These Regulations provide protections against any professional disciplinary action resulting from such prescribing.” 216 R.I. Code R. 20-20-5.3(1).
- ³⁰⁸ “A person who, acting in good faith and with reasonable care, administers Naloxone (Narcan) to an individual who appears to be suffering an opioid-related drug overdose shall be immune from sanction under any professional licensing statute, in addition to immunity already granted in R.I. Gen. Laws § 21-28.9.” 216 R.I. Code R. 20-20-5.4(G). “Any person, including law enforcement personnel and emergency medical personnel, who administers an opioid antagonist to another person pursuant to this section shall not be subject to civil liability or criminal prosecution as a result of the administration of the drug. 21 R.I. Gen. Laws Ann. § 21-28.9-3(b).
- ³⁰⁹ 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 R.I. Gen. Laws Title 21.” 216 R.I. Code R. 20-20-5.4(N). 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.
- ³¹⁰ “Notwithstanding any other law or regulation, any person may lawfully possess Naloxone (Narcan).” 216 R.I. Code R. 20-20-5.4(P).
- ³¹¹ “Notwithstanding any other law or regulation, a health care professional who is licensed to prescribe Naloxone (Narcan) may, directly or by standing order, prescribe or dispense Naloxone (Narcan), as the case may be, to: 1. An individual at risk of experiencing an opioid-related overdose, and/or 2. To a family member, friend, or other person reasonably expected to be in a position to assist an individual at risk of experiencing an opioid-related overdose.” 216 R.I. Code R. 20-20-5.4(K). “Notwithstanding any other law or regulation, a health care professional who is licensed to dispense Naloxone (Narcan) may, directly or pursuant to standing order, dispense Naloxone (Narcan), as the case may be, to: 1. An individual at risk of experiencing an opioid-related overdose, and/or 2. To a family member, friend, or other person reasonably expected to be in a position to assist an individual at risk of experiencing an opioid-related overdose.” 216 R.I. Code R. 20-20-5.4(L).
- ³¹² “Notwithstanding any other law or regulation, a health care professional who is licensed to prescribe Naloxone (Narcan) may, directly or by standing order, prescribe or dispense Naloxone (Narcan), as the case may be...” 216 R.I. Code R. 20-20-5.3(K).
- ³¹³ Effective May 3, 2018, “(A) A prescriber acting in good faith and exercising reasonable care may directly or by standing order prescribe an opioid antidote to a community distributor for the purpose of distributing the opioid antidote to: (1) a person at risk of experiencing an opiate-related overdose; or (2) a caregiver of a person at risk of experiencing an opiate-related overdose. S.C. Code Ann. § 44-130-70.
- ³¹⁴ “A prescriber who issues a written prescription or a standing order for an opioid antidote in accordance with the provisions of this section is not as a result of an act or omission subject to civil or criminal liability or to professional disciplinary action.” S.C. Code Ann. § 44-130-30(D).
- ³¹⁵ “A pharmacist dispensing an opioid antidote in accordance with the provisions of this section is not as a result of an act or omission subject to civil or criminal liability or to professional disciplinary action.” S.C. Code Ann. § 44-130-40(C).
- ³¹⁶ “A caregiver who administers an opioid antidote in accordance with the provisions of this section is not subject to civil or criminal liability.” S.C. Code Ann. § 44-130-50(B). “A first responder who administers an opioid antidote in accordance with the provisions of this section to a person whom the first responder believes in good faith is experiencing an opioid overdose is not by an act or omission subject to civil or criminal liability or to professional disciplinary action.” S.C. Code Ann. § 44-130-60(C).

³¹⁷ “A prescriber acting in good faith and exercising reasonable care may directly or by standing order prescribe an opioid antidote to a community distributor for the purpose of distributing the opioid antidote to: (1) a person at risk of experiencing an opiate-related overdose; or (2) a caregiver of a person at risk of experiencing an opiate-related overdose. S.C. Code Ann. § 44-130-70(A).

³¹⁸ “A prescriber acting in good faith and exercising reasonable care as a prescriber may issue a written prescription for an opioid antidote to: (1) a person who is at risk of experiencing an opioid-related overdose; or (2) a caregiver for a person who is at risk of experiencing an opioid overdose whom the prescriber has not personally examined.

S.C. Code Ann. § 44-130-30(A).

³¹⁹ “A pharmacist acting in good faith and exercising reasonable care as a pharmacist may dispense an opioid antidote pursuant to a written prescription or standing order by a prescriber. A pharmacist acting in good faith and exercising reasonable care as a pharmacist may dispense an opioid antidote pursuant to a written joint protocol issued by the Board of Medical Examiners and the Board of Pharmacy.” S.C. Code Ann. § 44-130-40(A-B). Effective June 5, 2016.

³²⁰ “A health care professional who is authorized to prescribe or dispense an opioid antagonist is not subject to any disciplinary action or civil or criminal liability for the prescribing or dispensing of an opioid antagonist to a person whom the health care professional reasonably believes may be in a position to assist or administer the opioid antagonist to a person at risk for an opioid-related drug overdose.” S.D. Codified Laws § 34-20A-106.

³²¹ “A health care professional who is authorized to prescribe or dispense an opioid antagonist is not subject to any disciplinary action or civil or criminal liability for the prescribing or dispensing of an opioid antagonist to a person whom the health care professional reasonably believes may be in a position to assist or administer the opioid antagonist to a person at risk for an opioid-related drug overdose.” S.D. Codified Laws § 34-20A-106.

³²² “A health care professional who is authorized to prescribe or dispense an opioid antagonist is not subject to any disciplinary action or civil or criminal liability for the prescribing or dispensing of an opioid antagonist to a person whom the health care professional reasonably believes may be in a position to assist or administer the opioid antagonist to a person at risk for an opioid-related drug overdose.” S.D. Codified Laws § 34-20A-106.

³²³ “A health care professional who is authorized to prescribe or dispense an opioid antagonist is not subject to any disciplinary action or civil or criminal liability for the prescribing or dispensing of an opioid antagonist to a person whom the health care professional reasonably believes may be in a position to assist or administer the opioid antagonist to a person at risk for an opioid-related drug overdose.” S.D. Codified Laws § 34-20A-106. “For the purpose of §§ 34-20A-104 to 34-20A-108, inclusive, any prescription issued pursuant to §§ 34-20A-104 to 34-20A-108, inclusive, is deemed to be issued for a legitimate medical purpose in the usual course of professional practice.” S.D. Codified Laws § 34-20A-107.

³²⁴ Immunity is provided for first responders and their employers only. “[A] first responder acting under a standing order who administers an opioid antagonist in good faith compliance with the protocols for administering an opioid antagonist, and the first responder's employer, are not civilly liable for injuries, and may not be held to pay damages to any person, or the person's parents, siblings, children, estate, heirs, or devisees, for injuries or death associated with the administration of an opioid antagonist.” S.D. Codified Laws § 34-20A-103.

³²⁵ A person who is a family member, friend, or other close third party to a person at risk for an opioid-related drug overdose may be prescribed, possess, distribute, or administer an opioid antagonist that is prescribed, dispensed, or distributed by a licensed health care professional directly or by standing order. S.D. Codified Laws § 34-20A-104.

³²⁶ “A licensed health care professional may, directly or by standing order, prescribe an opioid antagonist to a person at risk of experiencing an opioid-related overdose, or prescribe to a family member, friend, or other close third party person the health care practitioner reasonably believes to be in a position to assist a person at risk of experiencing an opioid-related overdose.” S.D. Codified Laws §§ 34-20a-105.

³²⁷ “A person who is a family member, friend, or other close third party to a person at risk for an opioid-related drug overdose may be prescribed, possess, distribute, or administer an opioid antagonist that is prescribed, dispensed, or distributed by a licensed health care professional directly or by standing order pursuant to §§ 34-20A-104 to 34-20A-108, inclusive.” S.D. Codified Laws §§ 34-20a-104.

³²⁸ The following was added effective July 1, 2017: “Any person treated for a drug-related overdose with an opioid antagonist by a first responder shall be taken to a medical facility by emergency medical services for evaluation, unless the person is competent to refuse medical treatment and chooses to refuse treatment.” Tenn. Code Ann. 63-1-152(j).

³²⁹ “The following individuals are immune from civil liability in the absence of gross negligence or willful misconduct for actions authorized by this section: (1) Any licensed healthcare practitioner who prescribes or dispenses an opioid antagonist pursuant to subsection (b).” Tenn. Code Ann. § 63-1-152 (g).

³³⁰ “A licensed healthcare practitioner acting in good faith and with reasonable care, who prescribes, dispenses, or administers an opioid antagonist to a person the healthcare provider believes to be experiencing or is at risk of experiencing a drug-related overdose or prescribes an opioid antagonist to a family member, friend, or other person in a position to assist a person experiencing or at risk of experiencing a drug-related overdose is immune from disciplinary or adverse administrative actions under this title for acts or omissions during the administration, prescription, or dispensation of an opioid antagonist.” Tenn. Code Ann. § 63-1-152 (h).

- ³³¹ “The following individuals are immune from civil liability in the absence of gross negligence or willful misconduct for actions authorized by this section: (1) Any licensed healthcare practitioner who prescribes or dispenses an opioid antagonist pursuant to subsection (b).” Tenn. Code Ann. § 63-1-152 (g).
- ³³² “A licensed healthcare practitioner acting in good faith and with reasonable care, who prescribes, dispenses, or administers an opioid antagonist to a person the healthcare provider believes to be experiencing or is at risk of experiencing a drug-related overdose or prescribes an opioid antagonist to a family member, friend, or other person in a position to assist a person experiencing or at risk of experiencing a drug-related overdose is immune from disciplinary or adverse administrative actions under this title for acts or omissions during the administration, prescription, or dispensation of an opioid antagonist.” Tenn. Code Ann. § 63-1-152 (h).
- ³³³ “The following individuals are immune from civil liability in the absence of gross negligence or willful misconduct for actions authorized by this section: ... (2) Any person who administers an opioid antagonist pursuant to subsection (d).” Tenn. Code Ann. § 63-1-152(g).
- ³³⁴ “A licensed healthcare practitioner otherwise authorized to prescribe an opioid antagonist acting in good faith and exercising reasonable care may, directly or by standing order, prescribe an opioid antagonist to the following persons: (1) A person at risk of experiencing an opiate related overdose; or(2) A family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose. Tenn. Code Ann. 63-1-152(b).
- ³³⁵ “A licensed healthcare practitioner otherwise authorized to prescribe an opioid antagonist acting in good faith and exercising reasonable care may, directly or by standing order, prescribe an opioid antagonist to the following persons...” Tenn. Code Ann. 63-1-152(b). 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.
- ³³⁶ “A prescriber who, acting in good faith with reasonable care, prescribes or does not prescribe an opioid antagonist is not subject to any criminal or civil liability or any professional disciplinary action for: (1) prescribing or failing to prescribe the opioid antagonist; or (2) if the prescriber chooses to prescribe an opioid antagonist, any outcome resulting from the eventual administration of the opioid antagonist.” Tex. Health & Safety Code § 483.102(c).
- ³³⁷ “A pharmacist who, acting in good faith and with reasonable care, dispenses or does not dispense an opioid antagonist under a valid prescription is not subject to any criminal or civil liability or any professional disciplinary action for: (1) dispensing or failing to dispense the opioid antagonist; or (2) if the pharmacist chooses to dispense an opioid antagonist, any outcome resulting from the eventual administration of the opioid antagonist.” Tex. Health & Safety Code § 483.103(c).
- ³³⁸ “A person who, acting in good faith and with reasonable care, administers or does not administer an opioid antagonist to another person whom the person believes is suffering an opioid-related drug overdose is not subject to criminal prosecution, sanction under any professional licensing statute, or civil liability, for an act or omission resulting from the administration of or failure to administer the opioid antagonist.” Tex. Health & Safety Code § 483.106(a).
- ³³⁹ “A person or organization acting under a standing order issued by a prescriber may store an opioid antagonist and may distribute an opioid antagonist, provided the person or organization does not request or receive compensation for storage or distribution.” Tex. Health & Safety Code § 483.104.
- ³⁴⁰ Any person may possess an opioid antagonist, regardless of whether the person holds a prescription for the opioid antagonist. Tex. Health & Safety Code § 483.105.
- ³⁴¹ “A prescriber may, directly or by standing order, prescribe an opioid antagonist to: (1) a person at risk of experiencing an opioid-related drug overdose; or (2) a family member, friend, or other person in a position to assist a person described by Subdivision (1).” Tex. Health & Safety Code § 483.102(a).
- ³⁴² “A prescriber may, directly or by standing order, prescribe an opioid antagonist to: (1) a person at risk of experiencing an opioid-related drug overdose; or (2) a family member, friend, or other person in a position to assist a person described by Subdivision (1).” Tex. Health & Safety Code § 483.102(a).
- ³⁴³ Modified to permit naloxone to be furnished to an overdose outreach provider in addition to family members, friends, and others in a position to assist.
- ³⁴⁴ “Notwithstanding Sections 58-1-501, 58-17b-501, and 58-17b-502, a health care provider who is licensed to prescribe an opiate antagonist may prescribe, including by a standing prescription drug order issued in accordance with Subsection 26-55-105(2), or dispense an opiate antagonist: ... (c) without liability for any civil damages for acts or omissions made as a result of prescribing or dispensing the opiate antagonist in good faith.” Utah Code § 26-55-104(2).
- ³⁴⁵ Only applies to physicians, advanced practice registered nurses, physician assistants, and individuals licensed to engage in the practice of dentistry. See Utah Code § 26-55-102(4).
- ³⁴⁶ “Except as provided in Subsection (1)(b), the following persons are not liable for any civil damages for acts or omissions made as a result of administering an opiate antagonist when the person acts in good faith to administer the opiate antagonist to an individual whom the person believes to be experiencing an opiate-related drug overdose event: (A) an overdose outreach provider; or (B) a person other than a health care facility or health care provider.” Utah Code § 26-55-104 (1)(a)(ii).
- ³⁴⁷ Only appears to apply to “overdose outreach providers.” Utah Code § 26-55-106.
- ³⁴⁸ “Notwithstanding Sections 58-1-501, 58-17b-501, and 58-17b-502, a health care provider who is licensed to prescribe an opiate antagonist may prescribe, including by a standing prescription drug order issued in accordance with Subsection 26-55-105(2), or dispense an opiate antagonist: (a)(i) to an individual who is at increased risk of experiencing an opiate-related drug overdose event; (ii) for an individual described in Subsection (2)(a)(i), to a family member, friend, or other person, including a person described in Subsections 26-55-107(1)(a)(i)(A) through (1)(a)(i)(F), that is in a position to assist the individual; or (iii) to an overdose outreach provider for: (A) furnishing the

opiate antagonist to an individual described in Subsection (2)(a)(i) or (ii), as provided in Section 26-55-106; or (B) administering to an individual experiencing an opiate-related drug overdose event; (b) without a prescriber-patient relationship; and (c) without liability for any civil damages for acts or omissions made as a result of prescribing or dispensing the opiate antagonist in good faith." Utah Code § 26-55-104 (2).

³⁴⁹ "Notwithstanding Title 58, Chapter 17b, Pharmacy Practice Act, a person licensed under Title 58, Chapter 17b, Pharmacy Practice Act, to dispense an opiate antagonist may dispense the opiate antagonist:(a) pursuant to a standing prescription drug order made in accordance with Subsection (2); and (b) without any other prescription drug order from a person licensed to prescribe an opiate antagonist." Utah Code § 26-55-105(1). Effective May 10, 2016.

³⁵⁰ Law has been modified many times over the years.

³⁵¹ "In good faith prescribes, dispenses, or administers naloxone or other opioid antagonist used for overdose reversal in an emergency to an individual who is believed to be experiencing or about to experience a life-threatening opiate overdose shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if acting in accordance with the provisions of subsection X or Y of § 54.1-3408 or in his role as a member of an emergency medical services agency." Va. Code Ann. § 8.01-225(20).

³⁵² "In good faith prescribes, dispenses, or administers naloxone or other opioid antagonist used for overdose reversal in an emergency to an individual who is believed to be experiencing or about to experience a life-threatening opiate overdose shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if acting in accordance with the provisions of subsection X or Y of § 54.1-3408 or in his role as a member of an emergency medical services agency." Va. Code Ann. § 8.01-225(20).

³⁵³ A person who "[i]n good faith administers naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose in accordance with the provisions of subsection Z of § 54.1-3408 shall not be liable for any civil damages for any personal injury that results from any act or omission in the administration of naloxone or other opioid antagonist used for overdose reversal, unless such act or omission was the result of gross negligence or willful and wanton misconduct. Va. Code Ann. § 8.01-225(21).

³⁵⁴ "A person who is not otherwise authorized to administer naloxone or other opioid antagonist used for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose." Va. Code Ann. § 54.1-3408(Z).

³⁵⁵ "Notwithstanding any other law or regulation to the contrary, a person who is acting on behalf of an organization that provides services to individuals at risk of experiencing an opioid overdose or training in the administration of naloxone for overdose reversal may dispense naloxone to a person who has received instruction on the administration of naloxone for opioid overdose reversal.." Va. Code. Ann. § 54.1-3408(Y).

³⁵⁶ Va. Code Ann. § 54.1-3408 (X); (Y).

³⁵⁷ The pharmacist dispensing under a standing order is required to act in accordance with protocols developed by the state board of pharmacy. The protocols are available at <http://leg5.state.va.us/pdfs/6198/365dc006198~3s.pdf>.

³⁵⁸ Language modified to add pharmacists to the list of health care professionals.

³⁵⁹ "A health care professional who prescribes, dispenses, or distributes an opioid antagonist in accordance with subdivision (1) of this subsection shall be immune from civil or criminal liability with regard to the subsequent use of the opioid antagonist, unless the health professional's actions with regard to prescribing, dispensing, or distributing the opioid antagonist constituted recklessness, gross negligence, or intentional misconduct. The immunity granted in this subdivision shall apply whether or not the opioid antagonist is administered by or to a person other than the person for whom it was prescribed." Vt. Stat. Ann. tit. 18, § 4240 (2).

³⁶⁰ "A health care professional who prescribes, dispenses, or distributes an opioid antagonist in accordance with subdivision (1) of this subsection shall be immune from civil or criminal liability with regard to the subsequent use of the opioid antagonist, unless the health professional's actions with regard to prescribing, dispensing, or distributing the opioid antagonist constituted recklessness, gross negligence, or intentional misconduct. The immunity granted in this subdivision shall apply whether or not the opioid antagonist is administered by or to a person other than the person for whom it was prescribed." Vt. Stat. Ann. tit. 18, § 4240 (2).

³⁶¹ "A person shall be immune from civil or criminal liability for administering an opioid antagonist to a victim pursuant to subdivision (1) of this subsection unless the person's actions constituted recklessness, gross negligence, or intentional misconduct. The immunity granted in this subdivision shall apply whether or not the opioid antagonist is administered by or to a person other than the person for whom it was prescribed. Vt. Stat. Ann. Tit. 18 § 4240(d)(3).

³⁶² 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 appears to authorize the distribution of naloxone by community-based overdose prevention programs.

³⁶³ "A health care professional acting in good faith and within his or her scope of practice may directly or by standing order prescribe, dispense, and distribute an opioid antagonist to the following persons, provided the person has been educated about opioid-related overdose prevention and treatment in a manner approved by the

Department: (A) a person at risk of experiencing an opioid-related overdose; or (B) a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose.” Vt. Stat. Ann. tit. 18, § 4240(c)(1).

³⁶⁴ “A health care professional acting in good faith and within his or her scope of practice may directly or by standing order prescribe, dispense, and distribute an opioid antagonist to the following persons, provided the person has been educated about opioid-related overdose prevention and treatment in a manner approved by the Department.” Vt. Stat. Ann. tit. 18 § 4240(c)(1).

³⁶⁵ “The Board of Pharmacy shall adopt protocols for licensed pharmacists to dispense or otherwise furnish naloxone hydrochloride to patients who do not hold an individual prescription for naloxone hydrochloride. Such protocols shall be consistent with rules adopted by the Commissioner of Health. (b) Notwithstanding any provision of law to the contrary, a licensed pharmacist may dispense naloxone hydrochloride to any person as long as the pharmacist complies with the protocols adopted pursuant to subsection (a) of this section.” Vt. Stat. Ann. tit. 26 § 2080(a). The protocol was adopted January 28, 2015, and is available [here](#).

³⁶⁶ This law was enacted effective July 24, 2015. Provisions were previously located at Wash. Rev. Code § 18.130.345 and Wash. Rev. Code § 69.50.315.

³⁶⁷ Statute modified to explicitly permit pharmacists to dispense naloxone via collaborative drug therapy agreement, standing order, protocol, etc; presumably they were permitted to do so prior to modification since practitioners were permitted to issue them. Also permits the secretary or their designee to issue a standing order, including a statewide standing order. Also permits “any person or entity” authorized under a non-patient specific prescription to “lawfully possess, store, deliver, distribute, or administer” naloxone pursuant to a standing order.

³⁶⁸ “The following individuals, if acting in good faith and with reasonable care, are not subject to criminal or civil liability or disciplinary action under chapter 18.130 RCW for any actions authorized by this section or the outcomes of any actions authorized by this section: (a) A practitioner who prescribes, dispenses, distributes, or delivers an opioid overdose reversal medication pursuant to subsection (1) of this section...” Wash. Rev. Code § 69.41.095 (4).

³⁶⁹ “The following individuals, if acting in good faith and with reasonable care, are not subject to criminal or civil liability or disciplinary action under chapter 18.130 RCW for any actions authorized by this section or the outcomes of any actions authorized by this section: ... (b) A pharmacist who dispenses an opioid overdose reversal medication pursuant to subsection (2) or (5)(a) of this section...” Wash. Rev. Code § 69.41.095 (4).

³⁷⁰ “The following individuals, if acting in good faith and with reasonable care, are not subject to criminal or civil liability or disciplinary action under chapter 18.130 RCW for any actions authorized by this section or the outcomes of any actions authorized by this section: ... (c) A person who possesses, stores, distributes, or administers an opioid overdose reversal medication pursuant to subsection (3) of this section.” Wash. Rev. Code § 69.41.095 (4).

³⁷¹ “Any person or entity may lawfully possess, store, deliver, distribute, or administer an opioid overdose reversal medication pursuant to a prescription, collaborative drug therapy agreement, standing order, or protocol issued by a practitioner in accordance with subsection (1) of this section.” Wash. Rev. Code § 69.41.095 (3).

³⁷² “A practitioner may prescribe, dispense, distribute, and deliver an opioid overdose reversal medication: (i) Directly to a person at risk of experiencing an opioid-related overdose; or (ii) by prescription, collaborative drug therapy agreement, standing order, or protocol to a first responder, family member, or other person or entity in a position to assist a person at risk of experiencing an opioid-related overdose. Any such prescription, standing order, or protocol is issued for a legitimate medical purpose in the usual course of professional practice.” Wash. Rev. Code § 69.41.095 (1)(a).

³⁷³ All of these mechanisms were added effective July 24, 2015.

³⁷⁴ Modified to permit standing orders.

³⁷⁵ “A physician or physician assistant who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. (2), or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist, shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 448.02 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.” Wis. Stat. Ann. § 448.037 (3). “An advanced practice nurse who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. (2), or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist, shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 441.07 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.” Wis. Stat. § 441.18 (3).

³⁷⁶ “A pharmacist who, acting in good faith, delivers an opioid antagonist in accordance with subd. 1., or who, acting in good faith, otherwise lawfully dispenses an opioid antagonist, shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 450.10 for any outcomes resulting from delivering or dispensing the opioid antagonist.” Wis. Stat. § 450.11(1i)(2).

³⁷⁷ Subject to ss. 256.40(3)(b) and 895.48(1g), any person who, reasonably believing another person to be undergoing an opioid-related drug overdose, administers an opioid antagonist to that person shall be immune from civil or criminal liability for any outcomes resulting from the administration of the opioid antagonist to that person. Wis. Stat. § 450.11 (3).

³⁷⁸ “[A]ny person may deliver or dispense an opioid antagonist.” Wis. Stat. § 450.11(1i)(b)(2)(a).

³⁷⁹ “Any person may possess an opioid antagonist.” Wis. Stat. § 450.11(1i)(b)(1).

- ³⁸⁰ “A physician or physician assistant may do any of the following: 1. Prescribe an opioid antagonist to a person in a position to assist an individual at risk of undergoing an opioid-related drug overdose and may deliver the opioid antagonist to that person. Wis. Stat. § 448.037(2)(a). An advanced practice nurse certified to issue prescription orders under s. 441.16 may do any of the following: 1. Prescribe an opioid antagonist to a person in a position to assist an individual at risk of undergoing an opioid-related drug overdose and may deliver the opioid antagonist to that person. Wis. Stat. § 441.18(2)(a).
- ³⁸¹ Standing orders were added effective December 10, 2015.
- ³⁸² Numerous changes over time.
- ³⁸³ “A licensed health care provider who is permitted by law to prescribe drugs, including opioid antagonists, may, if acting in good faith, prescribe and subsequently dispense or distribute an opioid antagonist without being subject to civil liability or criminal prosecution unless prescribing the opioid antagonist was the result of the licensed health care providers gross negligence or willful misconduct.” W. Va. Code § 16-46-5(a).
- ³⁸⁴ “Any pharmacist or pharmacy intern who dispenses or refuses to dispense an opioid antagonist under the provisions of this article who is acting in good faith and subject to the requirements of section three-a of this article is not, as a result of his or her actions or omissions, subject to civil liability or criminal prosecution unless dispensing the opioid antagonist was the result of the pharmacist or pharmacy interns gross negligence or willful misconduct.” W. Va. Code § 16-46-5 (e).
- ³⁸⁵ “Any person who possesses an opioid antagonist and administers it to a person whom they believe to be suffering from an opioid-related overdose and who is acting in good faith is not, as a result of his or her actions or omissions, subject to criminal prosecution arising from the possession of an opioid antagonist or subject to any civil liability with respect to the administration of or failure to administer the opioid antagonist unless the act or failure to act was the result of gross negligence or willful misconduct.” W. Va. Code § 16-46-5(c).
- ³⁸⁶ “A governmental or non-governmental organization, including a local health department, a law enforcement agency, or organization that promotes scientifically proven ways to mitigate health risks associated with substance use disorders and other high-risk behaviors may, through its trained agents, distribute an opioid antagonist obtained pursuant to a prescription issued in accordance with this section...” W. Va. Code. § 16-46-3(c)(1).
- ³⁸⁷ “A person and organization may possess an opioid antagonist, regardless of whether the person or organization holds a prescription for the opioid antagonist.” W. Va. Code. § 16-46-3(f).
- ³⁸⁸ “A licensed health care provider acting in good faith and exercising good reasonable care may directly or by standing order prescribe an opioid antagonist to: (A) A person at risk of experiencing an opioid-related overdose; or (B) A family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose.” W. Va. Code § 16-46-3(1).
- ³⁸⁹ Effective June 5, 2018, the state health officer may prescribe naloxone via statewide standing order. W. Va. Code. § 16-46-7.
- ³⁹⁰ Protocol orders added June 10, 2016. W. Va. Code. 16-46-3a. The protocol is available at <https://www.wvbop.com/article.asp?ty=CTTS&action2=showArticle&id=14>.
- ³⁹¹ “A person who administers an opiate antagonist pursuant to this article is personally immune from civil or criminal liability for any act or omission resulting in damage or injury.” Wyo. Stat. Ann. § 35-4-906(b).
- ³⁹² “Prescribing an opiate antagonist by a practitioner or pharmacist pursuant to this article shall not constitute unprofessional conduct.” Wyo. Stat. Ann. § 35-4-906(e).
- ³⁹³ “A person who administers an opiate antagonist pursuant to this article is personally immune from civil or criminal liability for any act or omission resulting in damage or injury. Wyo. Stat. Ann. § 35-4-906(b).
- ³⁹⁴ “A practitioner or a pharmacist acting in good faith and exercising reasonable care may, without a prescriber-patient relationship, prescribe an opiate antagonist to: (i) A person at risk of experiencing an opiate related drug overdose; (ii) A person in a position to assist a person at risk of experiencing an opiate related drug overdose; (iii) A person who, in the course of the person's official duties or business, may encounter a person experiencing an opiate related drug overdose.” Wyo. Stat. Ann. § 35-4-903(a).
- ³⁹⁵ “Prescribing an opiate antagonist by a practitioner or pharmacist pursuant to this article shall not constitute unprofessional conduct.” Wyo. Stat. Ann. § 35-4-906(e).
- ³⁹⁶ 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).