



## **Good Samaritan and Naloxone Bill Status Report – Carryover 2014 and Special Sessions**

### **Research current through May 22, 2014**

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AL HB 624	<p>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 who seeks medical assistance for another individual under certain circumstances.</p>	3/20/14 – Referred to the House Committee on Health
CA SB 1438	<p>Amends existing law to require the Emergency Medical Services Authority (EMSA), of the Emergency Medical Services System and the Pre-hospital Emergency Medical Care Personnel Act, to develop and adopt training and standards, and promulgate regulations, for all pre-hospital emergency care personnel regarding the use and administration of naloxone hydrochloride and other opioid antagonists; authorizes EMSA to adopt existing training and standards for pre-hospital emergency care personnel regarding the statewide use and administration of naloxone hydrochloride or another opioid antagonist to satisfy the requirements of the bill's provisions; authorizes, at the discretion of the medical director of the local EMS agency, pertinent training completed by pre-hospital emergency care personnel to be used to satisfy part of the training requirements established by EMSA pursuant to the bill's provisions; specifies that both of those types of trainings satisfy these requirements, allowing for immunity from criminal and civil liability for administering an opioid antagonist; permits the State Attorney General, in connection with that research, and in furtherance of the enforcement of the act, to authorize hospitals and trauma centers to share information with local law enforcement agencies and local EMS agencies about controlled substances; limits the data that may be provided by hospitals and trauma centers to the number of overdoses and the substances suspected as the primary cause of the overdoses; and requires that the information shared be shared in a manner that ensures complete patient confidentiality.</p>	5/22/14 – Read for a second time in the Senate Appropriations Committee, and ordered to a third reading

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CT HB 5487	Repeals current law (Section 17a-714a) – defines "opioid antagonist" as naloxone hydrochloride or any other similarly acting and equally safe drug approved by the FDA for the treatment of drug overdose; provides that a licensed health care professional who is permitted by law to prescribe an opioid antagonist may, if acting with reasonable care, prescribe, dispense or administer an opioid antagonist 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; and provides that anyone, who in good faith believes that another person is experiencing an opioid-related drug overdose may, if acting with reasonable care, administer an opioid antagonist to such other person. Any person, other than a licensed health care professional acting in the ordinary course of such person's employment, who administers an opioid antagonist in accordance with this subsection shall not be liable for damages in a civil action or subject to criminal prosecution with respect to the administration of such opioid antagonist.	5/14/14 – Assigned to the Secretary of State; Assigned Act No. 14-61
DE SB 219	Increases the amount of the naloxone in the community and specifically in the hands of the people most likely to discover someone who has suffered an overdose and who will be able to administer a dose of the medication while waiting for first responders to arrive, thereby improving the chances that people who overdose will survive and be connected to treatment programs; allows friends and family members of people with addictions to opioids to purchase Naloxone when a prescription is written for the person with the addiction; and allows DHSS to create a community-based program that will put Naloxone into the hands of friends, family, and <i>maybe</i> service providers at no or low cost.	5/8/14 – Referred to the Senate Health & Social Services Committee
GA HB 966	Amends existing law to authorize licensed health practitioners to prescribe opioid antagonists to certain individuals and entities pursuant to a protocol; provides legislative findings; provides for grants to ensure the availability of opioid antagonists; and authorizes EMS personnel to administer parenteral injections of opioid antagonists.	7/1/14 – Effective date 4/26/14 – Signed by the Governor; Assigned Act No. 646

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GA HB 965	Amends existing law to provide immunities from certain arrests, charges, or prosecutions for persons seeking medical assistance for a drug overdose; authorizes licensed health practitioners to prescribe opioid antagonists to certain individuals and entities pursuant to a protocol; authorizes EMS personnel to administer opioid antagonists; and authorizes first responders to maintain and administer opioid antagonists, among other things.	4/24/14 – Signed by the Governor; Effective upon signing; Assigned Act No. 616
HI SB 394 (companion to HI HB 393)	Establishes limited immunity for individuals who seek medical assistance for victims of drug-related overdoses.	Carried over from 2013 Legislative Session
HI HB 393 (companion to HI SB 394)	Establishes limited immunity for individuals who seek medical assistance for victims of drug-related overdoses.	Carried over from 2013 Legislative Session
HI SB 2215 (companion to HI HB 1793)	Establishes limited immunity for individuals who seek medical assistance for victims of alcohol or drug-related overdoses or themselves during an alcohol or drug-related overdose emergency.	2/14/14 – Adopted by the Senate Public Safety, Intergovernmental and Military Affairs Committee; Passed a second reading; Referred to the Senate Judiciary and Labor Committee
HI HB 1793 (companion to HI SB 2215)	Establishes limited immunity for individuals who seek medical assistance for victims of alcohol or drug-related overdoses or themselves during an alcohol or drug-related overdose emergency.	1/21/14 – Referred to the Senate Committees on Health and on Judiciary and Labor
IN SB 227	Amends existing law to, among other things, allow an advanced emergency medical technician, an emergency medical responder, an emergency medical technician, a firefighter or volunteer firefighter, a law enforcement officer, or a paramedic to administer an overdose intervention drug to a person suffering from an overdose. Allows certain health care providers to prescribe, and a pharmacist to dispense, an overdose intervention drug for an advanced emergency medical technician, an emergency medical responder, an emergency medical technician, a fire department or volunteer fire department, a law enforcement agency, or a paramedic.	3/26/14 – Signed by the Governor; Effective upon signing; Assigned Act No. 156
IA HF 2207	Provides immunity from prosecution for possession of a controlled substance to someone who, in good faith, seeks medical assistance for another person experiencing a controlled substance if the evidence for the charge of possession of a controlled substance was obtained as a result of the person seeking medical assistance for the other person.	2/11/14 – Referred to the House Judiciary Committee

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KY SB 12	Amends existing law to allow police officers, firefighters, paramedics, and emergency medical technicians to use naloxone at the scene of a narcotic drug overdose.	1/13/14 – Referred to the Senate Health and Welfare Committee
KY HB 458	Amends existing law to allow police officers, firefighters, paramedics, and emergency medical technicians to be prescribed, possess, and use naloxone at the scene of an opioid drug overdose.	2/27/14 – Referred to the House Judiciary Committee
LA HB 754	Authorizes first responders to receive a prescription for naloxone and administer naloxone to a third party; Limits liability for the administration of naloxone by a first responder; Requires training prior to receiving a prescription for naloxone; Requires promulgation of best practices.	5/20/14 – Delivered to the Governor for signature
LA HB 755	Provides immunity from civil liability, criminal prosecution, or disciplinary or other adverse action under any professional licensing statute for a licensed medical practitioner who, acting in good faith, directly or by standing order, prescribes or dispenses the drug naloxone or another opioid antagonist to a patient at risk of experiencing an opiate-related overdose or a family member or friend of a patient at risk of experiencing an opiate-related overdose who, in the judgment of the medical practitioner, is capable of administering the drug for an emergency opiate-related overdose.	3/10/14 – Referred to the House Health and Welfare Committee
ME HB 1686	<p>Emergency Legislation (An Act To Address Preventable Deaths from Drug Overdose) – Authorizes health care professionals to prescribe naloxone to an individual at risk of experiencing an opioid-related drug overdose; Allows the individual to whom naloxone is prescribed to provide the naloxone to an immediate family member to possess and administer to the individual if the family member believes in good faith that the individual is experiencing an opioid-related drug overdose; Authorizes a health care professional to prescribe naloxone to a member of an individual's immediate family for administration to the individual in the event of an opioid-related drug overdose if: (1) The health care professional has an established health care professional-patient relationship with the individual; and (2) The individual is at risk of experiencing an opioid-related drug overdose.</p> <p>Authorizes law enforcement officers and municipal firefighters to administer intranasal naloxone only if they have received medical training as determined by the Medical Direction and Practices Board.</p>	4/16/14 – Passed to be enacted

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MI SB 721	Provides immunity from civil liability and any damages to a person who, in good faith, administers naloxone to another person, who is suffering from the immediate effects of an opioid overdose.	12/12/13 – Referred to the Senate Judiciary Committee
MI HB 5074	Amends existing law to allow a prescriber to issue a prescription for, and dispense, an opioid antagonist to (1) a patient at risk of experiencing an opioid-related overdose; (2) a family member, friend or other individual in a position to assist someone at risk of experiencing an opioid-related overdose; or (3) others who meet certain requirements.	5/22/14 – Third reading in the House Judiciary Committee
MI SB 860	Amends existing law to allow a prescriber to issue a prescription for, and dispense, an opioid antagonist to (1) a patient at risk of experiencing an opioid-related overdose; (2) a family member, friend or other individual in a position to assist someone at risk of experiencing an opioid-related overdose; or (3) others who meet certain requirements.  Provides civil immunity to a prescriber or dispenser of an opioid antagonist as long as the administration of the antagonist was properly stored and dispensed.	5/1/14 – Referred to the Senate Committee on the Whole
MI HB 5406 (companion to SB 857)	Amends existing law to provide immunity from civil liability when an individual administers an opioid antagonist to someone who is suffering the immediate effects of an opioid-related overdose.	5/22/14 – Third reading in the House Judiciary Committee
MI SB 857 (companion to HB 5406)	Amends existing law to provide immunity from civil liability when an individual administers an opioid antagonist to someone who is suffering the immediate effects of an opioid-related overdose.	5/21/14 – Referred to the Senate Committee on the Whole
MN HF 2307	Amends existing law to provide immunity from civil liability and criminal prosecution to certain medical providers who provide, and other individuals who administer, naloxone or a similar drug to someone who is experiencing an opioid-related overdose.	4/9/14 – Postponed indefinitely
MN SF 1900	Steve’s Law – Amends existing law to, among other things, provide immunity from civil liability and criminal prosecution to certain medical providers who provide, and other individuals who administer, naloxone or a similar drug to someone who is experiencing an opioid-related overdose.	7/1/14 – Effective date  5/12/14 – Signed by the Governor; Assigned in Chapter 232
MO HB 2040	Amends existing law to allow any qualified first responder to obtain and administer naloxone to a person suffering from an apparent narcotic or opiate-related overdose.	4/30/14 – Passed the House and the Senate

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MO SB 831	Missouri Good Samaritan Law – Amends existing law for when emergency services are called for drug overdoses.	2/27/14 – Referred to the Senate Judiciary and Civil and Criminal Jurisprudence Committee
NJ AR 113 (companion to 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.	5/8/14 – Referred to the Assembly Health and Senior Services Committee
NJ SR 75 (companion to 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.	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
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

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NY AB 8285 (companion to NY SB 4588)	Amends existing law and establishes an emergency opioid overdose prevention pilot program whereby police agencies and officials in certain public high schools could administer Naloxone to those who have overdosed on an opioid; Provides for the administration of Naloxone pursuant to the opioid overdose prevention program.	1/8/14 – Referred to the Assembly Committee on Health
NY SB 4588 (companion to NY AB 8285)	Amends existing law and establishes an emergency opioid overdose prevention pilot program whereby police agencies and officials in certain public high schools could administer Naloxone to those who have overdosed on an opioid; Provides for the administration of Naloxone pursuant to the opioid overdose prevention program.	1/8/14 – Referred to the Senate Committee on Health
NY AB 8637 (refer to NY SB 6477)	Authorizes the Commissioner of Health to establish standards for the approval of any opioid overdose prevention program and opioid antagonist prescribing, dispensing, distribution, possession and administration; Provides immunity from criminal, civil, and administrative liability, as long as the person prescribing and administering the opioid antagonist acts in good faith and in compliance with the law.	5/6/14 – Substituted by NY SB 6477
NY SB 6477	Authorizes the Commissioner of Health to establish standards for the approval of any opioid overdose prevention program and opioid antagonist prescribing, dispensing, distribution, possession and administration; Provides immunity from criminal, civil, and administrative liability, as long as the person prescribing and administering the opioid antagonist acts in good faith and in compliance with the law.	5/6/14 – Passed by the House and Senate; Returned to the Senate
NY SB 7102	Allows first responders to carry, and rehabilitation facilities to dispense, opioid antagonist drugs.	4/28/14 – Referred to the Senate Finance Committee
NY AB 9365	Provides that every initial opioid analgesic prescription per year shall be accompanied with a prescription for an opioid antagonist.	4/23/14 – Referred to the Assembly Health Committee
NY SB 7661	Amends existing law to allow school districts, boards of education, cooperative educational services, county vocation education and extension boards, charter schools, and non-public elementary and secondary schools to provide and maintain, on-site and in each instructional school facility,	5/23/14 – Referred to the Senate Health Committee

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	opioid antagonists in quantities deemed by the Commissioner of Education, in consultation with the Commissioner of Health, to be adequate to ensure ready and appropriate access for use during emergencies to any student or staff experiencing an opioid overdose, whether or not there is a previous history of opioid abuse.	
NY SB 7649	Provides that when there exists an distribution of an opioid antagonist, the administrator includes an information card to the person who overdosed that includes steps to take after an opioid antagonist is administered, the toll-free number for the state office of alcoholism and substance abuse services, how to access the treatment provider directory on the office on substance abuse services' website, and any other information deemed by the Commissioner to be relevant.	5/23/14 – Referred to the Senate Health Committee
OH HB 170	Amends existing law to allow certain individuals ( <i>e.g.</i> , a nurse practitioner) to prescribe naloxone to, and in the name of, a family member, friend or other individual in a position to assist someone who there is reason to believe is at risk of an opioid-related overdose, as long as the individual instructs the person receiving the naloxone to summon EMS immediately after administering the naloxone; Provides immunity from criminal, civil, and professional disciplinary action for anyone who furnishes a supply of naloxone or issues a prescription for naloxone in good faith.	3/11/14 – Signed by the Governor; Effective upon signing
PA HB 2090	Amends existing law to include the administration of naloxone to the scope of practice of each EMS provider and, in consultation with the Pennsylvania Emergency Health Services Council, shall develop or amend any training, treatment protocols, equipment lists or other policies as necessary, which may differ by type of EMS provider; allows a police department, law enforcement agency or fire company to enter into a written agreement with an EMS agency, with the consent of that agency's medical director or a physician, to (1) Obtain a supply of naloxone, and (2) Authorize a police officer, law enforcement officer or firefighter who has completed training approved under the section to administer naloxone to a person undergoing or believed to be undergoing an opioid-related drug overdose under the standing order of the medical director or physician; Allows a healthcare professional otherwise authorized to prescribe an opioid antagonist to prescribe, dispense and distribute an opioid antagonist to an authorized police officer,	3/18/14 – Laid on the table

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	<p>law enforcement officer, firefighter, 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.</p> <p>Provides immunity from a civil, criminal, or professional disciplinary action to any licensed health care professional who, acting in good faith and with reasonable care, prescribes or dispenses an opioid antagonist.</p>	
PA SB 1299	<p>Amends existing law to allow a first responder to administer an opioid antagonist to another person if the first responder (1) believes in good faith that the other person is experiencing an opioid-related overdose and (2) acts with reasonable care in administering the opioid antagonist to the other person; Allows a practitioner, acting in good faith and exercising reasonable care to prescribe an opioid antagonist to (1) A person at risk of experiencing an opioid-related overdose, (2) A family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related overdose or (3) A first responder in a position to assist a person at risk of experiencing an opioid-related overdose; Provides that a person who receives an opioid antagonist that was prescribed may administer an opioid antagonist to another person if (1) the person has a good faith belief that the other person is experiencing an opioid-related overdose and (2) the person exercises reasonable care in administering the drug to the other person; Exempts the following people from civil liability or criminal prosecution for the actions listed under the section – (1) A first responder who administers an opioid antagonist, (2) A practitioner who prescribes an opioid antagonist and (3) A person who administers an opioid antagonist.</p>	3/28/14 – Referred to the Senate Public Health and Welfare Committee
RI H 7933	<p>Amends existing law to require every healthcare insurer that delivers or issues for delivery or renews in the state a contract, plan, or policy, except contracts providing supplemental coverage to Medicare or other governmental programs, to provide prescription drug coverage for anti-opioid and anti-opiate drugs, including, but not limited to, naran and other forms of naloxone for use of intervention in opioid overdoses, among other things.</p>	4/1/14 – Referred to the House Corporations Committee recommended measure be held for further study
RI S 2801 (companion to RI H 8042)	<p>Amends existing law to require, among other things, a group health plan, and an individual or group health insurance plan to provide coverage for medication to assist opioid overdoses.</p>	2/26/14 – Passed the Senate; Referred to the House Corporations Committee

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RI H 8042 (companion to RI S 2801)	Amends existing law to require, among other things, a group health plan, and an individual or group health insurance plan to provide coverage for medication to assist opioid overdoses	5/14/14 – House Corporations Committee recommended passage
RI S 2883	Amends existing law to broaden the immunity from prosecution for drug offenses afforded under the Good Samaritan Overdose Protection Act to a person who in good faith seeks medical assistance for a person experiencing a drug overdose; Repeals the sunset provision for the Good Samaritan Overdose Prevention Act, so that it would not expire on July 1, 2015.	5/20/14 – Senate Judiciary Committee recommended passage
RI H 7869	Adopts The Good Samaritan Overdose Prevention Act, and provides that any person who, in good faith, without malice and in the absence of evidence of an intent to defraud, seeks medical assistance for someone experiencing a drug overdose or other drug-related medical emergency shall not be charged or prosecuted for any crime, except for a crime involving the manufacture or possession with the intent to manufacture a controlled substance or possession with intent to deliver a controlled substance, if the evidence for the charge was gained as a result of the seeking of medical assistance; Provides that the act of providing first aid or other medical assistance to someone who is experiencing a drug overdose or other drug-related medical emergency may be used as a mitigating factor in a criminal prosecution pursuant to the controlled substances act.	4/9/14 – House Judiciary Committee recommended measure be held for further study
SC H 4811	South Carolina Overdose Prevention Act – Provides, among other things, that a healthcare professional or pharmacist who, acting in good faith, prescribes or dispenses an opioid antidote to a patient capable, in his or her judgment, of administering the opioid antidote in an emergency, is not, as a result of an act or omission, subject to criminal or civil liability, or professional disciplinary action for prescribing or dispensing an opioid antidote; Allows a patient, in an emergency, to administer an opioid antidote, if the patient has received patient overdose information and believes in good faith that a person is experiencing an opioid overdose; Provides that such a patient is not, as a result of an act or omission, subject to criminal or civil liability for administering an opioid antidote.	2/27/14 – Referred to the House Judiciary Committee
TN SB 1631 (companion to	Amends existing law to provide for immunity from civil liability for prescribers of opioid antagonists and those who	7/1/14 – Effective date

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TN HB 1427)	administer it in order to address opioid-related drug overdoses.	4/4/14 – Signed by the Governor; Assigned in Chapter 623
TN HB 1427 (companion to TN SB 1631)	Amends existing law to provide for immunity from civil liability for prescribers of opioid antagonists and those who administer it in order to address opioid-related drug overdoses.	7/1/14 – Effective date 4/4/14 – Signed by the Governor; Assigned in Chapter 623
UT HB 11901	Emergency Administration of Opiate Antagonist Act – Permits the dispensing and administration of an opiate antagonist to a person who is reasonably believed to be experiencing an opiate-related drug overdose event; Establishes immunity for the good faith administration of an opiate antagonist; Clarifies that the administration of an opiate antagonist is voluntary and that the Act does not establish a duty to administer an opiate antagonist; Clarifies that it is not unlawful or unprofessional conduct for listed health professionals to prescribe an opiate antagonist to (1) A person at increased risk of experiencing an opiate-related drug overdose event or (2) a family member, friend, or other person in a position to assist a person who is at increased risk of experiencing an opiate-related drug overdose; Requires a person who prescribes or dispenses an opiate antagonist to advise a person to seek a medical evaluation after experiencing a drug overdose and taking an opiate antagonist.	3/29/14 – Signed by the Governor; Effective upon signing
VT SB 60	Grants limited immunity from liability for (1) a person who, in good faith, seeks medical assistance for someone who is experiencing a drug or alcohol overdose or other life-threatening medical emergency or (2) a person who is experiencing a drug or alcohol overdose or other life-threatening medical emergency and, in good faith, seeks medical assistance for himself or herself or is the subject of a good faith request for medical assistance.	1/29/14 – Referred to the House Judiciary Committee
WV HB 4169 (companion to WV SB 336 and WB SB 17)	Ensures that the emergency aid medication Naloxone is made available to patients prescribed opiates; Establishes responsibilities for licensed prescribers of opiates to follow; Provides for education about naloxone of patients, their family members or caregivers.	1/14/14 – Referred to the House Health and Human Resources Committee
WV SB 336 (companion to	Allows state police, local police, sheriffs, and fire and emergency service personnel to possess Naloxone or other approved opioid antagonists to administer in opioid drug	2/20/14 – Passed the Senate; House Health and Human Resources Committee

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WV HB 4169 and WB SB 17)	overdoses; Provides for training of emergency personnel; Establishes training requirements for first responders who may administer opioid antagonists; Establishes criteria under which a first responder may administer an opioid antagonist; Grants civil, criminal, and professional licensing immunity to health care providers who prescribe, dispense or distribute Naloxone or other approved opioid antagonist related to a training program; Grants civil, criminal, and professional licensing immunity to initial responders who administer or fail to administer an opioid antagonist; Provides for patient, family, and caregiver education; Requires continuing education of licensed prescribers for administration of an opioid antagonist; Authorizes emergency and legislative rulemaking.	recommended passing but first referred the measure to the House Judiciary Committee
WV 4161 (companion to WV SB 17 and WB SB 336)	Allows the state police, local police, sheriffs, and fire and emergency service personnel to possess Naloxone or other approved opioid antagonist to administer in opioid drug overdoses; Provides for training on the use of Naloxone or other approved opioid antagonist; Establishes training requirements for first responders who may administer opioid antagonists; Establishes criteria under which a first responder may administer an opioid antagonist; Grants civil, criminal, and professional licensing immunity to health care 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.	1/14/14 – Referred to the House Health and Human Resources Committee
WV SB 17 (companion to WV HB 4169 and WB SB 336)	Allows the state police, local police, sheriffs, and fire and emergency service personnel to possess Naloxone or other approved opioid antagonist to administer in opioid drug overdoses; Provides for training on the use of Naloxone or other approved opioid antagonist; Establishes training requirements for first responders who may administer opioid antagonists; Establishes criteria under which a first responder may administer an opioid antagonist; Grants civil, criminal and professional licensing immunity to health care 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.	1/8/14 – Referred to the House Health and Human Resources Committee
WV HB 4189 (companion to WV SB 419)	Overdose Prevention Act – Provides amnesty from various offenses for a person who seeks health care for someone or for himself or herself who is experiencing an overdose.	1/21/14 – House Health and Human Resources Committee recommended passing but first referred the measure to

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		the House Judiciary Committee
WV SB 419 (companion to WV HB 4189)	Overdose Prevention Act – Provides immunity from citation, arrest, or prosecution of various 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 the 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.	3/8/14 – Passed the Senate; Passed the House with amendments; Senate refused to concur
WI SB 352	Provides that certified first responders may administer the drug naloxone if they have received training necessary to safely administer naloxone, as determined by DHS; Requires that DHS permit EMTs, at all levels of licensure, to administer naloxone to individuals who are undergoing, or who are believed to be undergoing, an opioid-related drug overdose; Requires EMTs to undergo any training necessary to safely and properly administer naloxone; Requires each EMT so trained to, at all times when performing his or her duties as an emergency medical technician, carry or have available for administration a supply of naloxone; Allows a law enforcement agency or fire department to enter into a written agreement to affiliate with an ambulance service provider or a physician for the purposes of (1) obtaining a supply of naloxone and (2) allowing law enforcement officers and fire fighters to obtain the training necessary to safely and properly administer naloxone to individuals who are undergoing, or who are believed to be undergoing, an opioid-related drug overdose; Grants civil and criminal immunity to a law enforcement officer or fire fighter who, acting in good faith, administers naloxone to an individual whom the officer or fire fighter reasonably believes to be undergoing an opioid-related drug overdose.	4/8/14 – Failed to pass the Senate
WI AB 446	Amends existing law to allow a certified first responder to administer naloxone or another opioid antagonist if the first responder has received training necessary to safely administer	4/8/14 – Effective date

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	naloxone or the other opioid antagonist, as determined by the DHS; Grants civil and criminal immunity to anyone who, reasonably believing another person to be undergoing an opioid-related drug overdose, administers an opioid antagonist to that person.	4/7/14 – Signed by the Governor; Assigned in Wisconsin Act 200
WI SB 350	Provides immunity from certain criminal prosecutions for a person who brings another person to an emergency room or other health facility, who summons police or emergency medical assistance, or who administers aid to another person because the aider believes the other person is suffering from an overdose or other adverse reaction to a controlled substance or a controlled substance analog; Provides that the aider may not be prosecuted for possession of a controlled substance or a controlled substance analog under the circumstances that led him or her to summon or provide emergency assistance; Provides that a person may not be prosecuted for possessing naloxone or for administering or delivering naloxone to another person if he or she administered naloxone to the other person with the good faith belief that the other person was suffering from an overdose or an adverse reaction to a controlled substance or a controlled substance analog and that it was necessary to deliver or administer the naloxone in order to save the other person's life.	4/8/14 – Failed to pass the Senate
WI HB 447	Provides immunity from certain criminal prosecutions for a person who brings another person to an emergency room or other health facility, who calls 911, or who otherwise summons police or emergency medical assistance, or who administers aid to another person because the aider believes the other person is suffering from an overdose or other adverse reaction to a controlled substance or a controlled substance analog; Provides that the aider may not be prosecuted for possession of a controlled substance or a controlled substance analog under the circumstances that led him or her to summon or provide emergency assistance.	4/8/14 – Effective date  4/7/14 – Signed by the Governor; Assigned in Wisconsin Act 194

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