Legal Interventions to Reduce Overdose Mortality: Naloxone Access Laws

Drug overdose is a nationwide epidemic. Drug overdoses were responsible for the deaths of nearly 107,000 people in the United States in 2021. Opioids, both prescription painkillers such as Oxycontin and non-prescribed drugs such as heroin and fentanyl, are responsible for approximately 80% of these deaths.

Many of these deaths are preventable. Naloxone, a pure opioid antagonist, quickly and safely reverses opioid overdose. Around 40% of people who overdose are not alone when they do so. Nearly all of those witnessed deaths – and some that were unwitnessed but where help was summoned in time - 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 some formulations of naloxone remain available only by prescription, the medication is not a controlled substance and has no abuse potential. While it was traditionally used only by first responders, it can be administered by laypeople with little or no formal training. 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.

These laws have been modified over time, generally to increase access to naloxone. The Table below displays characteristics of these laws as of August 1, 2023. The columns first provide information on 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. 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. The Table does not explicitly address over-the-counter products, such as Narcan, which was approved as an over-the-counter medication in March 2023, and RiVive, approved July 2023.

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 will likely help, and a comprehensive solution that includes increased access to evidence-based treatment together with de-stigmatization and decriminalization of opioid use disorder is necessary to create large-scale, lasting change. 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 August 1, 2023*

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Support for the Network provided by the Robert Wood Johnson Foundation. The views expressed in this document do not necessarily reflect the views of the Foundation.

This document was developed by Corey Davis, Sarah Chang, Derek Carr, Hector Hernandez-Delgado, Sam Breen, Amy Judd Lieberman, Seena Razavi, and Ashleigh Dennis at the Network for Public Health Law's Harm Reduction Legal Project (harmreduction@networkforphl.org). The Network for Public Health Law provides information and technical assistance on issues related to public health. The legal information and assistance provided in this document does not constitute legal advice or legal representation. For legal advice, please consult specific legal counsel.

Updated: August 2023


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).


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.


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

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.

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).

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).

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).

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).


Alaska Stat. § 17.20.085(c) was amended June 30, 2021 to remove a previously existing requirement that a standing order expire on or before June 30, 2021. Alaska Stat. § 08.80.168(b) was amended September 28, 2022 to allow prescribing and administering by a pharmacist.

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. § 17.20.085(a).

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).

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).

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).

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).

“A pharmacist may independently prescribe and administer an opioid overdose drug if the pharmacist has completed an opioid overdose drug training program approved by the board and otherwise complies with the standards established by the board under AS 08.80.030(b).” Alaska Stat. § 08.80.168(b).


The law permits a “health care provider authorized to prescribe an opioid overdose drug” to issue standing orders or protocols for naloxone. Alaska Stat. § 17.20.085(a).

Effective April 28, 2016, “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).
“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).

“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).

“A person who in good faith and without compensation administers an opioid antagonist to a person who is experiencing an opioid-related overdose is immune from civil liability, criminal liability, or professional sanctions for administering, prescribing, dispensing, or supplying an opioid antagonist. Ark. Code. § 20-13-1804(a).”

“Notwithstanding any other law, an individual that has been prescribed, dispensed, or supplied with an opioid antagonist under this section…a healthcare professional who administers an opioid antagonist under this section…a healthcare professional or pharmacist who acts in good faith and in compliance with the standard of care that dispenses or supplies an opioid antagonist.” Ark. Code. § 20-13-1804(e)(3).

The following individuals are immune from civil liability, criminal liability, or professional sanctions for administering, prescribing, dispensing, or supplying an opioid antagonist under this section…a person other than a healthcare professional who administers an opioid antagonist…or who is supplied with an opioid antagonist.” Ark. Code. § 20-13-1804(e)(3).

“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).

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.

[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).

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). Ark. Code § 7-92-101 was amended July 28, 2021, resulting in a renumbering of 7-92-101(g), but the amendments made no substantive changes. Effective April 11, 2023, the law was modified to add more categories of people who can be prescribed, dispensed, or supplied opioid antagonists, and to explicitly allow for secondary distribution. Ark. Code. § 20-13-1804.

“A healthcare professional who prescribes an opioid antagonist is immune from civil liability, criminal liability, or professional sanctions for administering, prescribing, dispensing, or supplying an opioid antagonist. Ark. Code. § 20-13-1804(e)(1).

The following individuals are immune from civil liability, criminal liability, or professional sanctions for administering, prescribing, dispensing, or supplying an opioid antagonist under this section…a healthcare professional or pharmacist who acts in good faith and in compliance with the standard of care that dispenses or supplies an opioid antagonist.” Ark. Code. § 20-13-1604(e)(2).

“Notwithstanding any other law, an individual that has been prescribed, dispensed, or supplied with an opioid antagonist under subsection (a) of this section: (1) Shall follow manufacturer instructions for storage, replacement, and disposal of the opioid antagonist; and (2) May provide the opioid antagonist, directly or indirectly, and at no cost, to a person described in subdivision (a)(1) or (2) of this section.” Ark. Code. § 20-13-1804(b).

Opioid antagonist may be prescribed and dispensed to: “(1) A person at risk of experiencing an opioid-related drug overdose; (2) A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose; (3) Any individual who is employed or contracted by a public or private organization, including without limitation (A) A state, municipal, or county entity; (B) A hospital or clinic; (C) A law enforcement agency; (D) A harm reduction organization; (E) An educational institution; (F) A building manager; (H) A pain management center; (J) An emergency medical services technician; (G) A law enforcement officer; or (J) An employee of the State Crime Laboratory.” Ark. Code. § 20-13-1804(a).
Under state law, “[a] healthcare professional acting in good faith may directly or by standing order prescribe, dispense, and supply an opioid antagonist.” Ark. Code. § 20-13-1804(a).

“Pursuant to a statewide protocol, a pharmacist may initiate therapy and administer, or both...naloxone.” Ark. Code. § 17-92-101(17)(A)(i)(g). 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://www.healthy.arkansas.gov/images/uploads/pdf/AR-Naloxone-Protocol-Dr-Balamarurugan.pdf (last visited July 1, 2023).

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.

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.” Bus. & Prof. Code § 4052.01 was amended effective January 1, 2023, to change “naloxone hydrochloride” to “opioid antagonist” throughout the text. Cal. Civ. Code § 1714.22 was amended effective January 1, 2022, to expand the opioid antagonist definition to opioid antagonists other than naloxone.

“A licensed healthcare provider who prescribes, dispenses, distributes, or administers to a family member, friend, or other person in a position to assist an individual at risk of experiencing an opioid-related drug overdose event; a school district, school, or employee or agent of a school; a person described in section 25-20.5-1001; a unit of local government; an institution of higher education or an employee or agent of the...
institution of higher education; a library or an employee or agent of the library; a community service organization or an employee or agent of the community service organization; a religious organization or an employee or agent of the religious organization; a local jail or an employee or agent of the local jail; a multijurisdictional jail or an employee or agent of the multijurisdictional jail; a municipal jail or an employee or agent of the municipal jail; a correctional facility or an employee or agent of the correctional facility; a private contract prison or an employee or agent of the private contract prison; a community corrections program or an employee or agent of the community corrections program; a pretrial services program or an employee or agent of the pretrial services program; a probation department or an employee or agent of the probation department; a local public health agency or an employee or agent of the local public health agency; or a mental health professional. "A person, other than a health care provider or a health care facility, who acts in good faith to furnish or administer an opiate antagonist, including an expired opiate antagonist, to an individual the person believes to be suffering an opiate-related drug overdose event or to an individual who is in a position to assist the individual at risk of experiencing an opiate-related overdose event is immune from criminal prosecution for the act or for any act or omission made if the opiate antagonist is stolen." Colo. Rev. Stat. § 18-1-712(2)(a).

57 "A person or entity described in subsection (1)(a) of this section may, pursuant to an order or standing orders and protocols...furnish 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 anyone listed in Colo. Rev. Stat. § 12-30-110(1)(a). Section (1)(a) of section 12-30-110 includes an individual at risk of experiencing an opiate-related drug overdose event; a family member, friend, or other person in a position to assist an individual at risk of experiencing an opiate-related drug overdose event; an employee or volunteer of a harm reduction organization; a law enforcement agency or first responder; a school district, school, or employee or agent of a school; a person described in section 25-20.5-1001; a unit of local government; an institution of higher education or an employee or agent of the institution of higher education; a library or an employee or agent of the library; a community service organization or an employee or agent of the community service organization; a religious organization or an employee or agent of the religious organization; a local jail or an employee or agent of the local jail; a multijurisdictional jail or an employee or agent of the multijurisdictional jail; a municipal jail or an employee or agent of the municipal jail; a correctional facility or an employee or agent of the correctional facility; a private contract prison or an employee or agent of the private contract prison; a community corrections program or an employee or agent of the community corrections program; a pretrial services program or an employee or agent of the pretrial services program; a probation department or an employee or agent of the probation department; a local public health agency or an employee or agent of the local public health agency; or a mental health professional.


58 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." The current order is available at https://cdphe.colorado.gov/prevention-and-wellness/injury-prevention/overdose-prevention/naloxone-standing-orders. Colo. Rev. Stat. § 12-30-110(1)(a). A map of pharmacies that dispense pursuant to the standing order is available at http://stophetheclockcolorado.org/map/.

59 Effective October 1, 2017, pharmacists are permitted to dispense under a "medical protocol standing order." Conn. Gen. Stat. § 20-633d. Effective July 1, 2022, Conn. Gen. Stat. § 21a-286 was amended to add local or regional boards of education to the list of organizations permitted to enter into agreements with prescribers or pharmacists related to administering and distributing opioid antagonists. Effective June 13, 2023, Conn. Gen. Stat. § 21a-286 was revised to enable the use of naloxone vending machines, but the changes do not affect the data in this table.

60 "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).

61 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).

62 "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). "Any person who in good faith believes that another person is experiencing an opioid-related drug overdose may, if acting with reasonable care, administer an opioid antagonist to such other person. Any person, other than a licensed health care professional acting in the ordinary course of such person's employment, who administers an opioid antagonist in accordance with this subsection shall not be liable for damages in a civil action or subject to criminal prosecution with respect to the administration of such opioid antagonist." Conn. Gen. Stat. § 17a-714a(d).

63 "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, community health organization, or local or regional board of education 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
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-714(b).

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 authorized to prescribe naloxone is available at https://portal.ct.gov/DCP/Drug-Control-Division/Drug-Control/Naloxone-Pharmacies.

Connecticut does not maintain a statewide standing order, but practitioners and pharmacists may enter into a “medical protocol standing order,” which 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/DCP/Drug-Control-Division/Drug-Control/Opoid-Overdose-Information-for-Pharmacists.

D.C. Code § 7-403, effective March 9, 2013, was modified effective March 16, 2021, to add protection for individuals who administer an opioid antagonist or to whom an opioid antagonist is administered. D.C. Code § 7-404 was initially effective on February 18, 2017, and was last modified effective April 11, 2019.

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 to 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).

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 to 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 the subsequent use of the opioid antagonist constitute recklessness, gross negligence, or intentional misconduct.” D.C. Code § 7-404(f)(1).

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 or criminal liability in the absence of gross negligence, if 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).

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).

“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).

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 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 person in a position to assist a person at risk of experiencing an opioid-related overdose.” D.C. Code § 7-404(c).

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).

Standing orders were permitted as of Feb. 18, 2017. Protocols were added Apr. 11, 2019. See D.C. Code § 7-404, D.C’s template standing order is available at https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/181204%20DC%20Naloxone%20Standing%20Order%201.pdf.


Del. Code Ann. tit. 16, § 3001G was repealed effective Nov. 2, 2022. It was restructured and amended as Del. Code Ann. tit. 16, §§ 3002G-3006G. Del. Code tit. 16, § 3001G(e) was modified effective June 12, 2018, to permit public safety personnel (previously ‘a peace officer’) to receive, carry, and administer naloxone. Immunity was contracted slightly with the addition of reckless action to the list of types of activities excluded from immunity. Liability protection for pharmacists was added to the same statute effective July 20, 2017, as subsection (g).
Applies only to health-care practitioners acting in good faith and with reasonable care and without injury or death caused by unreasonable care, willful, wanton, or gross negligence. Del. Code tit. 16, § 3005G(b).

Applies only to health-care practitioners acting in good faith and with reasonable care and without injury or death caused by unreasonable care, willful, wanton, or gross negligence. Del. Code tit. 16, § 3005G(b).

Applies only to health-care practitioners acting in good faith and with reasonable care and without injury or death caused by unreasonable care, willful, wanton, or gross negligence. Del. Code tit. 16, § 3005G(b).

Applies only to health-care practitioners acting in good faith and with reasonable care and without injury or death caused by unreasonable care, willful, wanton, or gross negligence. Del. Code tit. 16, § 3005G(b).

Applies only to health-care practitioners acting in good faith and with reasonable care and without injury or death caused by unreasonable care, willful, wanton, or gross negligence. Del. Code tit. 16, § 3005G(b).

Applies only to health-care practitioners and pharmacists acting in good faith and with reasonable care and without injury or death caused by unreasonable care, willful, wanton, or gross negligence. Del. Code tit. 16, § 3005G(b) & (c).

Applies only to health-care practitioners and pharmacists acting in good faith and with reasonable care and without injury or death caused by unreasonable care, willful, wanton, or gross negligence. Del. Code tit. 16, § 3005G(b) & (c).

Applies only to health-care practitioners and pharmacists acting in good faith and with reasonable care and without injury or death caused by unreasonable care, willful, wanton, or gross negligence. Del. Code tit. 16, § 3005G(b) & (c).

"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).

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).

"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).

The 2022 amendment added criminal and civil immunity for administration by emergency responders, crime laboratory personnel, as well as personnel of a law enforcement or other agency who, while acting within the scope or course of employment, come into contact with a controlled substance or persons at risk of experiencing an overdose.” Fla. Stat. § 381.887(3).

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; (c) Personnel of a law enforcement agency or an other agency, including, but not limited to, correctional probation offices and child protective investigators who, while acting within the scope or course of employment, come into contact with a controlled substance or persons at risk of experiencing an overdose.” Fla. Stat. § 381.887(4)(a)-(c). 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.

96 Authorized health care practitioners are permitted to prescribe to patients and caregivers and pharmacists “may order an emergency opioid antagonist with an autoinjection delivery system, a prefilled injection device delivery system, or an intranasal application delivery system” to patients or 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).

97 Applies only to auto-injection delivery systems or intranasal application delivery systems. Fla. Stat. § 381.887(3). The statewide standing order is available at

98 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.

99 “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).

100 “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:...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).

101 “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:...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).

102 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).

103 Opioid antagonist may be prescribed “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).

104 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://coastalhealthdistrict.org/wp-content/uploads/2020/01/Naloxone-Standing-Order.pdf (last visited July 1, 2023).

105 Haw. Rev. Stat. Ann. § 461-11.8 was amended to allow pharmacists to prescribe and dispense an opioid antagonist in the name of the person requesting it, even if they are not the person to be treated.

106 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).

107 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).

108 “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).

109 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).

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

111 “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).
“A pharmacist, acting in good faith and exercising reasonable care, may prescribe and dispense an opioid antagonist to an individual who is at risk for an opioid overdose or a family member or caregiver of an individual who is at risk of an opioid overdose, regardless of whether the individual has evidence of a previous prescription for an opioid antagonist from a practitioner authorized to prescribe opioids.” Haw. Rev. Stat. Ann. § 461-11.8(a).

113 “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). There is no current statewide standing order in place.

114 July 1, 2023, Iowa Code § 147A.18 and 135.190 were amended to include prescribing to “secondary distributors” who are authorized to possess and provide naloxone to persons in a position to assist at the scene of an overdose. Secondary distributors are defined as law enforcement agency, emergency medical services program, fire department, school district, health care provider, licensed behavioral health provider, county health department, or the department of health and human services.” Iowa Code § 135.190(1(e)). Iowa Code § 135.190 was also amended to allow the chief medical officer to issue a standing order for naloxone, Iowa Code § 135.190(3A), to add “community based organization” to the list of persons in a position to assist, Iowa Code § 135.190(1)(a), and to allow lay distribution Iowa Code § 135.190(3)B. Low Code 155A.46 was amended effective July 1, 2023 to make language changes that do not affect the data in this table. Iowa Code § 135.190 was amended effective July 1, 2022 to include school employees in the definition of “person in a position to assist” and to add “[a] school district may obtain a valid prescription for an opioid antagonist and maintain a supply of opioid antagonists in a secure location at each location where a student may be present for use as provided in this section.” Iowa Code § 135.190(b)(5).

115 “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).

116 “A person in a position to assist, a secondary distributor 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).

117 “A secondary distributor may possess and provide an opioid antagonist to a person in a position to assist as defined in section 135.190.” Iowa Code § 147A.18(3A). “A person in a position to assist may distribute an opioid antagonist to any individual pursuant to this section.” Iowa Code § 135.190(3B).

118 Persons in a position to assist may receive naloxone from a secondary distributor, and would therefore possess the naloxone 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).

119 “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 or to a secondary distributor.” Iowa Code § 135.190(2)(a).

120 Notwithstanding any other provision of law to the contrary, the chief medical officer of the department may issue a standing order that does not identify individual patients at the time it is issued for the purpose of dispensing opioid antagonists to a person in a position to assist. Iowa Code 135.190(3A).

121 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, fire department, or secondary distributor to be maintained for use as provided in this chapter.”). Further, “Notwithstanding any other provision of law to the contrary, a licensed health care professional may prescribe an opioid antagonist in the name of a service program, law enforcement agency, fire department, or secondary distributor to be maintained for use as provided in this section.” Iowa Code §147.18A(1)(a). A statewide standing order for pharmacy dispensing has been issued by the Department of Public Health:

122 “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).

123 Effective July 1, 2022, the definition of opioid antagonist was relocated to Idaho Code Ann. § 54-1705. 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.

124 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 “any person or entity.” Idaho Code Ann. § 54-1733B(1)(a).

125 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 “any person or entity.” Idaho Code Ann. § 54-1733B(1)(a). 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).
While the text of the law is not clear that lay distribution is permitted, the Idaho Department of Health & Welfare states that community-based organization can distribute Naloxone "to people who may need it, including to their employees and the public." Naloxone Policy FAQ, https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=21100&bld=0&repo=PUBLIC-DOCUMENTS&cr=1 (last visited July 1, 2023).

128 Naloxone may be prescribed and dispensed to "any person or entity." Idaho Code Ann. § 54-1733B(1).

129 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).

130 While the law is not explicit, the state health department indicates that "an organization may continue to use a collaborative practice agreement or standing order from a healthcare provider with prescriptive authority." https://dopl.idaho.gov/wp-content/uploads/2021/10/Naloxone-Policy-FAQ.pdf (last visited July 1, 2023).

131 Effective January 1, 2023, 225 Ill. Comp. Stat. § 85/19.1 requires rather than just permits pharmacists to dispense opioid antagonists pursuant to procedures and protocols by the Department of Public Health and Department of Human Services. Effective January 1, 2022, immunity under 20 Ill. Comp Stat. § 301/5-23 was extended to persons acting under the direction of a healthcare provider. 2021 Ill. Legis. Serv. P.A. 102-598 (H.B. 2589). Statute has been modified several other times over the years, but not in ways that change the answers in this table with the exception of statewide protocol distribution, as noted.

132 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).

133 Pharmacists receive civil immunity only when dispensing naloxone pursuant to a statewide protocol or standing order. 745 Ill. Comp. Stat. § 42-23(d)(2).

134 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).

135 Pharmacists 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).

136 Statute permits the Department to "promote the following programmatic elements" in drug overdose prevention programming including "[d]irectly distributing opioid antagonists approved for the reversal of an opioid overdose rather than providing prescriptions to be filled at a pharmacy," but does not explicitly authorize the dispensing of naloxone by laypeople. 20 Ill. Comp. Stat. § 301/5-23(b)(4). Further, the state’s "Naloxone Standardized Procedure" permits naloxone entities, including non-pharmacy OEND programs, to obtain and distribute naloxone. See https://idph.illinois.gov/topics-services/opioids/naloxone/standardized-procedure.html (July 1, 2023).

137 "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).

138 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” at https://idph.illinois.gov/content/dam/soi/en/web/idph/files/naloxone-so-procedures.pdf, and issues standing orders upon request, http://www.idph.state.il.us/Naloxone/.

139 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. Effective July 1, 2023, statewide standing orders must allow for choice in the purchasing, dispensing, and distributing of any formulation or dosage of naloxone approved by the FDA. Ind. Code § 16-42-27-2(l). Further, the state health commissioner or designated public health authority who issues the standing order is immune from civil prosecution under Ind. Code § 34-13-3-3.

140 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). The state health commissioner or designated public health authority who issues a standing order is immune from civil prosecution under Ind. Code § 34-13-3-3.

141 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).

142 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).

143 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 may do so “to anyone who would like to carry it.” Naloxone FAQ, https://optin.in.gov/

144 “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).

145 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). The statewide standing order is available at https://harm-lessindiana.org/wp-content/uploads/2023/01/Indiana-Statewide-Naloxone-Standing-Order-for-Signature.pdf (last visited July 1, 2023).

146 2019 amendments were not substantive for purposes of this table; they modified the definition of “first responder” to include “emergency medical services provider”.

147 “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).

148 “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).

149 “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).


151 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/librariesprovider10/naloxone/naloxone-statewide-protocol---official.pdf?sfvrsn=c709a601_11 (last visited July 1, 2023).

152 201 Ky. Admin. Regs. 2:360 was amended effective March 9, 2023, to change “naloxone” to “opioid antagonist” throughout and to authorize emergency department dispensing of naloxone under a physician approved protocol. Ky. Rev. Stat. Ann. § 217.186 was amended effective July 14, 2022, to change “naloxone” to “opioid antagonist” throughout and include a definition of opioid antagonist resulting in a change in the statute numbering. An additional provision was added at (4)(d) to allow authorized persons to distribute opioid antagonists to trained individuals as part of a harm reduction program.

153 A licensed health-care provider who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antagonist 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(2).

154 A licensed health-care provider who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antagonist 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(2).

155 A person acting in good faith who administers an opioid antagonist 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(5).

156 A person or agency, including a peace officer, jailer, firefighter, paramedic, or emergency medical technician or a school employee authorized to administer medication under KRS 156.502, may...provide, as part of a harm reduction program, an opioid antagonist to persons who have been trained on the mechanism and circumstances of its administration.” Ky. Rev. Stat. Ann. § 217.186(4). “A person acting in good faith who provides or administers an opioid antagonist received under this section shall be immune from criminal and civil liability for the provision or administration, unless personal injury results from the gross negligence or willful or wanton misconduct of the person providing or administering the drug.” Ky. Rev. Stat. Ann. § 217.186(5).

157 A prescription for an opioid antagonist 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(3). A third 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 an opioid antagonist;
(b) possess an opioid antagonist pursuant to this subsection and any equipment needed for its administration; (c) administer an opioid antagonist to an individual suffering from an apparent opiate-related overdose; and (d) provide, as part of a harm reduction program, an opioid antagonist to persons who have been trained on the mechanism and circumstances of its administration." Ky. Rev. Stat. Ann. § 217.186(4)(a)-(d).


159 La. Rev. Stat. Ann. § 40:978.1 provides protections for first responders only, but that is outside the scope of this survey.

160 La. Stat. Ann. § 40:978.2 was effective August 1, 2015, and 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.

161 "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).

162 "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).

163 "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).

164 Louisiana also provides immunity to first responders who administer naloxone without a prescription. La. Stat. Ann. § 14:403.11.

165 "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).

166 "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).

167 "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).

168 "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).

169 Mass. Gen. Laws ch. 94C, § 19B1/2 was added August 9, 2018. Mass. Gen. Laws ch. 94C, § 19B was modified extensively effective August 9, 2018. These changes generally require that a statewide standing order be issued and provide immunity for pharmacists who dispense naloxone pursuant to it, so long as they act without "gross negligence or willful misconduct" as well as adding protection from criminal action. Mass. Gen. Laws Ann. ch. 112 § 12FF was added March 14, 2016.

170 "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).

171 "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, which were added effective Aug. 9, 2018, 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).

172 "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. Mass. Gen. Laws ch. 112 § 12FF was added effective March 14, 2016; it is not clear what it added to the protections of Mass. Gen. Laws ch. 94C, § 19B(g), which remains good law.
“Naloxone or other opioid antagonist may lawfully be prescribed and dispensed 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.” Mass. Gen. Laws ch. 94C, § 19(d).

A licensed pharmacist is permitted to dispense an opioid antagonist “in accordance with written, standardized procedures or protocols developed by an actively practicing physician registered with the commissioner to distribute or dispense a controlled substance” as of July 1, 2014. Mass. Gen. Laws Ann. ch. 94C, § 19b. The statewide order is available at https://www.mass.gov/doc/naloxone-standing-order-1/download (last visited July 1, 2023).

Maryland law previously required that individuals receive a certificate before obtaining naloxone from the Overdose Response Program. That requirement was lifted effective June 1, 2017. Effective July 1, 2022, language throughout Md. Code Ann., Health-Gen. § 13-3101 et seq. was changed from “naloxone” to “an opioid overdose reversal drug approved by the federal Food and Drug Administration” and a requirement was added to section 13-3103 for the Department of Health to purchase opioid overdose reversal drugs and provide them at no cost to providers required to offer them. Another requirement was added to the same section to require entities which are required to offer opioid overdose reversal drugs to provide only those first provided by the Department, and a provision was added to section 13-3108 providing that a cause of action may not arise for a business or business owner that provides an opioid overdose reversal drug and necessary paraphernalia, in good faith, to an employee or patron for administration. Effective July 1, 2023, the department is required to allow overdose response programs to choose the formulation or dosage of naloxone that they would like to be provided, subject to budget limitations. Md. Code Ann., Health-Gen. § 13-3103(d)(3), but this does not change any data in this table.

A cause of action may not arise against any licensed health care provider or pharmacist when in good faith prescribe or dispense an opioid overdose reversal drug. Md. Code, Health-Gen. § 13-3108(b).

The Maryland Attorney General’s office released an opinion in 2003, before the naloxone access law was passed, which opined that “if the physician prescribed the drug [naloxone] to a participant with the understanding that the participant would administer it to another individual who was not a patient of the physician, the physician might be subject to criminal prosecution and disciplinary action for aiding the unauthorized practice of medicine and for violation of State laws relating to prescription drugs.” 88 Md. Op. Att’y Gen. 88 (2003). It is not clear whether or how this opinion would apply after the passage of the naloxone access law.

A licensed health care provider who prescribes naloxone may not be subject to any disciplinary action for the act of prescribing an opioid overdose reversal drug. Md. Code, Health-Gen. § 13-3107(c).

A cause of action may not arise against any licensed health care provider or pharmacist when in good faith prescribe or dispense an opioid overdose reversal drug. Md. Code, Health-Gen. § 13-3108(b).

A licensed health care provider who dispenses an opioid overdose reversal drug may not be subject to any disciplinary action for the act of dispensing naloxone. Md. Code, Health-Gen. § 13-3108(c).

An individual who administers an opioid reversal drug to an individual who is or in good faith is believed to be experiencing an opioid overdose “shall have immunity from liability under §§ 5-603 and 5-629 of the Courts and Judicial Proceedings Article.” Md. Code, Health-Gen. § 13-3108(a). Md. Code, Courts and Judicial Proceedings, § 5-629 provides immunity to individuals who lawfully administer drugs absent gross negligence, or improper or illegal administration.

A person who dispenses an opioid reversal drug 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.

“A licensed health care provider with prescribing authority may prescribe and dispense an opioid overdose reversal drug approved by the federal Food and Drug Administration 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. § 13-3108(a).

“A licensed health care provider with prescribing authority may prescribe and dispense opioid overdose reversal drugs approved by the federal Food and Drug Administration by issuing a standing order.” Md. Code, Health-Gen. § 13-3108(b). Originally effective Oct 1, 2015, as Md. Code, Health-Gen. § 13-3108. The current statewide standing order is available at https://drive.google.com/file/d/1qRRh8fd_sIMA9umccUgQ33ppmK3cORHY/view (last visited July 1, 2023).

“A pharmacist may dispense opioid overdose reversal drugs approved by the federal Food and Drug Administration 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.

“A pharmacist or a pharmacist associated with a licensed health care provider with prescribing authority shall enter into a written agreement with a licensed health care provider with prescribing authority to establish protocols for the prescribing and dispensing of an opioid overdose reversal drug approved by the federal Food and Drug Administration to any individual in accordance with this subtitle.” Md. Code, Health-Gen. § 13-3104. This is the functional equivalent of a standing order.

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). Effective June 11, 2021, EMS providers acting under a standing order were permitted to dispense naloxone to “an individual of any age at risk of experiencing an opioid-related drug overdose or to a member of the individual’s immediate family, a friend of the individual or another person in a position to assist the individual if the individual is at risk of experiencing an opioid-related drug overdose.”
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(2-A).

“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).

“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).

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).

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).

Statute authorizing pharmacists to prescribe naloxone was effective June 24, 2017. Me. Stat. tit. 22, § 2353(2)(A-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.

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. Schools were permitted to “authorize adoption of a collaborative practice agreement for the purposes of stocking, possessing and administering naloxone hydrochloride,” as of Oct. 18, 2021. Me. Rev. Stat. tit. 20-A, § 6307. Maine does not have a statewide standing order.

Effective July 21, 2022, the standing order provision in Mich. Comp. Laws § 333.17744e was expanded to allow opioid antagonist distribution by community-based organizations and their staff. Changes effective September 21, 2019, made minor changes to add agencies authorized to purchase, possess, and distribute naloxone to the list of individuals who may receive naloxone.

“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).

“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).

“An individual who in good faith believes that another individual is suffering the immediate effects of an opioid-related drug 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).

“A person that administers an opioid antagonist to an individual who he or she believes is suffering an opioid-related drug 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.

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). “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 any of the following purposes: (a) A pharmacist dispensing opioid antagonists to individuals under this section. (b) A community-based organization or a staff member of the community-based organization distributing opioid antagonists to individuals under this section.” Mich. Comp. Laws § 333.17744e(1).

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).

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).  

203 "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 any of the following purposes: (a) A pharmacist dispensing opioid antagonists to individuals under this section. (b) A community-based organization or a staff member of the community-based organization distributing opioid antagonists to individuals under this section. Mich. Comp. Laws § 333.17744e(1). This provision was effective July 21, 2022. A sample unsigned standing order is available at https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder25/Folder2/Folder125/Folder1/Folder225/Standing_Order.pdf?rev=507c73f93930410f98c1222c2df16e58f (last visited July 1, 2023).  

204 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.  


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

207 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.  

208 "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).  

209 While the law does not explicitly permit third party prescribing, Minn. Stat. § 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, “[a] 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.  

210 "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.  

211 "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 acts similarly to a standing order and available at https://www.health.state.mn.us/communities/injury/pubs/documents/OpiateAntagonistProtocolRevision09302016.pdf (last visited July 1, 2023).  

212 Mo. Rev. Stat. § 195.206 was modified effective Aug. 28, 2017, to permit the director of the Department of Health and Senior Services or, if that person is not a physician, their designee, to issue a statewide standing order for pharmacy naloxone distribution, to permit pharmacists to dispense naloxone under that order, and to provide civil, criminal, and disciplinary immunity to the issuer of the order. Amendments effective August 28, 2022, added "[a]ddiction mitigation medication" in the form of naltrexone hydrochloride as a medication subject to the same privileges and immunities as naloxone. Mo. Rev. Stat. § 195.206(1).  

213 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).  

214 A licensed pharmacist who, acting in good faith and with reasonable care, sells or dispenses an opioid antagonist or an addiction mitigation medication 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 an addiction mitigation medication or any outcome resulting from the administration of the opioid antagonist." Mo. Rev. Stat. § 195.206(4).  

215 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).  

216 "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.
The following individuals are immune from any civil or criminal liability or professional licensing sanctions for the following actions authorized by this section:...

A medical practitioner, eligible recipient, emergency care provider, or other person believes in good faith that a practitioner may issue a standing order to one or more individual pharmacies to dispense naloxone.

The following individuals are immune from any civil or criminal liability or professional licensing sanctions for the following actions authorized by this section:...

A practitioner acting in good faith and in compliance with the standard of care applicable to that practitioner who administers an opioid antagonist under a prescription or standing order issued in accordance with subsection (3) of this section.

A practitioner 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 under subsection 2 of this section.

A medical practitioner, eligible recipient, emergency care provider, or other person is not liable and may not be subject to disciplinary action or civil or criminal liability for injury resulting from the administering 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.
232 “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). Mont. Code Ann. § 20-5-426(1)(g) also provides that “[a] school district or nonpublic school and its employees and agents are not liable as a result of any injury arising from the administration of an opioid antagonist to a student or nonstudent unless an act or omission is the result of gross negligence, willful or wanton misconduct, or an intentional tort.”

233 “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).

234 “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 direct 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).


236 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. Effective May 19, 2023, the definition of “opioid antagonist” was changed from “naloxone hydrochloride” to “an opioid antagonist approved by the FDA. N.C. Gen. Stat. § 90-12.7(a). Amendments adding protections for distributing and administering naloxone that was acquired over-the-counter will be effective “when it becomes law.” It was signed by the Governor on June 29, 2023, but does not appear to be effective until September 30, 2023.

237 “All of the following individuals are immune from any civil or criminal liability for actions authorized by this section…[a]ny practitioner who prescribes an opioid antagonist pursuant to subsection (b) of this section.” N.C. Gen. Stat. § 90-12.7(e)(1).

238 “All of the following individuals are immune from any civil or criminal liability for actions authorized by this section…[a]ny pharmacist who dispenses an opioid antagonist pursuant to subsection (c) of this section.” N.C. Gen. Stat. § 90-12.7(e)(2).

239 “All of the following individuals are immune from any civil or criminal liability for actions authorized by this section…[a]ny person who administers an opioid antagonist pursuant to subsection (d) of this section…[t]he State Health Director acting pursuant to subsection (b) of this section…[a]ny 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)(3–5).

240 “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).

241 “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).

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(5).

While N.D. Cent. Code Ann. § 23-01-42 does not clearly allow for lay distribution, the protections for receiving naloxone are fairly broad. "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 (4). "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." N.D. Cent. Code §§ 23-01-42 (5).

An individual who prescribes, distributes, dispenses, receives, possesses, or administers an opioid antagonist as authorized under this section is not subject to professional discipline for such action." N.D. Cent. Code §§ 23-01-42 (5).

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. N.D. Cent. Code § 45-15-10(23), effective August 1, 2015. Effective April 1, 2016, "[p]harmacists are authorized to furnish naloxone drug therapy solely in accordance with the written protocol for naloxone drug therapy approved by the board." N.D. Admin. Code 61-04-12-02(1)(a).

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


Minor changes to add “law enforcement employee” to the list of individuals provided immunity; previously, this was limited to "peace officer."

"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).

"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).

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).

"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).

"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 an opioid-related overdose." Neb. Rev. Stat. § 28-470(2).
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).

While the law does not appear to clearly permit standing orders, a statewide standing order has been issued and, as of March 2023, expires August 10, 2023. https://dhhs.ne.gov/DOP%20document%20library/Naloxone%20standing%20order.pdf (last visited July 1, 2023).

“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).

“No health care professional who, acting in good faith and with reasonable care, prescribes, 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).

“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).

“[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).

“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)(a).

Template for pharmacy standing order is available here: https://www.thedoorway.nh.gov/find-pharmacy.

Modified effective August 31, 2021, for clarity and to provide broader access to recipients and specific language around possession. Amended December 1, 2018, to permit naloxone to be administered in schools via standing order, and to provide immunity for such administration.

“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 the opioid antidote.” N.J. Rev. Stat. § 24:6J-4(c)(1).

“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 the opioid antidote.” N.J. Rev. Stat. § 24:6J-4(c)(1).

“A recipient who administers or distributes an opioid antidote in good faith as provided in subsection b. of this section shall not, as a result of any of the recipient's acts or omissions, be subject to any criminal or civil liability, or any professional disciplinary action, for administering or distributing the opioid antidote.” N.J. Stat. Ann. § 24:6J-4(c)(2).

“A recipient in possession of an opioid antidote may administer the opioid antidote, without fee, to any other person who the recipient reasonably believes to be at risk of experiencing an opioid overdose or who the recipient reasonably believes will be in a position to administer the opioid antidote to a person experiencing an opioid overdose. A recipient distributing an opioid antidote to another person pursuant to this paragraph shall make reasonable efforts to furnish the person with the overdose prevention information described in section 5 of P.L.2013, c. 46 (C.24:6J-5).” N.J. Stat. Ann. § 24:6J-4(b)(2).

“A recipient in possession of an opioid antidote may administer the opioid antidote to any other person, without fee, in any situation in which the recipient reasonably believes the other person to be experiencing an opioid overdose.” N.J. Stat. Ann. § 24:6J-4(b)(1). “A recipient who administers or distributes an opioid antidote in good faith as provided in subsection b. of this section shall not, as a result of any of the recipient's acts or omissions, be subject to any criminal or civil liability, or any professional disciplinary action, for administering or distributing the opioid antidote.” N.J. Stat. Ann. § 24:6J-4(c)(2).

“A prescriber or other health care practitioner, as appropriate, may prescribe or dispense an opioid antidote directly or through a standing order, to any person or entity. Any person or entity may be dispensed an opioid antidote pursuant to an individual prescription or a standing order issued by a prescriber, and any person or entity may be dispensed an opioid antidote by a pharmacy as provided in section 1 of P.L.2017, c. 88 (C.45:14-67.2).” N.J. Rev. Stat. § 24:6J-4(a)(1).


“A prescriber or other health care practitioner, as appropriate, may prescribe or dispense an opioid antagonist directly or through a standing order, to any person or entity. Any person or entity may be dispensed an opioid antagonist pursuant to an individual prescription or a standing order issued by a prescriber, and any person or entity may be dispensed an opioid antagonist by a pharmacy as provided in section 1 of P.L.2017, c. 58 (C.45:14-67.2).” N.J. Rev. Stat. § 24:6J-4(a)(1).

Notwithstanding any other law or regulation to the contrary, a pharmacist may dispense an opioid antagonist to any person or entity, regardless of whether the person or entity holds an individual prescription for the opioid antagonist, pursuant to a standing order issued by a prescriber or pursuant to the standing order issued pursuant to subsection b. of this section.” N.J. Stat. Ann. § 45:14-67.2(a). The statewide standing order is available at https://www.nj.gov/health/integratedhealth/documents/STANDING%20ORDER%20TO%20DISPENSE%20OPIOID%20ANTIDOTE%20FOR%20OVERDOSE%20PREVENTION_Pharmacists.pdf (last visited July 1, 2023).

Notwithstanding any other provision of law, a health care professional otherwise authorized to prescribe an opioid antagonist to another person 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(3)(a).


“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).

“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).

“Any person acting under a standing order issued by a licensed prescriber may store an opioid antagonist without being subject to the registration a


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).

“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).

“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).

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).

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).

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 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.

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).

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).
A pharmacist, physician assistant, or advanced practice registered nurse who in good faith exercises the authority conferred by division (A)(2) of this section is not liable for or subject to any of the following: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action. Ohio Rev. Code § 3715.501(B)(2).

Amendments effective April 6, 2023, added new subsections to provide a definition of "opioid antagonist recipient," and to clarify that the standing order is available at "https://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/docs/naloxone_standing_order_pharmacies.pdf." A pharmacist, physician assistant, or advanced practice registered nurse who in good faith exercises the authority conferred by division (A)(2) of this section is not liable for or subject to any of the following: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action. Ohio Rev. Code § 3715.501(B)(2).

Notwithstanding any other provision of law, a pharmacist may, directly or by standing order, 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. § 3715.501(B)(1). Nevada does not have a statewide standing order but naloxone is available without a prescription at locations tracked on this website: https://nvpdp.org/harm-reduction/overdose-reversal-medication/finder/.

Ohio Rev. Code §§ 4731.94; 4731.941; 2925.61 are repealed and Ohio Rev. Code § 4729.44 is amended and reclassified at Ohio Rev. Code § 3715.502. Additional code sections covering the repealed code sections are now located at Ohio Rev. Code §§ 3715.50, 3715.501, 3715.503; 3715.504; and 3715.505. Effective September 23, 2022, "naloxone" was replaced by "overdose reversal drugs." Ohio Rev. Code §§ 4731.94; 2925.61; 4731.941. Amendments effective April 6, 2017, added immunity from criminal prosecutions for administering naloxone in addition to other changes and amendments effective December 16, 2020, added civil immunity. Ohio Rev. Code § 2925.61. July 16, 2015, amendments removed the restriction to autoinjector or nasal naloxone only. Ohio Rev. Code §§ 4731.94; 2925.61. Other changes to these laws have not been substantive.


Effective August 24, 2020, the definition of "recipient" was expanded to include any person or entity. N.Y. Pub. Health Law § 3309(3)(a)(iv). Effective April 22, 2023, the commissioner is required to "establish guidelines for onsite opioid overdose response capacity in nightlife establishments." N.Y. Pub. Health Law § 3309(8).

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).
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).

“[A]ny individual who is in a position to assist another individual who is apparently experiencing an opioid-related overdose” is authorized to administer naloxone. Ohio Rev. Code § 3715.504(A). An individual administering naloxone has civil, criminal, and administrative immunity if they legally obtained the naloxone and they attempt to summon EMS. Ohio Rev. Code § 3715.504(B).

Ohio law permits anyone to dispense naloxone under a protocol established by a physician, physician assistant, or advance practice registered nurse. This protocol appears to be the functional equivalent of a standing order. Ohio Rev. Code §§ 3715.502-503. A sample protocol is available at https://www.pharmacy.ohio.gov/Documents/Pubs/Naloxone/Pharmacist/Sample%20Naloxone%20Dispensing%20Protocol%20for%20Pharmacies.pdf (last visited July 1, 2023).

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(C).

“[n]aloxone, 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, “[n]aloxone, 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. It was amended effective September 11, 2020, to correct the title section referenced.

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. Ann. § 689.681(3).
“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).

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 “If you are actively using opioids, you can get naloxone and other harm reduction materials such as fentanyl test strips at no cost through syringe service programs” and encourages starting naloxone distribution programs.

https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/STANCEUSE/OPIOIDS/Pages/naloxone.aspx

“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 opioid 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).

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).

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/STANCEUSE/OPIOIDS/Documents/pharmacies-distributing-naloxone.pdf.

35 Pa. Stat. and Cons. Stat. § 780-113.8 was amended effective January 2, 2023, to change “naloxone” to “opioid antagonist” and add a definition of “opioid antagonist.”

“A licensed health care professional who, acting in good faith, prescribes or dispenses an opioid antagonist 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 the opioid antagonist.(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. Stat. and Cons. Stat. §§ 780-113.8(e)(1); (2).

“A licensed health care professional who, acting in good faith, prescribes or dispenses an opioid antagonist 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 the opioid antagonist.(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. Stat. and Cons. Stat. §§ 780-113.8(e)(1); (2).

“A person, law enforcement agency, fire department or fire company under subsection (b)(2) or (c) who, acting in good faith with reasonable care, administers an opioid antagonist 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. Stat. and Cons. Stat. § 780-113.8(f)(1).

“A person or organization acting at the direction of a health care professional authorized to prescribe an opioid antagonist” 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).

“Notwithstanding any other law to the contrary, a health care professional otherwise authorized to prescribe an opioid antagonist may dispense, prescribe or distribute an opioid antagonist directly or by a standing order to an authorized law enforcement officer or firefighter in accordance with an agreement under subsection (b) 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. Stat. and Cons. Stat. § 780-113.8(c).

“Notwithstanding any other law to the contrary, a health care professional otherwise authorized to prescribe an opioid antagonist may dispense, prescribe or distribute an opioid antagonist directly or by a standing order to an authorized law enforcement officer or firefighter in accordance with an agreement under subsection (b) 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. Stat. and Cons. Stat. § 780-113.8(c). The current standing order is available at https://www.health.pa.gov/topics/Documents/Opioids/General%20Public%20Standing%20Order.pdf (last visited July 1, 2023).
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.

P.I. Gen. Laws 21-28.9-3 was amended July 2, 2018, to allow EMS to provide naloxone to individuals at risk of overdose or their family, friends, or other persons, and on July 14, 2019, to provide immunity to law enforcement and EMS who administer naloxone. R.I. Gen. Laws § 21-28.9-3(b–d). 216 R.I. Code Reg. 20-20-5 was amended and restructured effective July 26, 2022. The changes include a language change throughout from Naloxone (Narcan) to “opioid antagonist”, a new definition of “person at risk of experiencing an opioid-related drug overdose” as well as data collection and reporting requirements.

“Notwithstanding any other law or Regulation, any healthcare professional may dispense opioid antagonists, consistent with the provisions of this Part, or 2. Any outcomes resulting from the administration of an opioid antagonist in accordance with this Part.” 216 R.I. Code R. 20-20-5.3.1(B). A hospital shall distribute 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. A health care provider employed by a hospital that distributes an opioid antidote for the hospital 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 subject to disciplinary action by the health care provider's licensing board.” S.C. Code Ann. § 44-130-80. Effective May 3, 2018, “[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 opioid-related overdose; or (2) a caregiver of a person at risk of experiencing an opioid-related overdose. S.C. Code Ann. § 44-130-70. Effective June 5, 2016, “[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).

335 “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).

336 “A pharmacist who issues 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).

337 “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).

338 “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 opioid-related overdose; or (2) a caregiver of a person at risk of experiencing an opioid-related overdose. S.C. Code Ann. § 44-130-70(A). This section was enacted May 3, 2018.

339 “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).

340 Effective June 5, 2016, “[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). The joint protocol acts as a standing order and is available at https://llr.sc.gov/bop/PFOMS/Joint_Naloxone_Prot.pdf (last visited July 1, 2023).

341 Effective July 1, 2023, S.D. Codified Laws § 34-20A-106 provides that a “licensed health care professional may, directly or by standing order, dispense or distribute an opioid antagonist to an employer or 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.” Further, “[a]n employer may acquire and make available on the employer's premises an opioid antagonist that is dispensed or distributed by a licensed health care professional, in accordance with this section, if the employer: (1) Develops a protocol for the transport, storage, maintenance, and location of the opioid antagonist; (2) Provides training and instruction, developed by the Department of Health and made available on the Department of Health website, to employees or personnel authorized to administer an opioid antagonist on the employer's premises; and (3) Prominently posts instructions on the administration of an opioid antagonist and post-administration protocol, if the employer makes it accessible to the public. An employer, employee, or other authorized personnel of an employer may not be held liable for any death, injury, or damage that arises out of the administration of, the self-administration of, or the failure to administer an opioid antagonist, if such action or inaction constitutes ordinary negligence.” S.D. Codified Laws § 34-20A-105.1.

342 “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 an employer or 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.

343 “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 an employer or 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.

344 “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 an employer or 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.
Immunity is provided for first responders and their employers. “[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. Effective July 1, 2023, the immunity is also extended to employers and their employees. S.D. Codified Laws § 34-20A-104.

A person who is a family member, friend, or other close third party to a person at risk for a drug-related 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.

A licensed health care professional may, directly or by standing order, prescribe an opioid antagonist to a person at risk of experiencing a drug-related overdose, or prescribe to a family member, friend, or other close third party 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.

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. The current statewide standing order is available at https://www avoidance of drug overdose may be prescribed, possess, distribute, or administer an opioid antagonist pursuant to subsection (c) and (3) a licensed healthcare practitioner or other individual who administers an opioid antagonist pursuant to subsection (d).” Tenn. Code Ann. § 63-1-152(f).

The following individuals and entities are immune from civil liability in the absence of gross negligence or willful misconduct for actions authorized by this section: (1) a licensed healthcare practitioner who prescribes, dispenses, or issues a standing order for an opioid antagonist pursuant to subsection (b); (2) an individual or entity that provides an opioid antagonist pursuant to subsection (c); and (3) a licensed healthcare practitioner or other individual who administers an opioid antagonist pursuant to subsection (d).” Tenn. Code Ann. § 63-1-152(f).

A licensed healthcare practitioner is immune from disciplinary or adverse administrative action under this title in the absence of gross negligence or willful misconduct for an act or omission during the administration of, prescription of, issuance of a standing order for, or dispensing of an opioid antagonist. Tenn. Code Ann. § 63-1-152(g).

The following individuals and entities are immune from civil liability in the absence of gross negligence or willful misconduct for actions authorized by this section: (1) a licensed healthcare practitioner who prescribes, dispenses, or issues a standing order for an opioid antagonist pursuant to subsection (b); (2) an individual or entity that provides an opioid antagonist pursuant to subsection (c); and (3) a licensed healthcare practitioner or other individual who administers an opioid antagonist pursuant to subsection (d).” Tenn. Code Ann. § 63-1-152(f).

A licensed healthcare practitioner is immune from disciplinary or adverse administrative action under this title in the absence of gross negligence or willful misconduct for an act or omission during the administration of, prescription of, issuance of a standing order for, or dispensing of an opioid antagonist. Tenn. Code Ann. § 63-1-152(g).

The following individuals and entities are immune from civil liability in the absence of gross negligence or willful misconduct for actions authorized by this section: (1) a licensed healthcare practitioner or other individual who administers an opioid antagonist pursuant to subsection (c).” Tenn. Code Ann. § 63-1-152(f)(3).

The following individuals and entities are immune from civil liability in the absence of gross negligence or willful misconduct for actions authorized by this section: (1) any individual or entity acting under a standing order may: (1) Receive and store an opioid antagonist; and (2) Provide the opioid antagonist, directly or indirectly, at no cost to the recipient, to an individual described in subdivision (b)(1) or (b)(2).” Tenn. Code Ann. § 63-1-152(c).

Notwithstanding another law or rule, an individual or entity acting under a standing order may: (1) Receive and store an opioid antagonist; and (2) Provide the opioid antagonist, directly or indirectly, and at no cost to the recipient, to an individual described in subdivision (b)(1) or (b)(2).” Tenn. Code Ann. § 63-1-152(c).

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) An individual at risk of experiencing a drug-related overdose; (2) A family member, friend, or other individual in a position to assist an individual at risk of experiencing a drug-related overdose; or (3) An organization, municipal or county entity, including, but not limited to, a center, recovery organization, hospital, school, harm reduction organization, homeless services organization, county jail, shelter, AIDS service organization, federally qualified health
center, rural health clinic, health department, or treatment resource, for the purpose of providing an opioid antagonist to an individual who meets the criteria of subdivision (b)(1) or (b)(2).” Tenn. Code Ann. 63-1-152(b).

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/opiod_response/TDH_Naloxone_Collaborative_practice.pdf.

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).

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).

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).

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.

“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.

“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).

“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). Texas issues statewide standing orders on request. https://www.texaspharmacy.org/page/TXPHARMNALOX.

Statute previously found at Utah Code Ann. § 26-55-101 et. seq. was renumbered effective May 3, 2023 but no substantive changes were made. Effective May 9, 2017, law was 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. Non-substantive amendments were made effective May 4, 2022.

“[A] health care provider who is licensed to prescribe an opiate antagonist may prescribe, including by a standing prescription drug order … or dispense an opiate antagonist…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 § 26B-4-509(2)(c).

Only applies to physicians, advanced practice registered nurses, physician assistants, and individuals licensed to engage in the practice of dentistry. See Utah Code § 26B-4-501(10).

“[T]he 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 § 26B-4-509 (1)(a)(ii).

Only applies to apply to “overdose outreach providers.” Utah Code § 26B-4-511.

“[A] health care provider who is licensed to prescribe an opiate antagonist may prescribe, including by a standing prescription drug order … 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…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), 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 § 26B-4-509(2).

“Notwithstanding Title 58, Chapter 17b, Pharmacy Practice Act, a person licensed under Title 58, Chapter 17b, Pharmacy Practice Act, to dispense an opioid antagonist may dispense the opioid 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 § 26B-4-510(1). The most recent standing order online is available at https://dopl.utah.gov/wp-content/uploads/2022/10/naloxone-standing-order.pdf (last visited July 1, 2023).
A person who "[i]n 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).

A person who "[i]n 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).

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 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).

"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 in accordance with the provisions of subsection Z of § 54.1-3408." Va. Code Ann. § 54.1-3408(Z).

"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).

The pharmacist dispensing under a standing order is required to act in accordance with protocols developed by the state board of pharmacy. The protocol is available at https://www.dhp.virginia.gov/pharmacy/guidelines/110-44.pdf (last visited July 1, 2023).

Amendments effective May 25, 2023, made several language changes and expanded the Department's mandate to implement a prevention, intervention, and response strategy to include distribution of opioid antagonists and establish kiosks to distribute opioid antagonists. These amendments further removed a requirement to be trained in naloxone administration in order to obtain it and a requirement to call 911 after administration of naloxone. Previous amendments only modified language to add pharmacists to the list of health care professionals.

"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(c)(2).

"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(c)(2).

"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).

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.

"A health care professional acting in good faith and within the professional's scope of practice may directly or by standing order prescribe, dispense, and distribute an opioid antagonist to the following persons:(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).

389 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.” Vt. Stat. Ann. tit. 26 § 2080(a).

“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(b). The protocol was adopted January 28, 2015, available at https://sos.vermont.gov/media/oy0pdxt/adopted-naloxone-protocol-jan-28-2015.pdf.

390 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.

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.

392 “The following individuals, 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] 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)(a).

393 “The following individuals, 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] 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)(b).

394 “The following individuals, 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] 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)(c).

395 “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).

396 “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).


398 Amendments effective December 10, 2015, modified the laws to permit physicians, physician assistants, and advanced practice nurses to issue standing orders and pharmacists to deliver naloxone under those orders. Effective April 1, 2022, the rules for physicians and physician assistants were separated into different code sections. The January 1, 2023, amendments did not affect the section on opioid antagonists and the law has been modified many other times without significant effect on the metrics of this chart.

399 A physician 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. 448.07 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.” Wis. Stat. § 448.18(3).

400 A physician assistant who, acting in good faith, prescribes or 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(1)(i)(2).
“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(1i)(3).

“Any person may deliver or dispense an opioid antagonist.” Wis. Stat. § 450.11(1i)(b)(2)(a).

“A person and organization may possess an opioid antagonist, regardless of whether the person or organization holds a prescription issued in accordance with this section. Any person who improperly delivers an opioid antagonist pursuant to this article is personally immune from civil or criminal liability for any act or omission resulting in damage or injury.” Wis. Stat. Ann. § 448.037(2)(a); § 448.9727(2)(a)(2). A sample standing order is available at https://www.dhs.wisconsin.gov/forms/f01802.pdf (last visited July 1, 2023).

The March 6, 2020 amendments substantially modified the law in several ways, including permitting the prescription of naloxone via standing order, increasing the types of individuals and entities eligible to receive it, and permitting laypeople to administer it.

“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 provider gross negligence or willful misconduct.” W. Va. Code § 16-46-5(a).

“A licenced 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(f).

“A practitioner or pharmacist who prescribes an...opioid 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(c).

“Prescribing an...opioid antagonist by a practitioner or pharmacist pursuant to this article shall not constitute unprofessional conduct.” Wyo. Stat. Ann. § 35-4-906(e).

“A person who administers...an opioid 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).
“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).

“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).

Under Wyoming law, a standing order for an opioid antagonist 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).