



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

### **Research current through January 21, 2015**

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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.	1/15/15 – Introduced in the House
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.	1/8/15 – Referred to the Senate Health and Human Services Committee
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.	1/21/15 – Referred to the House Joint Committee on General Law
FL HB 155	The Emergency Treatment and Recovery Act – Provides definitions; Provides a purpose (to provide for the prescription of an opioid antagonist to patients and	1/8/15 – Referred to the House Health Quality Subcommittee and the House

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	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.	Civil Justice Subcommittee of the House Health and Human Services Committee
IL SB 10	Amends the Alcoholism and Other Drug Abuse Dependency Act – Establishes 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; Provides definitions; and other things.	1/15/15 – Referred to the Senate Assignments 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.	1/12/15 – Referred to the Senate Committee on Health Provider Services
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	1/6/15 – Referred to the House Judiciary Committee

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	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 person in good faith seeks medical assistance and meets certain additional criteria; and 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; and 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; and 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; and 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; and other things.	1/8/15 – Referred to the House Judiciary 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; and other things.	1/9/15 – Passed Senate, received in House

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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.	1/22/15 – Referred to the House Health and Human Services 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.	1/19/15 – Referred to the House Public Health and Human Services Committee
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 overdose if the evidence of the violation results from the medical treatment of the drug overdose.	1/16/15 – Referred to the Senate Judiciary Committee
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.	1/19/15 – Referred to the Senate Public Health and Welfare Committee
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	1/20/15 – Read a second time in the House

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	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.	
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.	1/22/15 – Introduced in the House
NE LB 546	Authorizes the administration of naloxone; Repeals original sections of the law.	1/21/15 – Introduced in the Legislature
NH HB 270	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-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.	1/8/15 – Referred to the House Criminal Justice and Public Safety Committee

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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.	1/8/15 – Referred to the House Health, Human Services and Elderly Affairs Committee
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; 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	1/8/15 – Referred to the Senate Judiciary Committee

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	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 (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.	Carried over: 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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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	12/18/14 – Passed both Houses
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.	1/20/15 – Referred to the Assembly Codes Committee
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 (companion to 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 Assembly Education Committee
NY SB 603 (companion to 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 Senate Health Committee

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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 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."	1/22/15 – Passed the Senate
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.	1/21/15 – Passed the House, received in the Senate
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	1/16/15 – Referred to the House Judiciary Committee

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	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.	
RI HB 5047	Requires schools educating students in grades 6-12 to maintain opioid antagonists on school premises to treat an opioid overdose; Provides immunity to school personnel for the administration of an opioid antagonist in a school setting.	1/8/15 – Referred to the House Health, Education, and Welfare Committee
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.	1/13/15 – Referred to the House Judiciary 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 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	1/13/15 – Referred to the House Judiciary Committee

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	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.	1/21/15 – Passed the Senate Health and Human Services Committee
TX HB 225	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.	11/10/14 – Introduced in the House
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	1/20/15 – Assigned to the Senate Education Subcommittee

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	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.	
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.	12/30/14 –Referred to the House Committee on Health, Welfare, and Institutions
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 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.	1/20/15 – Assigned to the House Courts Subcommittee
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.	1/20/15 – Assigned to the House Courts Subcommittee

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<p>WV HB 2009 (companion to WV HB 2044, WV SB 9 and WV SB 231)</p>	<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>	<p>1/23/15 – Referred to the House Judiciary Committee</p>
<p>WV SB 9 (companion to WV HB 2009, WB HB 2044 and WV SB 231)</p>	<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>	<p>1/14/15 – Referred to the Senate Health and Human Resources Committee</p>
<p>WV SB 231 (companion to WV SB 9, WB HB 2009 and WB HB 2044)</p>	<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</p>	<p>1/14/15 – Referred to the Senate Health and Human Resources Committee</p>

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WV HB 2044 (companion to WV SB 9, WB HB 2009 and WB 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 (companion to WV HB 2045)	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.	1/14/15 – Referred to the Senate Health and Human Resources Committee
WV HB 2045 (companion to 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	1/23/15 – Referred to the House Judiciary Committee

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	<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>	
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