



## **Good Samaritan and Naloxone Bill Status Report – Carryover 2015 and Special Sessions**

### **Research current through May 7, 2015**

This project was supported by Grant No. G1399ONDCP03A, awarded by the Office of National Drug Control Policy. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the Office of National Drug Control Policy or the United States Government.

---

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS, 420 Park Street, Charlottesville, VA 22902.

|           |  |  |
|-----------|--|--|
| AL HB 208 | Authorizes a physician or dentist to prescribe an opioid antagonist to an individual at risk of experiencing an opiate-related overdose or to an individual who is in a position to assist another individual at risk of experiencing an opiate-related overdose; Provides immunity to a physician or dentist who prescribes an opioid antagonist and to an individual who administers an opioid antagonist; Provides immunity from prosecution for possession or consumption of alcohol for an individual under the age of 21 or a misdemeanor controlled substance offense by any individual who seeks medical assistance for another individual under certain circumstances; Requires the Alabama Department of Public Health to approve a specific training curriculum for certain law enforcement officers relating to the administration of opioid antagonists.    | 4/16/15 – Pending third reading in the House Health Committee        |
| AL SB 318 | Authorizes a physician or dentist to prescribe an opioid antagonist to an individual at risk of experiencing an opiate-related overdose or to an individual who is in a position to assist another individual at risk of experiencing an opiate-related overdose; Provides immunity to a physician or dentist who prescribes an opioid antagonist and to an individual who administers an opioid antagonist; Provides immunity from prosecution for possession or consumption of alcohol for an individual under the age of 21 or a misdemeanor controlled substance offense by any individual who seeks medical assistance for another individual under certain circumstances; Requires the Alabama 25 Department of Public Health to approve a specific training curriculum for certain law enforcement officers relating to the administration of opioid antagonists. | 3/31/15 – Referred to the Senate Health and Human Services Committee |
| AK SB 23  | An act relating to immunity for prescribing, providing, or administering opioid overdose drugs: Removes civil liability for civil damages resulting from an act or omission in prescribing or providing an opioid overdose drug to a person at risk of experiencing an opioid overdose or 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 if (1) the person prescribing or providing the opioid overdose drug is a health care provider; or (2) providing the opioid overdose drug is an employee or volunteer of an opioid overdose program; and Mandates that each person to whom the opioid overdose drug is prescribed or provided is educated and trained in the proper emergency use and administration of the opioid                            | 4/19/15 – Referred to the House Health and Social Services Committee |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|            |   |   |
|------------|---|---|
|            | overdose drug by the health care provider or the opioid overdose program, among other things.   |   |
| AZ HB 2489 | Amends existing law to, among other things, allow an EMT or peace officer who is trained in the administration of naloxone hydrochloride or any other opiate antagonist that is approved by the U.S. FDA and pursuant to a standing order by a licensed physician to administer naloxone hydrochloride or other opiate antagonist to a person who the EMT or peace officer believes is suffering from an opiate-related drug overdose; Provides a training module for EMTs and peace officers that delivers training regarding the identification of a person suffering from an opiate-related drug overdose and the use of naloxone hydrochloride or other opiate antagonists; Provides immunity from professional, civil, and criminal liability for any decision made, action taken, and injury that results from an act by a licensed physician who issues a standing order and by EMTs and peace officers who administer naloxone hydrochloride or any other opiate antagonist if they act with reasonable care and in good faith and not in cases of wanton or willful neglect. | 4/10/15 – Signed by the Governor; Assigned to Chapter 313 |
| AR SB 543  | Creates the Joshua Ashley-Pauley Act; Provides immunity to those seeking medical assistance for an overdose and states that (a) person shall not be arrested, charged, or prosecuted for a drug-related crime if the evidence for the arrest, charge, or prosecution of the drug-related crime resulted solely from seeking medical assistance if: (1) the person in good faith seeks medical assistance for another person who is experiencing a drug overdose; or (2) the person who is experiencing a drug overdose and in good faith seeks medical assistance for himself or herself; Also provides that a person shall not be subject to penalties for a violation of a permanent or temporary protective order or restraining order or sanctions for a violation of a condition of pretrial release, condition of probation, or condition of parole based on the drug-related crime if the penalties or sanctions are related to the seeking of medical assistance, among other things.   | 4/7/15 – Signed by the Governor; Assigned to Act 1114     |
| AR SB 880  | Creates the Naloxone Access Act; Allows a healthcare professional, acting in good faith, to directly or by standing order prescribe and dispense an opioid antagonist to (1) a person at risk of experiencing an opioid-related drug overdose; (2) a pain management clinic; (3) a harm reduction organization; (4) an emergency medical services   | 4/8/15 – Signed by the Governor; Assigned to Act 1222     |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|            |   |  |
|------------|---|--|
|            | technician; (5) a first responder; (6) a law enforcement officer or agency; or (7) a family member or friend of a person at risk of experiencing an opioid-related drug overdose; Provides immunity to a person acting in good faith who reasonably believes that another person is experiencing an opioid-related drug overdose and administers an opioid antagonist that was prescribed and dispensed, among other things.  |  |
| AR HB 1946 | Allows first responders and family members to obtain, possess, and administer opioid antagonists.   | 3/12/15 – Withdrawn by author  |
| CO SB 53   | Allows licensed prescribers to prescribe, and licensed dispensers to dispense, an opiate antagonist, either pursuant to a direct prescription or in accordance with standing orders and protocols, to: (1) An individual at risk of experiencing an opiate-related drug overdose event; (2) A family member, friend, or other person in a position to assist an at-risk individual; (3) An employee or volunteer of a harm reduction organization; or (4) A first responder; Provides licensed prescribers and dispensers acting in good faith, in prescribing or dispensing opiate antagonists as permitted under the bill immunity, from professional discipline and civil and criminal liability; Provides first responders and harm reduction employees and volunteers with criminal and civil immunity when acting in good faith to furnish or administer an opiate antagonist to an at-risk individual or a family member, friend, or other person in a position to assist an at-risk individual. | 4/6/15 – Signed by the Governor  |
| CT HB 5782 | Amends current law (Section 17a-714a) to allow a licensed pharmacist to dispense or administer naloxone hydrochloride or any other similarly acting and equally safe drug approved by the U.S. FDA for the treatment of drug overdoses.   | 4/13/15 – Favorable report, Tabled for the House calendar (File no. 571) |
| CT HB 6658 | To allow qualified persons to administer life-saving substances, including naloxone.  | 3/11/15 – Public hearing   |
| CT HB 6856 | Allows a licensed health care professional who is permitted by law to prescribe an opioid antagonist, if acting with reasonable care, to prescribe, dispense or administer an opioid antagonist to anyone to treat or prevent a drug overdose without being liable for damages in a civil action or subject to criminal prosecution for prescribing, dispensing or administering such opioid antagonist or for any subsequent use of such opioid antagonist; Provides that a licensed health care professional who prescribes,  | 5/5/15 – Referred by the House to the Appropriations Committee           |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|           |  |  |
|-----------|--|--|
|           | dispenses or administers an opioid antagonist in accordance with the provisions of this subsection shall not be deemed to have violated the standard of care for such licensed health care professional; Ensures that a person, who in good faith believes that another person is experiencing an opioid-related drug overdose and acts with reasonable care, may administer an opioid antagonist to such other person and that person administering the opioid antagonist is immune from civil damages or criminal prosecution with respect to the administration of such opioid antagonist, among other things.  |  |
| DE SCR    | Concurrent Resolution: Endorses increased access to naloxone in Delaware Schools.  | 4/23/15 – Passed by both Houses                |
| FL HB 155 | The Emergency Treatment and Recovery Act – Provides definitions; Provides for the prescription of an opioid antagonist to patients and caregivers and to encourage the administration of such formulation and route of administration as approved by the U.S. FDA for emergency treatment of known or suspected opioid overdoses when a physician is not immediately available; Authorizes a healthcare practitioner to prescribe an opioid antagonist to a patient or caregiver under certain conditions; Authorizes storage, possession, and emergency administration of an opioid antagonist by a patient or caregiver and certain emergency responders; Provides civil immunity from liability for someone who possesses, administers, prescribes, dispenses, or stores an approved opioid antagonist. | 1/26/15 – Withdrawn                            |
| FL HB 751 | Emergency Treatment & Recovery Act; Authorizes certain health care practitioners to prescribe emergency opioid antagonists to patients or caregivers; Authorizes storage, possession, and administration of emergency opioid antagonists by patients or caregivers and certain emergency responders; and Provides immunity from professional sanctions or disciplinary action for certain health care practitioners and pharmacists, among other things.   | 4/28/15 – Ordered engrossed, and then enrolled |
| FL SB 758 | Florida Opioid Overdose Prevention Act; Provides for the prescribing of opioid antagonists to, and the use of them by, patients and caregivers who have received emergency overdose treatment information; Provides for the prescribing of opioid antagonists to, and the use of them by, first responders; and Provides civil and criminal immunity from liability, among other things.   | 4/24/15 – Laid on the table                    |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|                  |  |   |
|------------------|--|---|
| <p>HI HB 460</p> | <p>Provides immunity for a person from civil forfeiture or prosecution for possession of a controlled substance or drug paraphernalia or from being charged with violating a restraining order or the terms and conditions of probation or parole if: (1) the person was a witness to a drug-related overdose; (2) the person reasonably believed that the drug-related overdose would result in imminent threat to the health or life of the drug-related overdose victim; (3) the person summoned medical assistance at the time of witnessing the event; and (4) evidence of the specific violation was gained solely as a result of the person's seeking medical assistance; Provides immunity for a person from civil forfeiture or prosecution for possession of a controlled substance or drug paraphernalia or from being charged with violating a restraining order or the terms and conditions of probation or parole if: (1) the person experiences a drug-related overdose and is in need of medical assistance; and (2) evidence of the specific violation was gained solely as a result of the person seeking medical assistance; and Provides that the act of seeking medical assistance for an individual who is experiencing a drug-related overdose is a mitigating factor in any prosecution that is related to a controlled substance or alcohol and for which immunity is not provided, among other things.</p> | <p>2/20/15 - Passed the House Health Committee, and referred to the House Judiciary Committee</p> |
| <p>HI SB 302</p> | <p>Overdose Prevention and Emergency Response Act – Allows a health care professional otherwise authorized to prescribe an opioid antagonist to directly, or by standing order, prescribe, dispense, and distribute an opioid antagonist to an individual at risk of experiencing an opioid-related overdose or to another person in a position to assist an individual at risk of experiencing an opioid-related overdose; Provides immunity from civil and criminal liability and professional discipline to a health care professional who, acting in good faith and with reasonable care, prescribes, dispenses, or distributes an opioid antagonist; Provides that 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 statute, and civil liability, for acts or omissions resulting from the act; States that by January 1, 2016, every EMT licensed and registered in Hawaii must be authorized</p>   | <p>2/20/15 – Committee report adopted, passed second reading</p>                                  |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|            |   |  |
|------------|---|--|
|            | to administer an opioid antagonist as clinically indicated; Orders the department of health to provide or establish: (1) education on drug overdose prevention, recognition, and response, including naloxone hydrochloride administration; (2) training on drug overdose prevention, recognition, and response, including naloxone hydrochloride administration, for patients receiving opioids and their families and caregivers; (3) naloxone hydrochloride prescription and distribution projects; and (4) education and training projects on drug overdose response and treatment, including naloxone hydrochloride administration, for emergency services and law enforcement personnel, including volunteer fire and emergency services personnel, among other things.   |  |
| HI SB 982  | Provides certain immunity from civil and criminal liability to a person or persons who, in good faith, seek medical assistance for someone who is experiencing a drug or alcohol overdose and a person experiencing a drug or alcohol overdose who seeks medical assistance for him or herself or is the subject of such a good faith request - including that the person shall not be arrested, charged, prosecuted, or convicted; have their property subject to civil forfeiture; or otherwise be penalized for: (1) possession of a controlled substance or drug paraphernalia; (2) violation of a restraining order; or (3) violation of probation or parole, if the evidence for the arrest, charge, prosecution, conviction, seizure or penalty was gained as a result of the seeking of medical assistance; and Provides that the act of seeking medical assistance for someone who is experiencing a drug or alcohol overdose must be considered by the court as a mitigating factor in any controlled substance or alcohol-related criminal prosecution for which immunity is not provided, among other things. | 4/28/15 – Enrolled to the Governor   |
| HI SB 1229 | Creates immunity for individuals who prescribe, possess, or administer an opioid antagonist during an opioid-related drug overdose; and Authorizes emergency personnel to administer naloxone, among other things.  | 2/11/15 – Measure deferred by the Senate Health/Public Safety/Judiciary and Labor Committees |
| ID HB 108  | Provides that any prescriber or pharmacist, acting in good faith and exercising reasonable care, may prescribe an opioid antagonist to: (1) a person at risk of experiencing an opiate-related overdose; (2) a person in a position to assist a person at risk of experiencing an opiate-related overdose; (3) a person who, in the course of his official duties or business, may encounter a person experiencing an opiate-   | 3/23/15 – Signed by the Governor; Session Law Chapter 88                                     |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|            |   |  |
|------------|---|--|
|            | <p>related overdose; or (4) a person who in the opinion of the prescriber or pharmacist has a valid reason to be in the possession of an opioid antagonist; Allows any person, acting in good faith and exercising reasonable care, to administer an opioid antagonist to another person who appears to be experiencing an opiate-related overdose; Recommends that the administering person contact emergency medical services as soon as possible; Provides that any person who prescribes or administers an opioid antagonist is immune from civil, administrative action or criminal prosecution for such acts; and the state must create and maintain an online education program for laypersons and the general public on matters pertaining to opiate-related overdoses, among other things.</p> |  |
| IL HB 438  | <p>Amends the School Code to allow a school district, public school, or nonpublic school to authorize a school nurse or trained personnel to administer an undesignated dose of an opioid antidote to any person that the school nurse or trained personnel, in good faith, believes is having an opioid overdose; Sets forth provisions concerning immunity; the administration, supply, and prescription of undesignated doses of an opioid antidote; and Orders a training curriculum to recognize and respond to an opioid overdose, among other things.</p>  | 4/24/15 – Re-referred to the House Rules Committee |
| IL HB 2940 | <p>Amends existing law to provide that a health care professional who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antidote to a patient who, in the judgment of the health care professional, is capable of administering the drug in an emergency, shall not, as a result of his or her acts or omissions, be liable for civil damages when administering naloxone in an emergency situation; Also amends the Good Samaritan Act to provide that any law enforcement officer or firefighter, any EMT, and any first responder who, in good faith, provides emergency care to any person shall not, as a result of his or her acts or omissions, be liable for civil damages when administering naloxone in an emergency situation.</p>                     | 3/27/15 – Re-referred to the House Rules Committee |
| IL HB 3321 | <p>Amends existing law to provide that the following people are immune from civil liability under the Department of Human Services' Drug Prevention Program: (1) a health care professional who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antidote to a patient who, in the judgment of the health care</p>   | 3/27/15 – Re-referred to the House Rules Committee |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.



|            |   |  |
|------------|---|--|
|            | professional, is capable of administering the drug in an emergency; and (2) a person who is not otherwise licensed to administer an opioid antidote but who is permitted under the Act to administer an opioid antidote in an emergency if the person has received certain patient information and believes in good faith that another person is experiencing a drug overdose.  |  |
| IL SB 10   | Amends existing law to establish programs for prescribing, dispensing, or distributing naloxone hydrochloride or any other similarly acting and equally safe drug approved by the U.S. FDA for the treatment of drug overdose and education about administration by those who are not personally at risk of opioid overdose; Provides immunity to someone who administers an opioid antidote in an emergency; and Provides definitions; and other things.   | 5/4/15 – Assigned to the House Substance Abuse Special Committee |
| IL SB 73   | Amends the School Code to allows a school district, public school, or nonpublic school to authorize a school nurse or trained personnel to administer an undesignated dose of an opioid antidote to any person that the school nurse or trained personnel, in good faith, believes is having an opioid overdose; Sets forth provisions concerning immunity; the administration, supply, and prescription of undesignated doses of an opioid antidote; and Orders a training curriculum to recognize and respond to an opioid overdose, among other things.  | 4/20/15 – Assigned to the House Judiciary (Civil) Committee      |
| IL SB 1201 | Amends existing law to provides that a person who is not licensed to administer an opioid antidote, including state police officers, law enforcement officers of a local government agency, fire protection personnel, and fire fighters may administer an opioid antidote in an emergency if the person has been trained in the administration of opioid antidotes or has received documentation including drug overdose recognition, opioid antidote dosage and administration, and care for the overdose victim after administration of the overdose antidote; Provides definitions; Amends the State Police Act to provide that officers appointed to the state police must have successfully completed training in the administration of opioid antidotes for use in prehospital emergency medical care; Amends the Illinois Police Training Act to provide that the Illinois Law Enforcement Training Standards Board shall conduct or approve a training program in opioid antidotes for use in prehospital emergency medical care; Amends the Illinois Fire Protection Training Act to provide that minimum basic | 3/27/15 – Re-referred to the Senate Assignments Committee        |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|            |   |   |
|------------|---|---|
|            | training requirements for schools that administer fire training programs must include training in the administration of opioid antidotes for use in prehospital emergency medical care.   |   |
| IL SB 1466 | Amends the Pharmacy Practice Act to allow a licensed pharmacist to dispense an opioid antagonist in accordance with written, standardized procedures or protocols developed by the appropriate state regulating agencies if such procedures or protocols are filed at the pharmacist's place of practice and with the Board of Pharmacy before implementation; Requires the pharmacist to complete a training program approved by the Department of Human Services under the Drug Overdose Prevention Program, Provides definitions.  | 5/4/15 – Assigned to the House Executive Committee      |
| IL SB 1810 | Amends existing law to provide that the following people are immune from civil liability under the Department of Human Services' Drug Prevention Program: (1) a health care professional who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antidote to a patient who, in the judgment of the health care professional, is capable of administering the drug in an emergency; and (2) a person who is not otherwise licensed to administer an opioid antidote but who is permitted under the Act to administer an opioid antidote in an emergency if the person has received certain patient information and believes in good faith that another person is experiencing a drug overdose. | 4/29/15 – Referred to the House Rules Committee         |
| IN SB 406  | Allows specified healthcare professionals with prescriptive authority to dispense or write a prescription for an overdose intervention drug without examining the individual to whom it may be administered if specified conditions are met; Allows for an individual who is a family member, friend, or other individual in a position to assist another individual who there is reason to believe is at risk of experiencing an opioid-related overdose, to obtain and administer an overdose intervention drug if certain conditions are met; Provides for civil and criminal immunity.  | 4/17/15 – Signed by Governor; Public Law 32             |
| IA HB 238  | Amends existing law to allow a pharmacist to dispense naloxone hydrochloride as long as he or she completes a training program that consists of at least one hour of continuing education on the use of naloxone hydrochloride; the state department of human services must investigate, document, and publish an annual report on the number, trends, patterns, and risk factors related to unintentional  | 2/17/15 – Referred to the House Public Safety Committee |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|           |  |  |
|-----------|--|--|
|           | drug overdose fatalities occurring within the state each year as well as provide information on interventions that would be effective in reducing the rate of fatal or nonfatal drug overdose, among other things.   |  |
| IA SB 410 | Amends existing law by defining various terms including “drug-related overdose,” “medical assistance,” and “opioid antagonist;” Provides certain immunity for a person who experiences a drug-related overdose and is in need of medical assistance – he or she shall not be charged or prosecuted for possession, sharing, or use of a controlled substance or for possession of drug paraphernalia if evidence for the charge or prosecution was obtained as a result of the drug-related overdose and the seeking of medical assistance; Also provides that a person’s pretrial release, probation, supervised release, or parole shall not be revoked based on an incident for which the person would be immune from prosecution; and States that the act of providing first aid or other medical assistance to someone who is experiencing a drug-related overdose may be considered by the court as a mitigating factor in a criminal prosecution for which immunity is not provided by the law, among other things. | 4/9/15 – Referred to the House Public Safety Committee |
| KY HB 105 | Amends existing law (KRS 217.186); Allows naloxone to be prescribed to persons or agencies capable of administering the medication in emergency situations; Allows first responders to access and utilize naloxone; Allows certified pharmacists to prescribe and dispense naloxone.   | 1/6/15 – Referred to the House Judiciary Committee     |
| KY HB 50  | Amends existing law (KRS 217.186); Provides that peace officers, firefighters, paramedics, emergency medical technicians, and school employees authorized to administer medication may receive, possess, and administer naloxone to a person suffering from an apparent opiate-related overdose; Establishes requirements relating to the use of naloxone on school premises; Amends existing law (KRS 218A.500) – enumerates that if certain conditions are met, a person who informs a peace officer, prior to a search, of the presence of a hypodermic needle or other sharp object, he or she will not be charged with, or prosecuted for, possession of drug paraphernalia for the needle or sharp object or for possession of a controlled substance for residual or trace drug amounts present on the needle or sharp object; Creates a new section in existing law that provides that a person has a defense for possession of a controlled substance if the  | 1/6/15 – Referred to the House Judiciary Committee     |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|           |  |   |
|-----------|--|---|
|           | person in good faith seeks medical assistance and meets certain additional criteria, among other things.   |   |
| KY HB 41  | Expands the availability of naloxone by allowing a person or agency, including a peace officer or a first responder, to receive a naloxone prescription; Creates a new section of existing law to provide immunity for persons seeking emergency help in drug overdose situations; Permits a peace officer to ask if an individual has a sharp object before a search, and if the individual complies, allows that object to not be charged as drug paraphernalia, among other things. | 1/6/15 – Referred to the House Judiciary Committee            |
| KY HB 53  | Amends existing law (KRS 217.186) to increase the availability of naloxone for use in situations involving individuals suffering from an apparent opiate-related overdose, among other things.   | 1/6/15 – Referred to the House Judiciary Committee            |
| KY HB 61  | Amends existing law (KRS 217.186) – increases the availability of naloxone for use as a rescue drug for narcotic overdose situations; Creates a new section of existing law to provide an opportunity for deferred prosecution for persons seeking emergency help in drug overdose situations, among other things.   | 1/6/15 – Referred to the House Judiciary Committee            |
| KY HB 112 | Amends existing law (KRS 217.186) – increases the availability of naloxone; Creates a new section of existing law to provide a "Good Samaritan" defense to those seeking emergency help in drug overdose situations, among other things.   | 1/8/15 – Referred to the House Judiciary Committee            |
| KY HB 253 | Amends existing law (KRS 217.186) - allows a person or agency, including a first responder or peace officer, to receive a prescription for naloxone, carry equipment needed to administer it, and administer naloxone to a third party suffering from an apparent overdose; and Requires that prescribers include information that encourages individuals to transport someone suffering from an overdose to the hospital even after administering naloxone.                           | 3/23/15 – Received in the House Rules Committee               |
| KY SB 5   | Amends existing law (KRS 217.186) – increases the availability of naloxone for use as a rescue drug for narcotic overdose situations; Creates a new section of existing law to provide an opportunity for deferred prosecution for persons seeking emergency help in drug overdose situations, among other things.   | 3/3/15 – Returned to House Judiciary Committee                |
| LA HB 210 | Requires pharmacists to dispense naloxone; Limits liability of prescribing or dispensing naloxone; Authorizes the receipt and administration of a naloxone prescription by a third party; Limits liability for the administration of   | 4/29/15 – Referred to the Senate Health and Welfare Committee |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|           |  |   |
|-----------|--|---|
|           | naloxone by a third party; Provides definitions and other matters.   |   |
| ME HB 140 | Allows for the prescription of naloxone hydrochloride by standing order; Allows for the prescription of naloxone hydrochloride to friends of, and other persons in, a position to assist an individual at risk of experiencing an opioid-related drug overdose, in addition to immediate family members; Provides immunity from civil and criminal liability for the prescription and administration of naloxone hydrochloride for prescribers and those who administer the drug; Creates a limited immunity from criminal prosecution for those who seek medical assistance when a person is experiencing an opioid-related drug overdose.  | 1/29/15 – Referred to the House Health and Human Services Committee |
| ME SB 812 | Authorizes the prescription, possession, and administration of opioid antagonists under certain circumstances; Provides criminal and civil immunities for such prescription, possession and administration; and Orders the licensed pharmacist dispensing the opioid antagonist to provide the recipient of the opioid antagonist with a standardized fact sheet developed about the proper use of the drug, among other things.   | 4/23/15 – Died in the Senate  |
| MD HB 745 | Amends existing law to authorize certain advanced practice nurses (APN), in addition to certain nurse practitioners (NP) and pharmacists to conduct certain overdose prevention educational training programs; Alters the circumstances under which certain employees or volunteers may conduct the training programs; Authorizes certain APMs to prescribe and dispense naloxone to certain certificate holders; Authorizes certain licensed physicians and APMs to prescribe and dispense naloxone to certain certificate holders by issuing a certain standing order under certain circumstances; Authorizes certain licensed health care providers to prescribe naloxone to certain patients under certain circumstances; Authorizes a pharmacist to dispense naloxone in accordance with a certain therapy management contract; Provides that certain individuals who administer naloxone or provide naloxone to certain certificate holders under certain circumstances may not be considered to be practicing certain health occupations; Provides that an APN who prescribes or dispenses naloxone to a certificate holder in a certain manner are immune from professional discipline; Provides immunity from liability for certain persons under certain circumstances; and Exempts certain persons who are authorized to dispense naloxone from | 4/13/15 – Enrolled in the House                                     |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|            |  |  |
|------------|--|--|
|            | certain prescription drug dispensing permit requirements, among other things.  |  |
| MD HB 945  | Authorizes a registered nurse to dispense naloxone to certain certificate holders if the registered nurse complies with a certain formulary and certain provisions of law, among other things.   | 4/10/15 – Passed the Senate  |
| MD SB 516  | Amends existing law to authorize certain advanced practice nurses (APN), in addition to certain nurse practitioners (NP) and pharmacists, to conduct certain overdose prevention educational training programs; Alters the circumstances under which certain employees or volunteers may conduct the training programs; Authorizes certain APNs to prescribe and dispense naloxone to certain certificate holders; Authorizes certain licensed physicians and APNs to prescribe and dispense naloxone to certain certificate holders by issuing a certain standing order under certain circumstances; Authorizes certain licensed health care providers to prescribe naloxone to certain patients under certain circumstances; Authorizes a pharmacist to dispense naloxone in accordance with a certain therapy management contract; Provides that certain individuals who administer naloxone or provide naloxone to certain certificate holders under certain circumstances may not be considered to be practicing certain health occupations; Provides that an APN who prescribes or dispenses naloxone to a certificate holder is immune from professional discipline; Provides immunity from liability for certain persons under certain circumstances; and Exempts certain persons who are authorized to dispense naloxone from certain prescription drug dispensing permit requirements, among other things. | 4/11/15 – Passed and enrolled  |
| MD SB 626  | Authorizes a registered nurse to dispense naloxone to certain certificate holders if the registered nurse complies with a certain formulary and certain provisions of law, among other things.   | 4/14/15 – Signed by the Governor; Chapter 44   |
| MA HB 1480 | Amends existing law to allow an EMT to restrain a person who presents an immediate or serious threat of bodily harm to himself or others, and in the case of a person who is revived from incapacitation via naloxone or experiencing the suspension of a drug overdose through the use and/or administration of an opioid antagonist, an EMT may request and be assisted by police officers, fire fighters, or other professional first responders for the purpose of restraining the person and to facilitate transportation to a  | 1/20/15 – Referred to the House Judiciary Committee; Senate concurred with the House |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|            |  |   |
|------------|--|---|
|            | hospital, clinic, or other health care facility, among other things.   |   |
| MA HB 1824 | Provides that when naloxone has been administered as a means to treat an opiate-related overdose, a doctor may hold the patient for a period of up to three hours without the consent of the patient if the doctor deems it medically necessary.   | 1/20/15 – Referred to the House Mental Health and Substance Abuse Committee; Senate concurred with the House          |
| MN HB 1907 | Expands the distribution of naloxone to save lives and increase awareness of the opiate overdose epidemic by (1) supporting statewide distribution of naloxone to targeted locations; (2) establishing an awareness campaign through educational partnerships and social media to increase knowledge and understanding of the epidemic and the use of naloxone; and (3) connecting individuals to treatment and other services; among other things.  | 3/16/15 – Read for the first time and referred to House Health and Human Services Reform Committee                    |
| MN SB 1569 | Expands the distribution of naloxone to save lives and increase awareness of the opiate overdose epidemic by (1) supporting statewide distribution of naloxone to targeted locations; (2) establishing an awareness campaign through educational partnerships and social media to increase knowledge and understanding of the epidemic and the use of naloxone; and (3) connecting individuals to treatment and other services; among other things.  | 3/18/15 – Senate Health, Human Services Committee recommended passage and re-referral to the Senate Finance Committee |
| MS HB 692  | Emergency Response and Overdose Prevention Act – Authorizes physicians and certain other licensed healthcare providers who act in good faith and in compliance with the standard of care applicable to that practitioner, to prescribe an opioid antagonist to a person at risk of experiencing an opioid-related overdose or to others in a position to assist such a person at risk of experiencing an opioid-related overdose; Authorizes pharmacists to dispense opioid antagonists under a prescription; Authorizes a person acting in good faith and with reasonable care to another person, whom he or she believes to be experiencing an opioid-related overdose, to administer an opioid antagonist that was prescribed; Authorizes EMTs to administer an opioid antagonist as clinically indicated; Provides immunity from civil or criminal liability or professional licensing sanctions for persons who take the actions authorized by the section. | 3/13/15 – Signed by the Governor  |
| MS SB 2242 | Mississippi Medical Emergency Good Samaritan Act – Provides immunity from arrest or prosecution for certain drug violations by a person seeking treatment for a drug   | 2/3/15 – Died in Committee  |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|            |  |  |
|------------|--|--|
|            | overdose if the evidence of the violation results from the medical treatment of the drug overdose.   |  |
| MS SB 2367 | Emergency Response And Overdose Prevention Act – Authorizes healthcare providers to prescribe and administer an opioid antagonist to a person at risk of experiencing an opioid-related overdose; Provides civil or criminal immunity for such action.   | 3/11/15 – Died on the Calendar   |
| MS SB 2780 | The Mississippi Medical Emergency Good Samaritan Act" – Provides immunity from arrest or prosecution for certain drug violations by someone seeking treatment for a drug overdose if the evidence of the violation results from the medical treatment of the drug overdose.  | 3/23/15 – Vetoed by the Governor   |
| MO HB 538  | Provides that a health care professional who, acting in good faith and with reasonable care, prescribes or dispenses an opioid antagonist and appropriate device to administer the drug shall not be subject to any criminal or civil liability or any professional disciplinary action for prescribing or dispensing the opioid antagonist or any outcome resulting from the administration of the opioid antagonist; Allows any person to possess an opioid antagonist; Provides that 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 drug overdose is immune from criminal prosecution, disciplinary actions from his or her professional licensing board, and civil liability due to the administration of the opioid antagonist. | 5/7/15 – Public hearing scheduled by Senate  |
| MO HB 628  | 911 Good Samaritan Act – Provides that a person acting in good faith who seeks medical assistance for an individual experiencing a drug-related overdose shall not be subject to criminal liability for possession of a controlled substance if the evidence was obtained as a result of the person's seeking medical assistance for an individual experiencing a drug-related overdose; Provides that a person who experiences a drug-related overdose and is in need of medical assistance is immune from criminal liability for possession of a controlled substance if the evidence for possession of a controlled substance was obtained as a result of the overdose and the need for medical assistance.   | 2/25/15 – Referred to the House Public Safety and Emergency Preparedness Committee |
| NE LB 546  | Authorizes the administration of naloxone; Repeals original sections of the law.   | 3/24/15 – Filed with the Judiciary Committee                                       |
| NV SB 309  | The Good Samaritan Drug Overdose Act - Authorizes certain physicians, physician assistants, and advanced   | 4/11/15 – No further action allowed  |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.



|           |   |                                 |
|-----------|---|---------------------------------|
|           | <p>practice registered nurses to prescribe and dispense an opioid antagonist to a family member, friend, or other person who is in a position to assist a person at risk of experiencing an opioid-related drug overdose; Provides for the development of standardized procedures and protocols under which a registered pharmacist may furnish an opioid antagonist; Provides that a person who, in good faith, seeks medical assistance for a person who is experiencing a drug or alcohol overdose or other medical emergency or who seeks such assistance for himself or herself, or who is the subject of a good faith request for such assistance may not be arrested, charged, prosecuted or convicted, or have his or her property subjected to forfeiture, or be otherwise penalized for violating: (1) a provision of existing law governing controlled substances; (2) a restraining order; or (3) a condition of the person’s parole or probation, if the evidence to support the arrest, charge, prosecution, conviction, seizure, or penalty was gained as a result of the person’s seeking such medical assistance; and Provides that the act of seeking such assistance may be raised as an affirmative defense or in mitigation in connection with certain other crimes, among other things.</p> |                                 |
| NV SB 459 | <p>The Good Samaritan Drug Overdose Act – Authorizes certain health care professionals to prescribe and dispense an opioid antagonist to certain persons under certain circumstances; Provides immunity from civil and criminal liability and professional discipline for such prescribing and dispensing of an opioid antagonist; Provides criminal and other immunity for persons who seek medical assistance for a person who is experiencing a drug or alcohol overdose under certain circumstances; Requires each person registered by the State Board of Pharmacy to receive annual training concerning the misuse and abuse of controlled substances; and Authorizes the suspension or revocation of a registration for failure to complete such training, among other things.</p>   | 5/5/15 – Signed by the Governor |
| NH HB 270 | <p>Creates a new section in existing law to provide that a person acting in good faith who seeks medical assistance for someone experiencing a drug or alcohol-related overdose shall not be cited, arrested, or prosecuted for possession of a controlled drug pursuant to RSA 318-B if the evidence for the charge of possession of a controlled drug was obtained as a result of the person seeking medical assistance; Provides that a person who experiences a drug or alcohol-</p>  | 4/2/15 – Hearing in the Senate  |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|           |   |  |
|-----------|---|--|
|           | related overdose and is in need of medical assistance shall not be cited, arrested, or prosecuted for possession of a controlled drug pursuant to RSA 318-B if the evidence for the charge of possession of a controlled drug was obtained as a result of the overdose and the need for medical assistance.   |  |
| NH HB 271 | Amends existing law (RSA 318-B:15) – Provides that a healthcare professional authorized to prescribe an opioid antagonist may prescribe, dispense, or distribute, directly or by standing order, an opioid antagonist to a person at risk of experiencing an opioid-related overdose or a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose; A person or organization may 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; A healthcare professional who, acting in good faith and with reasonable care, prescribes, dispenses, or distributes an opioid antagonist directly or by standing order and 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 immune from any criminal or civil liability or any professional disciplinary action. | 4/29/15 – Senate Health and Human Services Committee report, ought to pass |
| NH SB 147 | Creates a new section in existing law to provide that a person who, in good faith and in a timely manner, seeks medical assistance for someone who is experiencing a drug overdose shall not be cited, arrested, or prosecuted for a violation if the evidence for the charge of possession of a controlled drug was gained as a result of the seeking of medical assistance; Provides that a person who is experiencing a drug overdose and, in good faith, seeks medical assistance for himself or herself or is the subject of a good faith request for medical assistance shall not be cited, arrested, or prosecuted for a violation of this chapter if the evidence for the charge of possession of a controlled drug was gained as a result of the overdose and the need for medical assistance; Provides that a person who seeks medical assistance for a drug overdose shall not be subject to any of the penalties for violation of RSA 173-B for being at the scene of the drug overdose, or for being within close proximity to any person at the scene of the drug overdose;   | 3/26/15 – Referred to Committee, motion adopted                            |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|           |   |   |
|-----------|---|---|
|           | Provides that a person who seeks medical assistance for a drug overdose shall not be subject to any sanction for a violation of a condition of pretrial release, probation, furlough, or parole for being at the scene of the drug overdose, or for being within close proximity to any person at the scene of the drug overdose; Allows the act of seeking medical assistance for or by someone who is experiencing a drug overdose to be considered a mitigating circumstance at sentencing for a violation of any other offense.   |   |
| NJ AR 113 | Resolution – Urges the FDA to assert its authority to make naloxone available over-the-counter without a prescription and to require the inclusion of a warning label providing the 24-hour, toll-free number for SAMHSA for any emergency situation that may arise.  | Carried over: 5/8/14 – Referred to the Assembly Health and Senior Services Committee  |
| NJ SR 75  | Resolution – Urges the FDA to assert its authority to make naloxone available over-the-counter without a prescription and to require the inclusion of a warning label providing the 24-hour, toll-free number for SAMHSA for any emergency situation that may arise.  | 5/19/14 – Referred to the Senate Health, Human Services and Senior Citizens Committee |
| NJ A 3231 | Amends existing law to allow a law enforcement officer to administer an opioid antidote in an emergency if he or she has received overdose prevention information in accordance with rules and regulations adopted by the commissioner, believes, in good faith, that another person is experiencing an opioid overdose, and carries, administers, and disposes of the opioid antidote and administration device in accordance with rules and regulations adopted by the commissioner; Provides immunity to such a law enforcement officer from civil or criminal liability or any professional disciplinary action for their good faith administration of an opioid antidote in the course of professional practice. | 5/22/14 – Referred to the Assembly Human Services Committee                           |
| NJ A 3192 | Amends existing law to expand EMT and first responder scopes of practice to include the administration of opioid antidotes; Extends immunity from civil, criminal, and professional liability, under the Overdose Prevention Act, to EMTs and first responders who administer opioid antidotes, in good faith, in the course of their professional practice, in accordance with the bill's provisions; Clarifies that a health care professional or pharmacist will be immune from civil, criminal, and professional liability under the Overdose Prevention Act if he or she prescribes or dispenses an opioid antidote to an EMT or first responder who is authorized to administer the same.                       | 5/15/14 – Referred to the Assembly Health and Senior Services Committee               |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|            |  |   |
|------------|--|---|
| NJ A 2770  | Provides for the training and certification of EMTs in the administration of opioid antidotes; Directs the Commission of Health to establish the written standards and procedures that an EMT must meet in order to be certified, among other things.  | 3/13/14 – Reported out of Assembly Health and Senior Services Committee, Second Reading |
| NJ A 3550  | Requires that, when a health care professional or first responder administers an opioid antidote to a person experiencing a drug overdose, the person must be provided with information concerning substance abuse treatment programs and resources; Provides that if the person is admitted to a health care facility or receives treatment in the emergency department of a healthcare facility, the healthcare professional with primary responsibility for the person’s care is required to provide the information at any time after treatment for the drug overdose is complete but prior to the person’s discharge from the facility; Requires the healthcare professional to document the provision of the information in the person’s medical record and permits the professional to develop a substance abuse treatment plan for the person; Requires that if the opioid antidote is administered by a first responder and the person is not subsequently transported to a healthcare facility, the first responder provides the information when treatment for the drug overdose is complete. | 7/11/14 – Referred to the Assembly Health and Senior Services Committee                 |
| NJ S 2378  | Extends the Overdose Prevention Act immunity provisions to certain professionals and professional entities; Allows needle exchange programs to obtain a standing order for opioid antidote dispensation  | 2/5/15 – Signed by the Governor; P.L.2015, c.10   |
| NY AB 2962 | Amends existing law to ensure that evidence that a person was in possession of an opioid antagonist may not be admitted in a trial or prosecution of the penal law for the purpose of establishing probable cause for an arrest or proving any person’s commission of an offense.  | 4/23/15 – Advanced to the third reading   |
| NY AB 661  | Provides that every initial opioid analgesic prescription per year shall be accompanied with a prescription for an opioid antagonist.  | 1/7/15 – Referred to the Assembly Health Committee                                      |
| NY AB 304  | Provides for the use of opioid antagonists in all schools; Provides that the use of an opioid antagonist in a school is considered first aid or emergency treatment for the purpose of liability.  | 1/7/15 – Referred to the Assembly Education Committee                                   |
| NY AB 6061 | Amends existing law to provide that a school nurse who has undergone training in an approved opioid overdose   | 4/28/15 – Enacting Clause Stricken  |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|            |   |   |
|------------|---|---|
|            | prevention program may directly or indirectly administer an opioid antagonist to a person in need of one.   |   |
| NY SB 603  | Provides for the use of opioid antagonists in all schools; Provides that the use of an opioid antagonist in a school is considered first aid or emergency treatment for the purpose of liability.   | 1/7/15 – Referred to the Senate Health Committee    |
| NY SB 3446 | Amends existing law to provide that a school nurse who has undergone training in an approved opioid overdose prevention program may directly or indirectly administer an opioid antagonist to a person in need of one.  | 5/4/15 – Enacting Clause Stricken                   |
| NC SB 154  | Amends existing law to clarify how the limited immunity from prosecution for certain drug or alcohol-related offenses committed by an individual experiencing a drug or alcohol-related overdose and an individual who seeks medical assistance for an individual experiencing a drug or alcohol-related overdose operates; Provides additional requirements and conditions that must be met before the limited immunity is established; Provides that a person shall not be subject to sanctions for a violation of a condition of release, probation, or parole if based off an incident for which the person received immunity; Provides that a law enforcement officer or prosecuting attorney shall not be subject to civil liability for arresting, charging, or prosecuting a person entitled to immunity if the law enforcement officer or prosecuting attorney acted in good faith; and Provides that a pharmacist may dispense an opioid antagonist upon receiving a valid prescription; and Provides that a pharmacist who properly dispenses an opioid antagonist is immune from certain civil or criminal liability, among other things. | 4/16/15 – Referred to the House Judiciary Committee |
| ND SB 2104 | Provides that a healthcare professional, acting in good faith, may directly or by standing order prescribe, distribute, or dispense an opioid antagonist to: (1) An individual at risk of experiencing an opioid-related overdose; or (2) A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose; Provides that an individual acting in good faith may receive or possess an opioid antagonist if that individual is: (1) An individual at risk of experiencing an opioid - related overdose; or (2) A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose; Allows an individual, acting in good faith, to self-administer an opioid antagonist or administer an opioid antagonist to another  | 4/8/15 – Signed by the Governor                     |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|            |  |  |
|------------|--|--|
|            | individual who the administering individual suspects is at risk of experiencing an opioid overdose; Allows an individual to receive, possess, or administer an opioid antagonist regardless of whether the individual is the individual for or to whom the opioid antagonist is prescribed, distributed, or dispensed; Provides to an individual who prescribes, distributes, dispenses, receives, possesses, or administers an opioid antagonist immunity from civil and criminal liability; Provides that a healthcare professional who prescribes, distributes, or dispenses an opioid antagonist as authorized under this section is not subject to professional discipline for such action; Establishes limited prescriptive authority for individuals to distribute opioid antagonist kits, also known as "Naloxone rescue kits."  |  |
| ND SB 2070 | Provides that an individual is immune from criminal prosecution if that individual contacted law enforcement or EMS and reported that the individual was, or that another individual was, in need of emergency medical assistance due to a drug overdose.  | 4/20/15 – Signed by the Governor                                     |
| OH HB 4    | Amends existing law with respect to the authority to furnish or dispense naloxone to a person who may be at risk of an opioid overdose or a person who may be in a position to assist a person who is at risk.   | 3/10/15 – Referred to the Senate Health and Human Services Committee |
| OR HB 2754 | Provides that a person who contacts EMS or law enforcement to obtain medical assistance for another person because of a drug-related overdose is immune from arrest or prosecution for unlawful possession of a controlled substance if the evidence of the offense was obtained because the person contacted EMS or law enforcement; Provides that a person may not be arrested for violating, or found to be in violation of, the conditions of the person's pretrial release, probation, post-prison supervision, or parole if the violation involves the possession of a controlled substance or frequenting a place where controlled substances are used and the evidence of the violation was obtained because the person contacted EMS or law enforcement to obtain medical assistance for another person who was experiencing a drug-related overdose; and other things. | 1/16/15 – Referred to the House Judiciary Committee                  |
| RI HB 5047 | Requires schools educating students in grades 6-12 to maintain opioid antagonists on school premises to treat an opioid overdose; and Provides immunity to school  | 3/18/15 – House Health, Education, and Welfare Committee recommended |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|            |  |   |
|------------|--|---|
|            | personnel for the administration of an opioid antagonist in a school setting.  | measure be held for further study   |
| RI SB 154  | Requires schools educating students in grades 6-12 to maintain opioid antagonists on school premises to treat an opioid overdose; and Provides immunity to school personnel for the administration of an opioid antagonist in a school setting.  | 4/8/15 – Senate Education Committee recommended measure be held for further study |
| RI SB 576  | Amends existing law to broaden the immunity from prosecution for drug offenses afforded under the Good Samaritan Overdose Prevention Act to a person who in good faith seeks medical assistance for a person experiencing a drug overdose; and Repeals the sunset provision for the Good Samaritan Overdose Prevention Act, so that it would not expire on July 1, 2015.   | 5/5/15 – Senate Judiciary Committee recommended measure be held for further study |
| RI HB 5416 | Amends existing law to broaden the immunity from prosecution for drug offenses afforded under the Good Samaritan Overdose Prevention Act to a person who in good faith seeks medical assistance for a person experiencing a drug overdose; and Repeals the sunset provision for the Good Samaritan Overdose Prevention Act, so that it would not expire on July 1, 2015.   | 4/14/15 – House Judiciary Committee recommended measure be held for further study |
| SC HB 3083 | South Carolina Overdose Prevention Act – Provides certain professionals and other individuals protection from civil and criminal liability and from professional discipline for prescribing, dispensing, or administering an opioid antidote to individuals at risk of an opioid overdose; Requires provision of instructional information to non-healthcare professionals who administer opioid antidotes and documentation of receipt of the instruction; Clarifies that the provisions of the Act do not relieve law enforcement and emergency responders of their legal responsibilities to respond to medical emergencies and criminal conduct; and other things. | 4/29/15 – Referred to the Senate Medical Affairs Committee                        |
| SC HB 3091 | Provides that a person acting in good faith, who seeks medical assistance from an emergency room, outpatient medical clinic, or other medical facility, for another person who appears to be experiencing a drug or alcohol-related overdose may not be prosecuted, if the evidence for prosecution was obtained as a result of the person seeking medical assistance for the apparent overdose on the premises or immediately after calling the emergency room, outpatient medical clinic, or other medical facility; Requires that if the person seeking medical assistance previously has sought medical assistance for another person, the court may               | 1/13/15 – Referred to the House Judiciary Committee                               |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|            |   |   |
|------------|---|---|
|            | consider the circumstances of the prior incidents and the related offenses to determine whether to grant the person immunity from prosecution; Provides that a person who experiences a drug or alcohol-related overdose and is in need of medical assistance may not be prosecuted for specific offenses if the evidence for prosecution was obtained as a result of the drug or alcohol-related overdose and need for medical assistance; Allows the court to consider a person's decision to seek medical assistance as a mitigating factor in a criminal prosecution or sentencing for a drug or alcohol-related offense; and other things.   |   |
| SD SB 14   | Provides that any first responder trained in administering an opioid antagonist and acting under a standing order issued by a licensed physician may possess and administer opioid antagonists to a person exhibiting symptoms of an opiate overdose; Provides that a first responder must be trained in the symptoms of an opiate overdose, the protocols and procedures for administration of an opioid antagonist, the symptoms of adverse responses to an opioid antagonist and protocols, and procedures to stabilize the patient if an adverse response occurs; Provides that a first responder must be trained on the procedures for storage, transport, and security of the opioid antagonist; Provides that a physician who issues a standing order and 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 immune from civil liability 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. | 2/18/15 – Signed by the Governor (S.J. 426) |
| TN HB 1036 | Addiction Treatment Act of 2015 – Provides that any person who, in good faith, seeks medical assistance for a person experiencing or believed to be experiencing a drug overdose shall not be arrested, charged, or prosecuted for a drug violation if the evidence for the arrest, charge, or prosecution of the drug violation resulted from seeking such medical assistance; Provides that any person who is experiencing a drug overdose and, in good faith and who seeks medical assistance for or is the subject of a request for medical assistance shall not be arrested, charged, or prosecuted for a drug violation if the evidence for the arrest, charge, or prosecution of the drug violation resulted from  | 4/20/15 – Received Senate bill version      |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.



|           |   |  |
|-----------|---|--|
|           | <p>seeking such medical assistance; Provides that any such people shall also not be subject to the following, if related to the seeking of medical assistance: (1) penalties for a violation of a permanent or temporary protective order or restraining order; or (2) sanctions for a violation of a condition of pretrial release, condition of probation, or condition of parole based on a drug violation; and Sets forth that the act of providing first aid or other medical assistance to someone who is experiencing a drug overdose may be used as a mitigating factor in a criminal prosecution for which immunity is not provided, among other things.</p>   |  |
| TN SB 871 | <p>Addiction Treatment Act of 2015 – Provides that any person who, in good faith, seeks medical assistance for a person experiencing or believed to be experiencing a drug overdose shall not be arrested, charged, or prosecuted for a drug violation if the evidence for the arrest, charge, or prosecution of the drug violation resulted from seeking such medical assistance; Provides that any person who is experiencing a drug overdose and, in good faith and who seeks medical assistance for or is the subject of a request for medical assistance, shall not be arrested, charged, or prosecuted for a drug violation if the evidence for the arrest, charge, or prosecution of the drug violation resulted from seeking such medical assistance; Provides that any such people shall also not be subject to the following, if related to the seeking of medical assistance: (1) penalties for a violation of a permanent or temporary protective order or restraining order; or (2) sanctions for a violation of a condition of pretrial release, condition of probation, or condition of parole based on a drug violation; and Sets forth that the act of providing first aid or other medical assistance to someone who is experiencing a drug overdose may be used as a mitigating factor in a criminal prosecution for which immunity is not provided, among other things.</p> | 4/27/15 – Sent to the Governor for signature |
| TX HB 225 | <p>Provides a defense to prosecution for certain offenses involving controlled substances and other prohibited drugs, substances, or paraphernalia if the offender: (1) Requested emergency medical assistance in response to the possible overdose of him or herself or someone else, (2) Was the first person to make a request for assistance, and (3) Remained on the scene and cooperated with medical and law enforcement personnel.</p>  | 5/7/15 – Placed on Senate intent calendar    |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|            |  |   |
|------------|--|---|
| TX HB 1098 | Allows a health care professional to directly, or by standing order to prescribe, dispense, distribute, or administer an opioid antagonist to: (1) a person at risk of experiencing an opioid-related; or (2) a family member, friend, or other person who is in a position to help; Provides immunity from civil and criminal liability and from professional responsibility for a health care professional who, acting in good faith and with reasonable care, prescribes, dispenses or administers an opioid antagonist; and Allows any person to possess an opioid antagonist, regardless of whether he or she holds a prescription for it, among other things.  | 3/2/15 – Referred to the House Public Health Committee  |
| TX HB 2149 | Allows a health care professional to directly, or by standing order to prescribe, dispense, distribute, or administer an opioid antagonist to: (1) a person at risk of experiencing an opioid-related; or (2) a family member, friend, or other person who is in a position to help; Provides immunity from civil and criminal liability and from professional responsibility for a health care professional who, acting in good faith and with reasonable care, prescribes, dispenses or administers an opioid antagonist; Allows any person to possess an opioid antagonist, regardless of whether he or she holds a prescription for it; and Orders that any person, state agency, or political subdivision that provides opioid antagonists to emergency services personnel must train the personnel on (1) overdose recognition and prevention and (2) the administration of opioid antagonists, patient responses, and potential side effects, among other things. | 3/2/15 – Referred to the House Public Health Committee  |
| TX HB 2690 | Provides a defense for prosecution for certain offenses involving the delivery or possession of controlled substances and other prohibited drugs, substances, or paraphernalia for certain persons who seek medical attention for a suspected opioid overdose, and the prescription, administration, and possession of certain opioid antagonists for the treatment of suspected opioid overdoses.   | 3/16/15 – Referred to the House Public Health Committee |
| TX SB 1462 | Allows a health care professional to directly, or by standing order to prescribe, dispense, distributes, or administers an opioid antagonist to: (1) a person at risk of experiencing an opioid-related; or (2) a family member, friend, or other person who is in a position to help; Provides immunity from civil and criminal liability and from professional responsibility for a health care professional who, acting in good faith and with reasonable care, prescribes, dispenses or administers an opioid antagonist; and Allows any person to   | 5/1/15 – Referred to the House Public Health Committee  |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|            |   |   |
|------------|---|---|
|            | possess an opioid antagonist, regardless of whether he or she holds a prescription for it, among other things.  |   |
| VA SB 1186 | Allows a practitioner to prescribe naloxone to a patient for administration to a person other than the patient when the patient believes the person is experiencing or is about to experience a life-threatening opiate overdose; Allows a person to possess naloxone and administer naloxone to a person experiencing, or about to experience, a life-threatening opiate overdose; Provides that in such circumstances: (1) A person who administers naloxone to another person shall not be liable for civil damages; and (2) A prescriber is immune from civil or criminal liability for injuries resulting from the prescription of naloxone to a patient for administration to another person; Allows EMS personnel and other first responders to possess and administer naloxone pursuant to a written order or standing protocol; Provides that first responders and EMS personnel who administer naloxone pursuant to a written order or standing protocol are immune from civil or criminal liability for injuries resulting from the administration of naloxone.      | 4/15/15 – Signed by the Governor; Acts of Assembly: Chapter text (CHAP0752)     |
| VA HB 1458 | Allows a prescriber to prescribe naloxone to a patient for administration to a person other than the patient when the patient believes the person is experiencing, or is about to experience, a life-threatening opiate overdose: Allows a person to possess naloxone and administer naloxone to a person experiencing, or about to experience, a life-threatening opiate overdose: Provides that a person who administers naloxone to another person under such circumstances is immune from civil damages and that a prescriber is immune from civil or criminal liability for injuries resulting from the prescription of naloxone to a patient for administration to another person: Allows EMS personnel and other first responders to possess and administer naloxone pursuant to a standing order or oral or written protocol; Provides that first responders and EMS personnel who administer naloxone pursuant to a standing order or oral or written protocol are immune from civil or criminal liability for injuries resulting from the administration of naloxone. | 4/15/15 – Signed by the Governor; Acts of Assembly: Chapter text (CHAP0752)     |
| VA HB 1732 | Provides that a dispenser may dispense naloxone, or any other opioid antagonists pursuant to a written order or standing protocol of the Health Commissioner, to a person who is experiencing, or is about to experience, a life-threatening opiate overdose; Provides that a person may  | 2/4/15 – Bill stricken from the docket by the House Courts of Justice Committee |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|            |   |   |
|------------|---|---|
|            | possess and administer naloxone or any other opioid antagonists to a person who is experiencing, or is about to experience, a life-threatening opiate overdose, provided such person has received appropriate training; Provides that law enforcement officers and firefighters may possess and administer naloxone or any other opioid antagonists to a person who is experiencing, or is about to experience, a life-threatening opiate overdose.   |   |
| VA HB 1833 | Allows law enforcement officers to possess naloxone and administer naloxone to a person who is believed to be experiencing, or about to experience, an opiate overdose; Provides law enforcement officers immunity from civil liability for any personal injury that results from the good faith administration of naloxone.  | 4/15/15 – Signed by the Governor; Acts of Assembly; Chapter text (CHAP0732) |
| WA HB 1671 | Amends existing law to order a practitioner to, when prescribing, dispensing, distributing, or delivering an opioid overdose medication, to inform the recipient that as soon as possible after administration of the opioid overdose medication, the person at risk of experiencing an opioid-related overdose should be transported to a hospital or a first responder should be summoned; Provides that a pharmacist may dispense an opioid overdose medication pursuant to a valid prescription and may administer an opioid overdose medication to a person at risk of experiencing an opioid-related overdose; Orders a pharmacist, at the time of dispensing an opioid overdose medication to provide written instructions (which must be affixed to the container in which the medication is dispensed and must inform the recipient to call 911 and seek medical attention immediately) on the proper response to an opioid-related overdose; and Provides immunity from civil and criminal liability and professional discipline immunity to certain individuals who act in good faith and with reasonable care in prescribing, dispensing, distributing, or delivering an opioid overdose medication to someone who is experiencing an overdose, among other things. | 4/24/15 – Sent to the Governor for signature                                |
| WA HB 2132 | Establishes a naloxone access account, and distribution measures, to help purchase and distribute naloxone to those at highest risk for opioid overdose.  | 4/29/15 – By resolution, reintroduced and retained in present status        |
| WV HB 2009 | Allows state police, police, sheriffs, fire, and EMS personnel to possess naloxone or other approved opioid antagonist to administer in opioid drug overdoses; Defines terms; Provides for training; Establishes training requirements for first responders who may administer  | 1/23/15 – Referred to the House Judiciary Committee                         |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|            |   |   |
|------------|---|---|
|            | <p>opioid antagonists; Establishes criteria under which a first responder may administer an opioid antagonist; Grants immunity to healthcare providers who prescribe, dispense, or distribute naloxone or other approved opioid antagonist related to a training program; Grants immunity to initial responders who administer or fail to administer an opioid antagonist; Allows a prescription for an opioid antagonist in certain circumstances; Establishes responsibility of licensed prescribers; Provides for patient, family, and caregiver education; Requires continuing education of licensed prescribers for administration of an opioid antagonist; and other things.</p>  |   |
| WV SB 9    | <p>Allows state police, police, sheriffs, fire, and EMS personnel to possess naloxone or other approved opioid antagonist to administer in opioid drug overdoses; Defines terms; Provides for training; Establishes training requirements for first responders who may administer opioid antagonists; Establishes criteria under which a first responder may administer an opioid antagonist; Grants immunity to healthcare providers who prescribe, dispense, or distribute naloxone or other approved opioid antagonist related to a training program; Grants immunity to initial responders who administer or fail to administer an opioid antagonist; Allows a prescription for an opioid antagonist in certain circumstances; Establishes responsibility of licensed prescribers; Provides for patient, family, and caregiver education; Requires continuing education of licensed prescribers for administration of an opioid antagonist; and other things.</p> | 1/14/15 – Referred to the Senate Health and Human Resources Committee |
| WV HB 2543 | <p>Allows initial responders to possess and administer opioid antagonists in suspected opiate-related overdoses; Ensures that opioid antagonists are made available to individuals at risk of overdose, as well as to relatives, friends, and caregivers of such individuals; and Establishes responsibilities for licensed health care providers that prescribe opioid antagonists.</p>  | 2/2/15 – Referred to the House Health and Human Resources Committee   |
| WV SB 231  | <p>Allows state police, police, sheriffs, fire, and EMS personnel to possess naloxone or other approved opioid antagonist to administer in opioid drug overdoses; Defines terms; Provides for training; Establishes training requirements for first responders who may administer opioid antagonists; Establishes criteria under which a first responder may administer an opioid antagonist; Grants immunity to healthcare providers who prescribe, dispense,</p>  | 1/14/15 – Referred to the Senate Health and Human Resources Committee |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|            |  |   |
|------------|--|---|
|            | or distribute naloxone or other approved opioid antagonist related to a training program; Grants immunity to initial responders who administer or fail to administer an opioid antagonist; Allows a prescription for an opioid antagonist in certain circumstances; Establishes responsibility of licensed prescribers; Provides for patient, family, and caregiver education; Requires continuing education of licensed prescribers for administration of an opioid antagonist; and other things.   |   |
| WV SB 335  | Allows initial responders to possess and administer opioid antagonists in suspected opiate-related overdoses; Ensures that opioid antagonists are made available to individuals at risk of overdose, as well as to relatives, friends, and caregivers of such individuals; and Establishes responsibilities for licensed health care providers that prescribe opioid antagonists.  | 3/10/15 – Approved by Governor  |
| WV SB 497  | Provides that any person employed as a school nurse and properly licensed by the West Virginia Board of Examiners for Registered Professional Nurses may possess an opioid antagonist on or near school premises and administer the opioid antagonist if he or she believes, in good faith, that a student or other individual at the school is suffering from an opiate-related overdose.   | 2/16/15 – Referred to the Senate Health and Human Resources Committee |
| WV HB 2044 | Allows state police, police, sheriffs, fire, and EMS personnel to possess naloxone or other approved opioid antagonist to administer in opioid drug overdoses; Defines terms; Provides for training; Establishes training requirements for first responders who may administer opioid antagonists; Establishes criteria under which a first responder may administer an opioid antagonist; Grants immunity to healthcare providers who prescribe, dispense, or distribute naloxone or other approved opioid antagonist related to a training program; Grants immunity to initial responders who administer or fail to administer an opioid antagonist; Allows a prescription for an opioid antagonist in certain circumstances; Establishes responsibility of licensed prescribers; Provides for patient, family, and caregiver education; Requires continuing education of licensed prescribers for administration of an opioid antagonist; and other things. | 1/14/15 – Referred to the Senate Health and Human Resources Committee |
| WV SB 18   | Overdose Prevention Act - Defines terms; Provides immunity from citation, arrest, or prosecution of certain offenses for certain persons who seek appropriate medical attention upon an overdose of drugs or alcohol; Prohibits  | 1/14/15 – Referred to the Senate Health and Human Resources Committee |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.

|            |   |   |
|------------|---|---|
|            | <p>seeking appropriate medical attention from constituting a violation of a condition of pretrial release, probation, furlough, or parole; Requires certain action from persons seeking appropriate medical attention; Provides that seeking medical attention is a mitigating factor at sentencing of any offense arising from request for medical attention; Allows persons to plead guilty to certain exempted offenses if desired; Provides certain exceptions to immunity for evidence found from an independent source; Provides immunity to law enforcement officers who cite or arrest a person who receives immunity under this section, unless the officer acted recklessly or intentionally.</p>   |   |
| WV HB 2045 | <p>Overdose Prevention Act - Defines terms; Provides immunity from citation, arrest, or prosecution of certain offenses for certain persons who seek appropriate medical attention upon an overdose of drugs or alcohol; Prohibits seeking appropriate medical attention from constituting a violation of a condition of pretrial release, probation, furlough, or parole; Requires certain action from persons seeking appropriate medical attention; Provides that seeking medical attention is a mitigating factor at sentencing of any offense arising from request for medical attention; Allows persons to plead guilty to certain exempted offenses if desired; Provides certain exceptions to immunity for evidence found from an independent source; Provides immunity to law enforcement officers who cite or arrest a person who receives immunity under this section, unless the officer acted recklessly or intentionally.</p> | 1/23/15 – Referred to the House Judiciary Committee |

Red text indicates that the legislature is no longer in session.

© 2015 Research is current as of May 7, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software and individual state legislative websites. Please contact Susan P. Weinstein at (703) 836-6100, ext. 101 or [sweinstein@namsdl.org](mailto:sweinstein@namsdl.org) with any additional updates or information that may be relevant to this document. This document is intended for informational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS 420 Park Street, Charlottesville, VA 22902.