



## **Good Samaritan and Naloxone Bill Status Report – Carryover 2016 and Special Sessions**

### **Research current through April 8, 2016**

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AL HB 379	Authorizes a state or county health officer to publish a standing order(s) including any necessary guidelines or other requirements that must be followed in order to dispense opioid antagonists; Provides that any individual who is otherwise qualified and who dispenses opioid antagonists in accordance with the standing order and other requirements by the state or county health officer must have the authority to dispense opioid antagonists; Amends existing law to clarify that the state or county health officer issuing the standing order(s) have the same immunities that other prescribing physicians and dentists have.	3/23/16 – Motion to read a third time and pass
AK SB 23	Amends current law to, among other things, establish standards for a pharmacist to independently dispense an opioid overdose drug upon completing an approved opioid overdose training program; and Provides immunity for prescribing, providing, or administering an opioid overdose drug.	3/16/16 – Signed by the Governor; Assigned to Chapter 2 SLA 16
AZ HB 2355	Amends existing law to order the governing board to, among other things, prescribe and enforce policies and procedures for the emergency administration of naloxone or any other FDA-approved opioid antagonist by an employee of a school district; Allows a pharmacist to dispense, without a prescription and according to protocols adopted by the board, naloxone or any other FDA-approved opioid antagonist that to a person who is at risk of experiencing an opioid-related overdose or to a family member or community member who is in a position to assist that person; Orders a pharmacist who dispenses naloxone or other opioid antagonist to document the dispensing and instruct the individual to whom the opioid antagonist is dispensed to summon emergency services as soon as practicable either before or after administering the opioid antagonist; Provides immunity from professional liability and criminal prosecution for any decision made, act or omission or injury that results from that act if a pharmacist who dispenses an opioid antagonist acts with reasonable care and in good faith, except in cases of wanton or willful neglect; Allows a physician, a nurse practitioner, or any other health professional who has prescribing authority and who is acting within his or her scope of practice to directly, or by a standing order, prescribe or dispense naloxone or any other FDA-approved opioid antagonist to a person who is at risk of experiencing an opioid-related overdose, to a family member of that person, to a community organization	3/22/16 – Passed by the Senate majority and minority caucuses

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	<p>that provides services to persons who are at risk of an opioid-related overdose, or to any other person who is in a position to assist a person who is at risk of experiencing an opioid-related overdose; Orders a physician, nurse practitioner, or other health professional who prescribes or dispenses naloxone or any other FDA-approved opioid antagonist to instruct the individual to whom the opioid antagonist is dispensed to summon emergency services as soon as practicable either before or after administering the opioid antagonist; Provides immunity from professional liability and criminal prosecution for any decision made, act or omission or injury that results from that act if a physician, nurse practitioner or other health professional prescribes or dispenses an opioid antagonist and acts with reasonable care and in good faith, except in cases of wanton or willful neglect; Allows any person to administer an opioid antagonist that is prescribed or dispensed in accordance with the protocol specified by the physician, nurse practitioner, pharmacist, or other health professional to a person who is experiencing an opioid-related overdose; Provides immunity from civil or other damages as the result of any act or omission by the person rendering the care or as the result of any act or failure to act to arrange for further medical treatment or care for the person experiencing the overdose, unless the person while rendering the care acts with gross negligence, willful misconduct or intentional wrongdoing, among other things.</p>	
AZ HB 2089	<p>Amends existing law to provide that anyone who, in good faith, seeks medical assistance for someone experiencing a drug related overdose is immune from charge or prosecution for the possession or use of a controlled substance or drug paraphernalia if the evidence for the violation was gained as a result of the seeking of medical assistance; Provides that anyone who experiences a drug related overdose and who is in need of medical assistance is immune from charge or prosecution for the possession or use of a controlled substance or drug paraphernalia if the evidence for the violation was gained as a result of the overdose and the need for medical assistance; Provides that the act of seeking medical assistance for someone who is experiencing a drug related overdose may be used as a mitigating factor in a criminal prosecution.</p>	1/27/16 – Referred to the House Judiciary Committee
AZ SB 1403	<p>Amends existing law to provide that anyone who, in good faith, seeks medical assistance for someone experiencing a</p>	2/2/16 – Referred to the Senate Judiciary Committee

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	<p>drug related overdose is immune from charge or prosecution for the possession or use of a controlled substance or drug paraphernalia if the evidence for the violation was gained as a result of the seeking of medical assistance; Provides that anyone who experiences a drug related overdose and who is in need of medical assistance is immune from charge or prosecution for the possession or use of a controlled substance or drug paraphernalia if the evidence for the violation was gained as a result of the overdose and the need for medical assistance; Provides that the act of seeking medical assistance for someone who is experiencing a drug related overdose may be used as a mitigating factor in a criminal prosecution.</p>	
<p>CA AB 1748</p>	<p>Amends existing law to authorize a pharmacy to furnish naloxone or another opioid antagonist to a school district, county office of education, or charter school if certain conditions are met; Authorizes a school district, county office of education, or charter school to provide emergency naloxone or another opioid antagonist to school nurses and trained personnel who have volunteered; Authorizes school nurses and trained personnel to use naloxone or another opioid antagonist to provide emergency medical aid to anyone suffering, or reasonably believed to be suffering, from an opioid overdose; Authorizes each public and private elementary and secondary school in the state to voluntarily determine whether or not to make emergency naloxone or another opioid antagonist and trained personnel available at its school and to designate one or more school personnel to receive prescribed training regarding naloxone or another opioid antagonist; Requires the state superintendent of public instruction to establish minimum standards of training for the administration of naloxone or another opioid antagonist, to review the standards every five years or sooner as specified, and to consult with organizations and providers with expertise in administering naloxone or another opioid antagonist and administering medication in a school environment in developing and reviewing those standards; Requires a qualified supervisor of health or administrator at a school district, county office of education, or charter school electing to utilize naloxone or another opioid antagonist for emergency medical aid to obtain the prescription from an authorizing physician and surgeon; Authorizes such a prescription to be filled by local or mail order pharmacies or naloxone or another opioid antagonist</p>	<p>3/28/16 – Re-referred to the Assembly Education Committee</p>

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	<p>manufacturers; Authorizes school nurses or, if the school does not have a school nurse, a person who has received training regarding naloxone or another opioid antagonist, to immediately administer the drug under certain circumstances; Requires such individuals to initiate emergency medical services or other appropriate medical follow-up in accordance with written training materials; Provides immunity from professional review, civil liability, or criminal prosecution to an authorizing physician and surgeon for any act in the issuing of a prescription or order, unless the act constitutes gross negligence or willful or malicious conduct; Provides immunity from professional review, civil liability, or criminal prosecution to anyone who was trained and who acts with reasonable care in administering naloxone or another opioid antagonist, in good faith, to a person who is experiencing or is suspected of experiencing an opioid overdose.</p>	
CO SB 42	<p>Amends existing law and extends immunity for a person who reports an emergency overdose to apply to one or two other people who also satisfy the reporting conditions and immunizes the people who call for assistance from being arrested as well as being prosecuted; Extends immunity for an underage person who reports an emergency overdose to apply to one or two other people who also satisfy the reporting conditions and immunizes the underage people who call for assistance from being arrested as well as prosecuted; Extends immunity for an underage person who experiences an overdose to apply to one or two other people who also satisfy the reporting conditions and immunizes the underage people who call for assistance from being arrested as well as prosecuted; Provides that a person who reports an emergency overdose event and who meets the requirements for immunity is immune from a violation of any condition of pretrial release, probation, or parole if the violation arises from the same course of events from which the emergency drug or alcohol overdose event arose; Provides that a person who reports an emergency overdose event and who meets the requirements for immunity is immune from being subject to an arrest warrant, and the law enforcement officer on the scene must issue a summons in certain circumstances; and Provides that if a person suffers an emergency overdose and the overdose is reported in good faith, then that person is immune from being subject to an</p>	2/17/16 – Postponed indefinitely by the Senate Judiciary Committee

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	arrest warrant, and the law enforcement officer on the scene must issue a summons in certain circumstances.	
CT HB 5053	Amends existing law to provide that a licensed health care professional may administer an opioid antagonist to any person to treat or prevent an opioid-related drug overdose. Such a licensed health care professional is immune from civil damages and criminal prosecution for administration of such opioid antagonist and will not be deemed to have violated the standard of care for such licensed health care professional; Provides that no later than January 1, 2017, each municipality must amend its local emergency medical services plan, as to ensure that the municipality's primary emergency medical services provider is equipped with an opioid antagonist and its personnel have received training, approved by the Commissioner of Public Health, in the administration of opioid antagonists; and Provides that no individual health insurance policy issued for delivery, renewed, amended, or continued in the state that provides coverage for prescription drugs and includes on its formulary naloxone hydrochloride or any other similarly acting and equally safe drug approved by the FDA for the treatment of drug overdose will require prior authorization for such drug.	4/6/16 – Favorable report; Tabled for the House calendar
CT SB 352	Amends existing law to provide that a prescribing practitioner who is authorized to prescribe an opioid antagonist may, by standing order issued to a licensed pharmacist, prescribe an opioid antagonist that is: (1) administered in a nasal spray form; (2) approved by the FDA; and (3) dispensed by the pharmacist to any person at risk of experiencing an opioid-related overdose or to a family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related overdose; Provides that such a prescription must be regarded as being issued for a legitimate medical purpose in the usual course of the prescribing practitioner's professional practice; Defines "standing order" as a non-patient specific prescription for an opioid antagonist that is administered in a nasal spray form and approved by the FDA; Provides immunity from professional discipline to a pharmacist who agrees to accept such a standing order; Allows a licensed pharmacist to prescribe and dispense, in good faith, an opioid antagonist provided that he or she (1) provides appropriate training regarding the administration of such opioid antagonist to the person to whom the opioid	4/5/16 – Favorable report; Tabled for the Senate calendar

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	antagonist is dispensed, and (2) maintains a record of such dispensing and the training; Requires a pharmacist who prescribes or dispenses an opioid antagonist to have been trained and certified by a program approved by the Commissioner of Consumer Protection; Provides immunity from professional discipline for such a pharmacist.	
DC CB 21-0602	Provides immunity to health care professionals from criminal or civil liability when prescribing or distributing an opioid antagonist to an overdose victim or a third party, unless the health professional's actions constituted recklessness, gross negligence, or intentional misconduct.	3/23/16 – Public hearing held
FL HB 1241	Provides that a pharmacist may dispense an emergency opioid antagonist pursuant to a non-patient-specific standing order for an auto injection delivery system or intranasal application delivery system; Revises the authority of a licensed physician assistant to order medication under the direction of a supervisory physician for a specified patient; Revises the term "prescription" to exclude an order for drugs or medicinal supplies dispensed for administration; Authorizes a licensed practitioner to authorize a licensed physician assistant or advanced registered nurse practitioner to order controlled substances for a specified patient under certain circumstances, among other things.	3/28/16 – Signed by the Governor; Assigned in Chapter No. 2016-145
GA SR 1165	Resolution that creates the Senate Opioid Abuse Study Committee.	3/22/16 – Adopted by the Senate
HI HB 1671	Creates immunity for people who prescribe, possess, or administer an opioid antagonist such as naloxone during an opioid-related drug overdose; Authorizes emergency personnel to administer naloxone; Requires Medicaid coverage for naloxone; Exempts pharmacists and pharmacies from licensure and permitting requirements, except for drug storage requirements, for storing and distributing opioid antagonists; Appropriates funds for drug overdose recognition, prevention, and response, including the distribution and administration of naloxone, among other things.	1/25/16 – Referred to the House Health, Consumer Protection and Commerce/Judiciary, and Finance Committees
HI SB 302	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	1/21/16 – Re-Referred to the Senate Commerce, Consumer Protection, and Health/Judiciary and Labor, and Ways and Means Committees

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	<p>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 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.</p>	
HI SB 2046	<p>Creates immunity for people who prescribe, possess, or administer an opioid antagonist such as naloxone during an opioid-related drug overdose; Authorizes emergency personnel to administer naloxone; Requires Medicaid coverage for naloxone; Exempts pharmacists and pharmacies from licensure and permitting requirements, except for drug storage requirements, for storing and distributing opioid antagonists; Appropriates funds for drug overdose recognition, prevention, and response, including the distribution and administration of naloxone, among other things.</p>	<p>1/20/16 – Referred to the Senate Commerce, Consumer Protection, and Health/Judiciary and Labor, and Ways and Means Committees</p>
HI SB 2884	<p>Creates immunity for people who prescribe, possess, or administer an opioid antagonist such as naloxone during an opioid-related drug overdose; Authorizes emergency personnel/first responders to administer naloxone; Requires Medicaid coverage for naloxone; Exempts pharmacists and pharmacies from licensure and permitting requirements, except for drug storage requirements, for storing and</p>	<p>1/29/16 – Referred to the Senate Commerce, Consumer Protection, and Health and Judiciary and Labor Committees</p>

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	distributing opioid antagonists; Allows pharmacists to dispense naloxone without a prescription.	
HI HB 2355	Creates immunity for people who prescribe, possess, or administer an opioid antagonist such as naloxone during an opioid-related drug overdose; Authorizes emergency personnel/first responders to administer naloxone; Requires Medicaid coverage for naloxone; Exempts pharmacists and pharmacies from licensure and permitting requirements, except for drug storage requirements, for storing and distributing opioid antagonists; Allows pharmacists to dispense naloxone without a prescription.	1/29/16 – Referred to the House Health, Consumer Protection and Commerce/Judiciary, and Finance Committees
HI SB 2392	Creates immunity for health care professionals and pharmacists who prescribe, dispense, or administer an opioid antagonist such as naloxone to assist an individual at risk of experiencing an opioid-related drug overdose or to a harm reduction organization; Creates immunity for first responders, harm reduction organizations, and individuals who administer opioid antagonists to persons believed to be suffering an opioid-related drug overdose; Authorizes emergency personnel to administer an opioid antagonist; Requires Medicaid coverage for opioid antagonists for outpatient use; Authorizes certain persons or organizations acting under standing orders issued by a licensed health care professional to store opioid antagonists without being subject to the state Food, Drug, and Cosmetic Act, except the portion regarding the storage of wholesale prescription drugs, and to distribute opioid antagonists without charge or compensation.	4/1/16 – Senate Health, Consumer Protection, and Commerce/Judiciary Committees recommended that the measure be passed, with amendments
HI HB 2253	Establishes the Overdose Prevention and Emergency Response Act; Provides that a health care professional authorized to prescribe an opioid antagonist may, 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 and that such a prescription must be regarded as being issued for a legitimate medical purpose in the usual course of professional practice; Provides that a health care professional or pharmacist who, acting in good faith and with reasonable care, prescribes, dispenses, or distributes an opioid antagonist is immune from any criminal or civil liability or any professional disciplinary action for prescribing, dispensing, or distributing the opioid antagonist or any outcomes resulting from the eventual	2/11/16 – Passed second reading, and referred to the House Consumer Protection and Commerce Committee

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	<p>administration of the 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 is immune from criminal prosecution, sanction under any professional licensing statute, and civil liability, for acts or omissions resulting from the act; Allows emergency medical services personnel, law enforcement officers, and fire fighters to administer an opioid antagonist in cases of opioid-related drug overdoses; Requires Medicaid to cover the cost of naloxone for outpatient use; Allows a person or harm reduction organization acting under a standing order issued by a health care professional to prescribe an opioid antagonist and store an opioid antagonist and dispense an opioid antagonist without charge or compensation; Orders the state board of pharmacy to adopt standardized protocols for licensed pharmacists to dispense or otherwise furnish naloxone to patients who do not hold an individual prescription for naloxone; Allows a licensed pharmacist to dispense naloxone to any person as long as the pharmacist complies with the specified protocols, among other things.</p>	
HI SB 1229	<p>Multi-part bill where Part V creates immunity for individuals who prescribe, possess, or administer an opioid antagonist during an opioid-related drug overdose; Authorizes emergency personnel to administer naloxone Requires Medicaid coverage for naloxone; Exempts pharmacists and pharmacies from certain licensure and permitting requirements; Appropriates funds for drug overdose recognition, prevention, and response, among other things.</p>	1/21/16 – Re-referred to the Senate Commerce, Consumer Protection, and Health/Public Safety, Intergovernmental, and Military Affairs/Judiciary and Labor, and Ways and Means Committees
HI SB 2962	<p>Provides immunity for individuals and harm reduction organizations who prescribe, possess, or administer an opioid antagonist such as naloxone to prevent opioid-related drug overdoses; Authorizes emergency personnel and first responders to administer opioid antagonists; Requires Medicaid coverage for opioid antagonists; Exempts individuals and harm reduction organizations from licensure and permitting requirements for storing and distributing opioid antagonists; Allows pharmacists, in accordance with standing orders and protocols, to dispense opioid antagonists to persons and harm reduction organizations without a prescription, among other things.</p>	1/29/16 – Referred to the Senate Commerce, Consumer Protection, and Health/Judiciary and Labor, and Ways and Means Committees

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HI HB 2719	Provides immunity for individuals and harm reduction organizations who prescribe, possess, or administer an opioid antagonist such as naloxone to prevent opioid-related drug overdoses; Authorizes emergency personnel and first responders to administer opioid antagonists; Requires Medicaid coverage for opioid antagonists; Exempts individuals and harm reduction organizations from licensure and permitting requirements for storing and distributing opioid antagonists; Allows pharmacists, in accordance with standing orders and protocols, to dispense opioid antagonists to persons and harm reduction organizations without a prescription.	2/1/16 – Referred to the House Health, Consumer Protection and Commerce/Judiciary, and Finance Committees
HI HB 460	Amends existing law to provide immunity from civil forfeiture or prosecution for possession of a controlled substance or drug paraphernalia or 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 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; Allows the act of seeking medical assistance for an individual who is experiencing a drug-related overdose to be considered by a court as a mitigating factor in any prosecution that is related to a controlled substance or alcohol and for which immunity is not provided; Provides definitions, among other things.	12/17/15 – Carried over to 2016 regular session
HI HB 569	Amends existing law to provide that 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 is immune from civil forfeiture or prosecution for possession of a controlled substance, intoxicating liquor, or drug paraphernalia based on evidence that was obtained as a result of the person seeking or receiving medical assistance; Provides that a	12/17/15 – Carried over to 2016 regular session

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	<p>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 such a good faith request for medical assistance, is immune from civil forfeiture or prosecution for possession of a controlled substance, intoxicating liquor, or drug paraphernalia based on evidence that was obtained as a result of the person seeking or receiving medical assistance; Provides definitions, among other things.</p>	
HI SB 398	<p>Amends existing law to provide immunity from civil forfeiture or prosecution for possession of a controlled substance or drug paraphernalia or 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 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; Allows the act of seeking medical assistance for an individual who is experiencing a drug-related overdose to be considered by a court as a mitigating factor in any prosecution that is related to a controlled substance or alcohol and for which immunity is not provided; Provides definitions, among other things.</p>	<p>1/21/16 – Re-Referred to the Senate Commerce Consumer Protection, and Health/Public Safety, Intergovernmental and Military of Affairs and Judiciary and Labor Committees</p>
IL HB 5593	<p>Amends the Alcoholism and Other Drug Abuse and Dependency Act (the Act) to provide that all programs serving persons with substance use issues licensed by the state department of human services under the Act must provide educational information concerning treatment options for opioid addiction, including the use of a medication for the use of opioid addiction, recognition of and response to opioid overdose, and the use and administration of naloxone, to clients identified as having or seeking treatment for opioid addiction; Provides that the department of human services must develop educational</p>	<p>4/7/16 – Placed on Senate Calendar for first reading on April 12, 2016</p>

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	materials that are supported by research and updated periodically that must be used by programs to comply with the requirement.	
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.	1/29/16 – Final Action Deadline Extended to April 28, 2016
IL HB 4462	Amends the school code to provide that a school bus driver may administer an “undesigned” opioid antagonist to a student who is experiencing an opioid-related drug overdose.	4/7/16 – Placed on the House calendar for a second reading
IN SB 187	Amends existing law to require an entity acting under a standing order issued by a prescriber for an overdose intervention drug to report annually certain information to the state department of health (DOH); Requires the DOH to ensure that a statewide standing order for the dispensing of an overdose intervention drug is issued; Allows the DOH commissioner or a public health authority to issue a statewide standing order for the dispensing of an overdose intervention drug; Requires certain emergency ambulance services responsible for submitting the report to report the number of times an overdose intervention drug, among other things.	3/21/16 – Signed by the Governor; Assigned to Public Law 6
IA SB 2218	Amends existing law to provide that a licensed health care professional may prescribe an opioid antagonist in the name of a service program, law enforcement agency, or fire department to be maintained for use; Provides that a service program, law enforcement agency, or fire department may obtain a prescription for, and maintain a supply of, opioid antagonists and that if they obtain such a prescription must replace an opioid antagonist upon its use or expiration; Allows a first responder employed by a service program,	4/6/16 – Signed by the Governor; Assigned to S.J. 649

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	<p>law enforcement agency, or fire department that maintains a supply of opioid antagonists to possess and provide or administer such an opioid antagonist to an individual if the first responder reasonably, and in good faith, believes that such individual is experiencing an opioid-related overdose; Provides immunity from any injury arising from the provision, administration, or assistance in the administration of an opioid antagonist if the following have acted reasonably and in good faith: (1) a first responder who provides, administers, or assists in the administration of an opioid antagonist to an individual; (2) a service program, law enforcement agency, or fire department; and (3) the prescriber of the opioid antagonist; Orders the department to adopt rules to implement and administer the law, among other things.</p>	
IA SB 410	<p>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.</p>	3/18/18 – Placed on House calendar under unfinished business
IA HB 2380	<p>Amends existing law to enable a licensed health care professional to prescribe an opioid antagonist in the name of a service program, law enforcement agency, or fire department which may obtain a prescription for, and maintain a supply of opioid antagonists; Provides that a first responder employed by a service program, law enforcement agency, or fire department may possess, provide, or administer an opioid antagonist to an individual if the first responder reasonably and in good faith believes that such individual is experiencing an opioid-related overdose; Provides immunity from liability for any injury arising from</p>	3/23/16 – House amendments filed

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	<p>the provision, administration, or assistance in the administration of an opioid antagonist, as long as the following people acted reasonably and in good faith: (1) a first responder who provides, administers, or assists in the administration of an opioid antagonist to an individual; (2) a service program, law enforcement agency, or fire department; and (3) the prescriber of the opioid antagonist; Orders the state to adopt rules to implement and administer the section, including but not limited to, standards and procedures for the prescription, distribution, storage, replacement, and administration of opioid antagonists, and for the training required for first responders to administer an opioid antagonist; Provides definitions, among other things.</p>	
IA SB 2008	<p>Amends existing law to enable a licensed health care professional to prescribe an opioid antagonist in the name of a service program, law enforcement agency, or fire department which may obtain a prescription for, and maintain a supply of opioid antagonists; Provides that a first responder employed by a service program, law enforcement agency, or fire department may possess, provide, or administer an opioid antagonist to an individual if the first responder reasonably and in good faith believes that such individual is experiencing an opioid-related overdose; Provides immunity from liability for any injury arising from the provision, administration, or assistance in the administration of an opioid antagonist, as long as the following people acted reasonably and in good faith: (1) a first responder who provides, administers, or assists in the administration of an opioid antagonist to an individual; (2) a service program, law enforcement agency, or fire department; and (3) the prescriber of the opioid antagonist; Orders the state to adopt rules to implement and administer the section, including but not limited to, standards and procedures for the prescription, distribution, storage, replacement, and administration of opioid antagonists, and for the training required for first responders to administer an opioid antagonist; Provides definitions, among other things.</p>	2/11/16 – Returned to the Senate Human Resources Committee
IA HB 2132	<p>Amends existing law to enable a licensed health care professional to prescribe an opioid antagonist in the name of a service program, law enforcement agency, or fire department which may obtain a prescription for, and maintain a supply of opioid antagonists; Provides that a first responder employed by a service program, law enforcement agency, or fire department may possess, provide, or</p>	3/23/16 – Withdrawn

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	<p>administer an opioid antagonist to an individual if the first responder reasonably and in good faith believes that such individual is experiencing an opioid-related overdose; Provides immunity from liability for any injury arising from the provision, administration, or assistance in the administration of an opioid antagonist, as long as the following people acted reasonably and in good faith: (1) a first responder who provides, administers, or assists in the administration of an opioid antagonist to an individual; (2) a service program, law enforcement agency, or fire department; and (3) the prescriber of the opioid antagonist; Orders the state to adopt rules to implement and administer the section, including but not limited to, standards and procedures for the prescription, distribution, storage, replacement, and administration of opioid antagonists, and for the training required for first responders to administer an opioid antagonist; Provides definitions, among other things.</p>	
IA HB 238	<p>Amends existing law to provide immunity from certain crimes for persons who seek medical assistance for a drug or alcohol overdose; Provides that a person who seeks medical assistance for another person who is experiencing a drug or alcohol overdose or other medical emergency, or if a person experiencing a drug or alcohol overdose or other medical emergency seeks medical assistance or is the subject of such a request, such person is immune from arrest, charge, prosecution, conviction, or having property subject to civil forfeiture for certain crimes if the evidence against the person was gained because medical assistance was sought - the crimes are possession of a controlled substance possession of an imitation controlled substance, possession of drug paraphernalia, commission of a prohibited act (crimes related to a person's possession of alcohol under the legal age), or violation of a restraining order, probation, or parole; Orders that evidence of other crimes discovered because a person sought medical assistance must not be suppressed; Provides that if a person seeks medical assistance for another person who is experiencing a drug or alcohol overdose or other medical emergency and is not immune from criminal liability, a court must consider the person's seeking medical assistance as a mitigating factor; Provides that possession of an opioid antagonist in good faith is not a violation of any law; Provides definitions; Allows a pharmacist to dispense naloxone after completing a training program; Directs the</p>	2/17/16 –Referred to the House Public Safety Subcommittee

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	<p>board of pharmacy to adopt rules related to education requirements for pharmacists to dispense naloxone and procedures to educate persons regarding naloxone, opioid overdose prevention, and the safe administration of naloxone; Directs the department of human services to publish an annual report on the number, trends, patterns, and risk factors related to unintentional drug overdose fatalities in the state; Directs the department of human services to make grants for FY 2015=2016, FY 2016=2017, and FY 2017=2018 to the fullest extent feasible, from existing resources for drug overdose prevention projects, naloxone prescription or distribution projects, or education and training projects on drug overdose response and treatment for emergency services and law enforcement personnel; Orders the department of human services to add naloxone to the Medicaid preferred drug list; Provides that an emergency medical care provider properly certified may administer an opioid antagonist; Allows a health care professional authorized to prescribe an opioid antagonist to prescribe and dispense an opioid antagonist to a person at risk of experiencing an opioid-related overdose or to a family member, friend, or other person who may be able to assist a person at risk of an opioid-related overdose; Allows a person or organization acting under a standing order from a health care professional authorized to prescribe an opioid antagonist to store and dispense an opioid antagonist so long as such person or organization does not charge or receive compensation for such activities; Provides that health care professional who acts in good faith and with reasonable care while prescribing or dispensing an opioid antagonist is immune from any criminal or civil liability or any professional disciplinary action; Provides that a person who acts in good faith and with reasonable care while administering an opioid antagonist to another person whom the person believes to be suffering an opioid-related overdose is immune from criminal or civil liability or any professional disciplinary action.</p>	
LA HB 1007	<p>Amends existing law to provide that a person or organization, acting pursuant to a standing order issued by a health care professional who is authorized to prescribe naloxone or another opioid antagonist, may store or dispense naloxone or another opioid antagonist and if such activities are performed without charge or compensation;</p>	4/5/16 – Referred to the House Health and Welfare Committee

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	Provides that anyone may lawfully possess naloxone or another opioid antagonist.	
ME HB 1547	Establishes the Naloxone Bulk Purchase Fund administered by the Office of the state attorney general (AG) for the purpose of providing funding to the Office of the AG to make bulk purchases of naloxone that may be purchased by municipalities for use by first responders.	4/7/16 – Passed by the House; Sent to the Senate for concurrence
MD HB 24	Amends existing law to require educational training for an Overdose Response Program overseen by the Department of Health and Mental Hygiene; Includes training in the requirement to immediately contact medical services after the administration of naloxone by a certificate holder, among other things.	2/2/16 – Hearing in the House Health and Government Operations Committee
MD HB 838	Provides that a person licensed by the state to provide medical care, and a member of any fire department, ambulance and rescue squad, law enforcement agency, or ski patrol are not civilly liable for specified acts or omissions in administering medications or treatment approved for use in response to an apparent drug overdose only if the person is acting in accordance with the protocols established for the person's license or certification, among other things.	3/14/16 – Unfavorable Report by the House Judiciary Committee
MD SB 723	Provides immunity from civil liability for a first responder for any act undertaken when entering a property or gaining access to a property in order to provide emergency assistance or medical care in response to a 911 call provided the act is not one of gross negligence, among other things.	3/16/16 – Unfavorable Report by Senate Judicial Proceedings; Withdrawn
MD HB 1481	Provides immunity from civil liability for a first responder for any act undertaken when entering a property or gaining access to a property in order to provide emergency assistance or medical care in response to a 911 call provided the act is not one of gross negligence, among other things.	3/14/16 – Unfavorable Report by the House Judiciary Committee
MA HB 4056	Amends existing law to allow the municipal police training committee to establish a course within the recruit basic training curriculum for regional and municipal police training schools to train law enforcement officers on responding to calls for assistance for drug-related overdoses, among other things.	3/14/16 – Signed by the Governor, Reported in Chapter 52 of the Acts of 2016
MA HB 3468	Amends existing law to allow an emergency medical service personnel, law enforcement officials, or firefighters who administer an opioid antagonist to a person suffering from a drug overdose to be transport, with or without the person's consent, the person to a hospital for monitoring,	3/16/16 – Hearing date extended to Thursday June 30, 2016, with Senate concurrence

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	<p>observation, and possible treatment until a treating physician determines that the overdose has been reversed and the person is not in imminent danger; Allows law enforcement officials or EMS personnel to restrain a person if the official reasonably believes that the person's safety or that of others around him or her requires such restraint; Allows an officer to search the person and immediate surrounding to the extent necessary to discover and seize any dangerous weapons which may be used against others, among other things.</p>	
MA HB 2128	<p>Amends existing law to provide that anyone who is incapacitated by a drug overdose and assisted by a police officer or EMS, with or without his or her consent, must be placed in protective custody at a police station or transferred to a facility after he or she has received naloxone; Provides that anyone who has overdosed and is in protective custody must have the right, and be informed of that right, to one phone call, and if the person is under 18 years old, the police or EMS must notify the parent or guardian of the overdose victim upon his or her arrival at the station or as soon as possible; Provides that if any incapacitated person is assisted to a police station, the officer in charge must notify the nearest facility that the person is being held in protective custody and the police department must arrange for the transportation of that person to the facility if suitable; Provides that a person may be held in protective custody at a police station until he or she is evaluated by a physician and offered addiction resources or for a period of 12 hours, whichever is shorter; Allows a police officer to use reasonable force against a person if the safety of the person or of others around the person requires; Clarifies that even though a person is held, he or she is not to be considered arrested or having been charged with a crime.</p>	3/8/16 – Hearing held by the Joint Committee on Public Safety and Homeland Security
MA HB 3947	<p>Amends existing law to allow the municipal police training committee to establish a course within the recruit basic training curriculum to train law enforcement officers on the procedures for response calls for assistance for drug-related overdoses; Provides that the committee may periodically include procedures for response calls for assistance for drug-related overdoses in its in-services training curriculum, among other things.</p>	3/9/16 – Reported in the House on the residue
MI HB 5390	<p>Amends existing law to allow peace officers to carry and administer opioid antagonists; Provides access to opioid antagonists by law enforcement agencies and peace officers;</p>	2/18/16 – Referred to the House Health Policy Committee

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	Orders the state department of health and human services to develop minimum training standards for, and provide training to, peace officers and firefighters who administer opioid antagonists; Provides civil and criminal immunity to law enforcement agencies and peace officers for the possession, distribution, and use of opioid antagonists, among other things.	
MI HB 5379	Amends existing law to provide that a school administrator, teacher, or other school employee designated by the school administrator, who in good faith administers an opioid antagonist in an emergency is immune from criminal liability or civil damages as a result of an act or omission in the administration of the opioid antagonist, except for an act or omission amounting to gross negligence or willful and wanton misconduct; Provides that a school board may require that, in each school it operates, there is not less than one employee at the school who has been trained in the appropriate use and administration of an opioid antagonist, and it must ensure that the training is conducted under the supervision of, and includes evaluation by, a licensed registered professional nurse; Provides that a school board that requires an employee to be trained in the use and administration of an opioid antagonist must develop and implement a policy that provides for the possession of not fewer than one package of an opioid antagonist in each school; Authorizes a licensed registered professional nurse who is employed or contracted by the school district or a school employee who is trained in the administration of an opioid antagonist to administer an opioid antagonist to a pupil or other individual on school grounds who is believed to be having an opioid-related overdose; Requires that any policy must require notification to the parent or legal guardian of a pupil to whom an opioid antagonist has been administered, among other things.	2/17/16 – Referred to the House Health Policy Committee
MI SB 806	Amends existing law to provide that a school administrator, teacher, or other school employee designated by the school administrator, who in good faith administers an opioid antagonist in an emergency is immune from criminal liability or civil damages as a result of an act or omission in the administration of the opioid antagonist, except for an act or omission amounting to gross negligence or willful and wanton misconduct; Provides that a school board may require that, in each school it operates, there is not less than one employee at the school who has been trained in the	2/17/16 – Referred to the Senate Health Policy Committee

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	appropriate use and administration of an opioid antagonist, and it must ensure that the training is conducted under the supervision of, and includes evaluation by, a licensed registered professional nurse; Provides that a school board that requires an employee to be trained in the use and administration of an opioid antagonist must develop and implement a policy that provides for the possession of not fewer than one package of an opioid antagonist in each school; Authorizes a licensed registered professional nurse who is employed or contracted by the school district or a school employee who is trained in the administration of an opioid antagonist to administer an opioid antagonist to a pupil or other individual on school grounds who is believed to be having an opioid-related overdose; Requires that any policy must require notification to the parent or legal guardian of a pupil to whom an opioid antagonist has been administered, among other things.	
MI HB 5378	Amends existing law to allow a prescriber to issue a prescription for, and a dispensing prescriber or pharmacist to dispense, an opioid antagonist to a school board; Allows a school employee who is a licensed registered nurse or who is trained in the administration of an opioid antagonist to possess and administer an opioid antagonist dispensed to the school board, among other things.	2/17/16 – Referred to the House Health Policy Committee
MI SB 805	Amends existing law to allow a prescriber to issue a prescription for, and a dispensing prescriber or pharmacist to dispense, an opioid antagonist to a school board; Allows a school employee who is a licensed registered nurse or who is trained in the administration of an opioid antagonist to possess and administer an opioid antagonist dispensed to the school board, among other things.	2/17/16 – Referred to the House Health Policy Committee
MI HB 5326	Amends existing law to allow a chief medical executive to issue a standing order that does not identify a specific patient for the purpose of a pharmacist dispensing an opioid antagonist to a person who is at risk of experiencing an overdose; Allows a pharmacist to dispense an opioid antagonist pursuant to the standing order; Provides that the chief medical executive or the pharmacist are immune from civil liability for any injury to an individual due to the administration of, or failure to administer, the opioid antagonist, among other things.	2/9/16 – Referred to the House Health Policy Committee
MI SB 778	Amends existing law to allow a chief medical executive to issue a standing order that does not identify a specific patient for the purpose of a pharmacist dispensing an opioid	2/10/16 – Referred to the Senate Health Policy Committee

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	antagonist to a person who is at risk of experiencing an overdose; Allows a pharmacist to dispense an opioid antagonist pursuant to the standing order; Provides that the chief medical executive or the pharmacist are immune from civil liability for any injury to an individual due to the administration of, or failure to administer, the opioid antagonist, among other things.	
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.	3/16/16 – Referred to the House Health and Human Services Reform Committee
MN SB 2408	Amends existing law to include that the definition of “practice of pharmacy” includes prescribing opiate antagonists provided that the pharmacist: (1) has completed a training program focused on the administration of opiate antagonists that is offered by a college of pharmacy that is in good standing and a board-approved provider of continuing education; (2) prepares a prescription in accordance with the law and the pharmacy board; (3) Provides counseling to the individual to whom the opiate antagonist is dispensed; (4) does not issue a standing order or distribute an opiate antagonist under section 604A.04 but may prescribe and dispense an opiate antagonist; and (5) does not delegate the prescribing of an opiate antagonist to any other person but may allow a registered pharmacist intern to prepare a prescription for an opiate antagonist, provided that a prescription prepared by a pharmacist intern is not process or dispensed until it is reviewed, approved, and signed by the pharmacist, among other things.	3/8/16 – Referred to the Senate Health, Human Services, and Housing Committee
MN HB 2507	Amends existing law to include that the definition of “practice of pharmacy” includes prescribing opiate antagonists provided that the pharmacist: (1) has completed a training program focused on the administration of opiate antagonists that is offered by a college of pharmacy that is in good standing and a board-approved provider of continuing education; (2) prepares a prescription in accordance with the law and the pharmacy board; (3) Provides counseling to the individual to whom the opiate antagonist is dispensed; (4) does not issue a standing order or distribute an opiate antagonist under section 604A.04 but	3/8/16 – Referred to the House Health and Human Services Reform Committee

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	may prescribe and dispense an opiate antagonist; and (5) does not delegate the prescribing of an opiate antagonist to any other person but may allow a registered pharmacist intern to prepare a prescription for an opiate antagonist, provided that a prescription prepared by a pharmacist intern is not process or dispensed until it is reviewed, approved, and signed by the pharmacist, among other things.	
MS SB 2793	Allows a pharmacist to furnish naloxone in accordance with standardized procedures or protocols developed and approved by both the board of pharmacy and the medical licensure board, in consultation with the state pharmacist and other appropriate entities; Orders that a pharmacist furnishing naloxone must not permit the person to whom the drug is furnished to waive the consultation required by the board of pharmacy and the medical licensure board; Requires that a pharmacist must complete a training program on the use of opioid antagonists that consists of at least one hour of approved continuing education on the use of naloxone, among other things.	2/23/16 – Died In Committee
MS HB 692	Provides that any municipality, county, or political subdivision of the state may authorize its law enforcement agency or department, while in the performance of their official duties as law enforcement officers, to administer using naloxone or a similar product approved by the department of public safety for the purpose of reversing the effects of a drug overdose.	2/23/15 – Died in Committee
MO HB 1568	Provides that a licensed pharmacist or pharmacy technician may sell and dispense an opioid antagonist under a physician protocol; Provides that a licensed pharmacist or pharmacy technician who, acting in good faith and with reasonable care, sells or dispenses an opioid antagonist and appropriate device to administer the drug, and the protocol physician, are immune from 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; Orders that any person who administers an opioid antagonist to another person must immediately after administering the drug, contact emergency personnel; 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 overdose is immune from criminal prosecution, disciplinary actions	4/7/16 – Senate executive session held, voted to pass

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	from his or her professional, licensing board, and civil liability due to the administration of the opioid antagonist; Allows any person or organization acting under a standing order issued by a health care professional who is otherwise authorized to prescribe an opioid antagonist to store an opioid antagonist without being subject to licensing and permitting requirements and to dispense an opioid antagonist if the person does not collect a fee or compensation for dispensing the opioid antagonist; Provides definitions, among other things.	
MO SB 813	Provides that a licensed pharmacist or pharmacy technician may sell and dispense an opioid antagonist under a physician protocol; Provides that a licensed pharmacist or pharmacy technician who, acting in good faith and with reasonable care, sells or dispenses an opioid antagonist and appropriate device to administer the drug, and the protocol physician, are immune from 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; Orders that any person who administers an opioid antagonist to another person must immediately after administering the drug, contact emergency personnel; 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 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; Allows any person or organization acting under a standing order issued by a health care professional who is otherwise authorized to prescribe an opioid antagonist to store an opioid antagonist without being subject to licensing and permitting requirements and to dispense an opioid antagonist if the person does not collect a fee or compensation for dispensing the opioid antagonist; Provides definitions, among other things.	1/12/16 – Referred to the Senate Veterans' Affairs and Health Committee
MO HB 1404	911 Good Samaritan Act – Provides that a person acting in good faith who seeks medical assistance for an individual experiencing a drug-related overdose is immune from 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-	1/12/16 – Referred to the House Civil and Criminal Proceedings Committee

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	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.	
MO HB 1569	A person who, in good faith, seeks medical assistance for someone who is experiencing a drug or alcohol overdose or other medical emergency or a person experiencing a drug or alcohol overdose or other medical emergency who seeks medical assistance for himself or herself or is the subject of a good faith request is immune from arrest, charge, prosecution, conviction, or having his or her property subject to civil forfeiture or otherwise be penalized, as delineated, if the evidence for the arrest, charge, prosecution, conviction, seizure, or penalty was gained as a result of seeking medical assistance.	3/14/16 – Public hearing held
MO HB 1944	Missouri Good Samaritan Law – Provides that a person who, in good faith, seeks or obtains emergency medical assistance for someone experiencing an overdose is immune from being charged or prosecuted for possession of a controlled substance or for possession of an imitation controlled substance if evidence of the possession of a controlled substance charge or the possession of an imitation controlled substance charge was acquired as a result of the person seeking or obtaining emergency medical assistance and the amount of substance recovered is within the amount identified in the statute; States that the fact that a defendant sought or obtained emergency medical assistance for an overdose for such defendant or another shall be accorded weight in favor of withholding or minimizing a sentence of imprisonment for violating certain laws and, if the court, having due regard for the character of the offender, the nature and circumstances of the offense, and the public interest finds that a sentence of imprisonment is the most appropriate disposition of the offender, or if other provisions of the law mandate the imprisonment of the offender, this fact must be considered in mitigation of the length of the term imposed.	1/12/16 – Referred to the House Public Safety and Emergency Preparedness Committee
MO HB 2093	Provides that any first responder who, in good faith, provides emergency care or treatment to a person suffering from an apparent drug or alcohol overdose by the use or provision of restraints is immune from any civil damages as a result of such care or treatment unless the first responder	3/15/16 – House reported to pass

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	acts in a willful and wanton or reckless manner in the use or provision of such restraints.	
NE LB 980	Amends existing law to provide that any person who experiences a drug-related overdose or witnesses a drug-related overdose of another person and, as a result of such drug-related overdose, he or she or another person is in need of medical assistance or reasonably believes he, she, or another is in need of medical assistance, is immune from various controlled substance violations if the evidence for the violation was gained as a result of the overdose and the need for medical assistance and if the person: (1) requested emergency medical assistance in response to the possible controlled substance overdose of himself or herself or another person as soon as the emergency situation was reasonably apparent; (2) was the first person to make a request for medical assistance as soon as the emergency situation was apparent; and (3) when emergency medical assistance was requested for the possible controlled substance overdose of another person: (a) remained on the scene until the medical assistance arrived; and (b) cooperated with medical assistance and law enforcement personnel; Provides that police officers cannot be punished for mistakenly arresting someone for a controlled substance violation within this exception; and Provides that any first responder who administers an opiate antagonist in a manner consistent with addressing opiate overdose is immune from civil damages as a result of any act or omission in rendering such care or services or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the person involved in the emergency, unless the damage or injury was caused by willful or wanton misconduct or gross negligence, among other things.	2/2/16 – Notice of Judiciary Committee hearing for February 10, 2016
NH HB 1619	Amends existing law to provide that any hospital located in Hillsborough county must, prior to discharge of any patient who has been admitted after receiving naloxone or to whom naloxone has been administered, offer the patient the option to meet or speak with a recovery coach or receive contact information for a recovery coach; Requires hospitals in Hillsborough County to report the number of patients who accepted and the number of patients who declined counseling to the commissioner of health and human services through de-identified data, among other things.	2/10/16 – Referred for interim study

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NH HB 1334	Requires the pharmacy board to adopt protocols governing the dispensing of naloxone.	1/6/16 – Pending introduction and referral 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 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.	1/14/16 – Referral for interim study, motion adopted by voice vote
NH HB 447	Amends existing law to establish a commission to study naloxone, including: (1) whether there should be a registry established for those in possession of naloxone, (2) the training required regarding dosage, conditions for administering naloxone, and other appropriate training, (3) whether there should be mandatory reporting of use of naloxone, and (4) whether those who are administered naloxone should be required to go to outpatient treatment for a certain period of time, among other things.	1/27/16 – Referred to the House Judiciary Committee
NJ SR 14	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	1/12/14 – Referred to the Senate Health, Human Services, and Senior Citizens Committee

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	24-hour, toll-free number for SAMHSA for any emergency situation that may arise.	
NJ A 2334	Amends existing law to expand public access to opioid antidotes, such as naloxone; Provides that a licensed pharmacist may dispense or otherwise supply an opioid antidote to any patient who is deemed to be capable of administering it, regardless of whether that patient presents an individual prescription for the antidote; Authorizes pharmacists to supply opioid antidotes to patients without prescriptions under standardized protocols, in addition to standing orders, to be adopted by the state board of pharmacy within 90 days after the bill's effective date; Orders that such standardized protocols be used by licensed pharmacists when furnishing an opioid antidote to a patient who does not present a prescription; Provides immunity from professional disciplinary sanctions, civil action, or criminal prosecution to any pharmacist who acts in good faith, and in accordance with the bill's requirements, in supplying an opioid antidote to a patient without a prescription, stemming from such act.	2/4/16 – Referred to Assembly Health and Senior Services Committee
NJ SB 295	Amends existing law to expand public access to opioid antidotes, such as naloxone; Provides that a licensed pharmacist may dispense or otherwise supply an opioid antidote to any patient who is deemed to be capable of administering it, regardless of whether that patient presents an individual prescription for the antidote; Authorizes pharmacists to supply opioid antidotes to patients without prescriptions under standardized protocols, in addition to standing orders, to be adopted by the state board of pharmacy within 90 days after the bill's effective date; Orders that such standardized protocols be used by licensed pharmacists when furnishing an opioid antidote to a patient who does not present a prescription; Provides immunity from professional disciplinary sanctions, civil action, or criminal prosecution to any pharmacist who acts in good faith, and in accordance with the bill's requirements, in supplying an opioid antidote to a patient without a prescription, stemming from such act.	1/12/16 – Referred to the Senate Health, Human Services, and Senior Citizens Committee
NJ SJR 19	Resolution – Establishes the (temporary) Commission on Opioid Antidote Administration and Aftercare; Requires the commission to: (1) study and evaluate the various procedures that are used by hospitals in the state and others when a patient is released from hospital-based care following the administration of naloxone, or other opioid	2/4/16 – Referred to the Senate Health, Human Services, and Senior Citizens Committee

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	antidote, and (2) determine and recommend appropriate procedures and protocols to be uniformly applied by hospitals in the state upon the release of a patient under such circumstances; Requires such procedures and protocols to promote the health and facilitate the recovery of the patients involved, to the maximum extent practicable, among other things.	
NJ AJR 15	Resolution – Establishes the (temporary) Commission on Opioid Antidote Administration and Aftercare; Requires the commission to: (1) study and evaluate the various procedures that are used by hospitals in the state and others when a patient is released from hospital-based care following the administration of naloxone, or other opioid antidote, and (2) determine and recommend appropriate procedures and protocols to be uniformly applied by hospitals in the state upon the release of a patient under such circumstances; Requires such procedures and protocols to promote the health and facilitate the recovery of the patients involved, to the maximum extent practicable, among other things.	1/27/16 – Referred to the Assembly Health and Senior Services Committee
NJ A 2264	Amends existing law to require first responders, including law enforcement officers, firefighters, and emergency medical responders, who administer an opioid antidote or provide other emergency treatment to a person experiencing a drug overdose, to transport or arrange for the transportation of that person to a hospital emergency department, where the person will receive any additional medical treatment for the overdose as may be necessary and, within the limits of available funds and resources, substance abuse and addiction counseling and referrals to substance abuse and addiction treatment resources; Provides immunity from professional sanctions, civil actions, or criminal liability and from for any act or omission, undertaken in good faith, arising out of the transportation of, or failure to transport, a person treated for a drug overdose.	2/4/16 – Referred to the Assembly Health and Senior Services Committee
NJ SB 964	Amends existing law to require each county health department to obtain, through a standing order, and to maintain in an accessible storage location, a healthy reserve stock of opioid antidotes for interim dispensation to first responders and hospital pharmacies within its jurisdiction; Provides that whenever a first responder or first response entity in the county exhausts the supply of opioid antidotes that has been dispensed thereto pursuant to a standing order issued under the Overdose Prevention Act, the county health	2/4/16 – Referred to the Senate Health, Human Services, and Senior Citizens Committee

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	<p>department will be required to immediately provide the first responder or first response entity with an interim supply of opioid antidotes from the reserve stock that is maintained; Provides that, whenever a hospital pharmacy exhausts its available supply of opioid antidotes or the material components needed for its pharmacists to produce and dispense opioid antidotes pursuant to the Overdose Prevention Act, the county health department will be required to immediately provide the pharmacy with an interim supply of opioid antidotes from the reserve stock that is maintained pursuant to the bill's provisions; Provides that any first responder, first response entity, or hospital pharmacy that obtains an interim supply of opioid antidotes from the reserve stock maintained would be responsible for repaying the county health department for the costs associated with the department's acquisition and delivery of such interim supply; Authorizes the various county health departments in the State to enter into shared service agreements in order to facilitate the acquisition of opioid antidotes at discounted rates, minimize delivery costs, or otherwise facilitate the implementation of the bill's provisions; Requires the Commissioner of Human Services to establish rules and regulations to identify the manner and timeframe in which a first responder, first response entity, or hospital pharmacy must notify the respective county health department about the need for interim opioid antidote supplies and the manner and timeframe in which a first responder, first response entity, or hospital pharmacy must provide reimbursement to the county health department for the costs of acquiring and delivering such interim supplies Specifies that any county health department or employee of a county health department that provides a first responder, first response entity, or hospital pharmacy with an interim supply of opioid antidotes from the reserve stock maintained is immune from criminal or civil liability, or any disciplinary action, in association with the provision of such interim supply, among other things.</p>	
<p>NJ A 2183</p>	<p>Amends existing law to require each county health department to obtain, through a standing order, and to maintain in an accessible storage location, a healthy reserve stock of opioid antidotes for interim dispensation to first responders and hospital pharmacies within its jurisdiction; Provides that whenever a first responder or first response entity in the county exhausts the supply of opioid antidotes</p>	<p>1/27/16 – Referred to the Assembly Health and Senior Services Committee</p>

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	<p>that has been dispensed thereto pursuant to a standing order issued under the Overdose Prevention Act, the county health department will be required to immediately provide the first responder or first response entity with an interim supply of opioid antidotes from the reserve stock that is maintained; Provides that, whenever a hospital pharmacy exhausts its available supply of opioid antidotes or the material components needed for its pharmacists to produce and dispense opioid antidotes pursuant to the Overdose Prevention Act, the county health department will be required to immediately provide the pharmacy with an interim supply of opioid antidotes from the reserve stock that is maintained pursuant to the bill's provisions; Provides that any first responder, first response entity, or hospital pharmacy that obtains an interim supply of opioid antidotes from the reserve stock maintained would be responsible for repaying the county health department for the costs associated with the department's acquisition and delivery of such interim supply; Authorizes the various county health departments in the State to enter into shared service agreements in order to facilitate the acquisition of opioid antidotes at discounted rates, minimize delivery costs, or otherwise facilitate the implementation of the bill's provisions; Requires the Commissioner of Human Services to establish rules and regulations to identify the manner and timeframe in which a first responder, first response entity, or hospital pharmacy must notify the respective county health department about the need for interim opioid antidote supplies and the manner and timeframe in which a first responder, first response entity, or hospital pharmacy must provide reimbursement to the county health department for the costs of acquiring and delivering such interim supplies Specifies that any county health department or employee of a county health department that provides a first responder, first response entity, or hospital pharmacy with an interim supply of opioid antidotes from the reserve stock maintained is immune from criminal or civil liability, or any disciplinary action, in association with the provision of such interim supply, among other things.</p>	
NJ SB 294	<p>Provides that if an opioid antidote is administered by a health care professional or a first responder to a person experiencing a drug overdose, information concerning substance abuse treatment programs and resources must be provided to the person as follows: (1) if the person is</p>	<p>3/7/16 – Reported out of the Senate Health, Human Services, and Senior Citizens Committee with amendments</p>

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	<p>admitted to a health care facility or receives treatment in the emergency department of a health care facility, the health care professional with primary responsibility for the person's care must provide the information to the person at any time after treatment for the drug overdose is complete but prior to the person's discharge from the facility, and the health care professional must document the provision of the information in the person's medical record, and may additionally develop an individualized substance abuse treatment plan for the person, and (2) if the opioid antidote is administered by a first responder and the person experiencing the overdose is not subsequently transported to a health care facility, the first responder must provide the information to the person at the time treatment for the drug overdose is complete; Provides definitions; Orders the state commissioner of health, in consultation with the state commissioner of human services to develop informational materials concerning substance abuse treatment programs and resources for dissemination to health care professionals and first responders to facilitate the provision of information to patients.</p>	
<p>NJ A 2430</p>	<p>Provides that if an opioid antidote is administered by a health care professional or a first responder to a person experiencing a drug overdose, information concerning substance abuse treatment programs and resources must be provided to the person as follows: (1) if the person is admitted to a health care facility or receives treatment in the emergency department of a health care facility, the health care professional with primary responsibility for the person's care must provide the information to the person at any time after treatment for the drug overdose is complete but prior to the person's discharge from the facility, and the health care professional must document the provision of the information in the person's medical record, and may additionally develop an individualized substance abuse treatment plan for the person, and (2) if the opioid antidote is administered by a first responder and the person experiencing the overdose is not subsequently transported to a health care facility, the first responder must provide the information to the person at the time treatment for the drug overdose is complete; Provides definitions; Orders the state commissioner of health, in consultation with the state commissioner of human services to develop informational materials concerning substance abuse treatment programs</p>	<p>2/4/16 – Referred to the Assembly Health and Senior Services Committee</p>

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	and resources for dissemination to health care professionals and first responders to facilitate the provision of information to patients.	
NJ SB 1909	Requires the state department of human services (DHS), with respect to the administration and dispensation of opioid antidotes, to: (1) submit a report to the governor and legislature to provide aggregate statistics related to the dispensation of opioid antidotes in the state, and (2) establish a publicly-accessible electronic database of aggregate information related to the administration of opioid antidotes in the state; Provides that each entity, pharmacist, or other person that sells or dispenses an opioid antidote, at retail, in a form that provides the means to directly administer the opioid antidote to a person experiencing an opioid overdose, will be required, on or before the 15th day of each month, to report to the DHS, the total number of doses of opioid antidotes that have been sold or dispensed during the previous month; Provides that each hospital, substance abuse treatment center, sterile syringe access program, clinic, or health care practice or facility employing a health care practitioner or other person who is authorized to dispense opioid antidotes pursuant to the "Overdose Prevention Act," is required, on or before the 15th of each month, to report to DHS, the total number of doses of opioid antidotes that it purchased or received during the previous month, as well as the total number of doses that remained in stock at the end of the previous month, and the total number of doses that have been dispensed by the entity during the previous month; Provides that each person who administers an opioid antidote in the state to another person who is experiencing an opioid overdose, and any person who, in his or her capacity as a health care practitioner, has reason to believe that that an opioid antidote has been administered to a person experiencing an opioid overdose, will be required to report to DHS, in the manner prescribed by the commissioner, the time, date, place, and county where such administration took place, and to the extent practicable, such report will be required to include the ethnicity, gender, and age of the person who was administered the opioid antidote; Requires DHS to establish and operate an electronic database, which would be accessible to the public, and which would provide an aggregate compilation of the information reported on the issue of opioid antidote administration, with de-identified data.	3/10/16 – Referred to Senate Health, Human Services, and Senior Citizens Committee

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<p>NJ A 3104</p>	<p>Amends existing law to provide that when a professional or an emergency medical responder administers an opioid antidote to a person and, in the course of the interaction with that person, the professional or emergency medical responder has contact with the person or an object which involved or was likely to involve the transmission of the person's bodily fluid to the professional or emergency medical responder, the professional or emergency medical responder may notify the local public health officer of the potential contact with bodily fluids within 24 hours of the suspected contact to request that the person submit to serological tests or other medically appropriate tests, including such repeat or confirmatory tests as may be medically appropriate, for infection with HIV, hepatitis, and any other infectious diseases that can be transmitted by contact with bodily fluids; Allows the public health officer to seek to obtain voluntary consent to testing from the person who was administered the opioid antidote, but if the person does not consent and submit to testing within 24 hours of the public health officer's request, the public health officer may file an emergency application to a court having jurisdiction for an order requiring the person to submit to testing; Allows a court to grant the order for testing if the court finds, by a preponderance of evidence, that there is a risk that an infectious disease was transmitted as a result of the contact; Provides that the results of any testing would be disclosed to the person tested and the professional or emergency medical responder who requested the testing, but may not be disclosed to any other individual except as authorized by law or court order; Provides that anyone who knowingly discloses or uses such confidential information would be guilty of a crime of the fourth degree. Provides immunity from civil and criminal liability to the person who performs a test ordered in accordance with accepted medical standards for the performance of such tests arising from their conduct, among other things.</p>	<p>2/22/16 – Referred to the Assembly Health and Senior Services Committee</p>
<p>NM SB 100</p>	<p>Requires health care providers who prescribe, distribute, or dispense opioids to be trained on the use of naloxone; Requires that patients be counseled on the risks of overdose and the availability of opioid antagonists; Requires pharmacists and pharmacist clinicians who prescribe opioids under a written protocol or standing order to be trained on the use of naloxone; Provides immunity from civil liability and criminal prosecution to specific individuals who</p>	<p>1/31/16 – Referred to the House Health Committee</p>

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	directly or indirectly administer, prescribe, dispense, or distribute, an opioid antagonist; Authorizes non-patient specific standing orders to dispense naloxone, among other things.	
NM HB 277	Amends existing law to provide that a person may possess an opioid antagonist, regardless of whether the person holds a prescription for the opioid antagonist; Allows anyone acting under a standing order issued by a licensed prescriber to store or distribute an opioid antagonist; Enables a pharmacist, pursuant to a valid prescription, to dispense an opioid antagonist to a person: (1) at risk of experiencing an opioid-related drug overdose; or (2) in a position to assist another person at risk of experiencing an opioid-related drug overdose; Allows a pharmacist to distribute an opioid antagonist to a registered overdose prevention and education program; Allows anyone to administer an opioid antagonist to another person if the person: (1) in good faith, believes the other person is experiencing a drug overdose; and (2) acts with reasonable care in administering the drug to the other person; Allows a licensed prescriber to directly or by standing order prescribe, dispense or distribute an opioid antagonist to: (1) a person at risk of experiencing an opioid-related drug overdose; (2) a family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose; (3) an employee, volunteer or representative of a community-based entity providing overdose prevention and education services that is registered with the department; or (4) a first responder; Provides immunity from civil liability, criminal prosecution, or professional disciplinary action to a registered overdose prevention and education program that possesses, stores, distributes or administers an opioid antagonist in accordance with department rules and on standing orders from a licensed prescriber from incidents arising from the possession, storage, distribution or administration of an opioid antagonist, provided that actions are taken with reasonable care and without willful, wanton or reckless behavior; Provides immunity from civil liability, criminal prosecution, or professional disciplinary to a person who possesses, administers, dispenses, or distributes an opioid antagonist to another person as a result of the possession, administration, distribution or dispensing of the opioid antagonist, provided that the actions are taken with reasonable care and without willful, wanton or reckless	2/9/16 – Signed by the Governor, Assigned to Chapter 47

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	<p>behavior; Orders the creation, collection, and maintenance of any individually identifiable information in a manner consistent with state and federal privacy laws; Orders the promulgation of rules relating to overdose prevention and education programs: (1) establishing requirements and protocols for the registration of overdose prevention and education programs that are not licensed pharmacies; (2) monitoring registered overdose prevention and education programs' storage and distribution of opioid antagonists; (3) gathering data from overdose prevention and education programs to inform public health efforts to address overdose prevention efforts; and (4) authorizing standards for overdose prevention education curricula, training and the certification of individuals to store and distribute opioid antagonists for the overdose prevention and education program; Provides definitions, among other things.</p>	
<p>NM SB 262</p>	<p>Amends existing law to provide that a person may possess an opioid antagonist, regardless of whether the person holds a prescription for the opioid antagonist; Allows anyone acting under a standing order issued by a licensed prescriber to store or distribute an opioid antagonist; Enables a pharmacist, pursuant to a valid prescription, to dispense an opioid antagonist to a person: (1) at risk of experiencing an opioid-related drug overdose; or (2) in a position to assist another person at risk of experiencing an opioid-related drug overdose; Allows a pharmacist to distribute an opioid antagonist to a registered overdose prevention and education program; Allows anyone to administer an opioid antagonist to another person if the person: (1) in good faith, believes the other person is experiencing a drug overdose; and (2) acts with reasonable care in administering the drug to the other person; Allows a licensed prescriber to directly or by standing order prescribe, dispense or distribute an opioid antagonist to: (1) a person at risk of experiencing an opioid-related drug overdose; (2) a family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose; (3) an employee, volunteer or representative of a community-based entity providing overdose prevention and education services that is registered with the department; or (4) a first responder; Provides immunity from civil liability, criminal prosecution, or professional disciplinary action to a registered overdose prevention and education program that possesses, stores, distributes or administers an opioid</p>	<p>2/8/16 – Signed by the Governor, Assigned to Chapter 45</p>

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	<p>antagonist in accordance with department rules and on standing orders from a licensed prescriber from incidents arising from the possession, storage, distribution or administration of an opioid antagonist, provided that actions are taken with reasonable care and without willful, wanton or reckless behavior; Provides immunity from civil liability, criminal prosecution, or professional disciplinary to a person who possesses, administers, dispenses, or distributes an opioid antagonist to another person as a result of the possession, administration, distribution or dispensing of the opioid antagonist, provided that the actions are taken with reasonable care and without willful, wanton or reckless behavior; Orders the creation, collection, and maintenance of any individually identifiable information in a manner consistent with state and federal privacy laws; Orders the promulgation of rules relating to overdose prevention and education programs: (1) establishing requirements and protocols for the registration of overdose prevention and education programs that are not licensed pharmacies; (2) monitoring registered overdose prevention and education programs' storage and distribution of opioid antagonists; (3) gathering data from overdose prevention and education programs to inform public health efforts to address overdose prevention efforts; and (4) authorizing standards for overdose prevention education curricula, training and the certification of individuals to store and distribute opioid antagonists for the overdose prevention and education program; Provides definitions, among other things.</p>	
NY AB 7812	Amends existing law to require that for the first opioid analgesic prescription of a calendar year, the prescribing physician must counsel the patient on the risks of overdose, and inform the patient of the availability of an opioid antagonist, including, but not limited to, naloxone.	1/6/16 – Referred to the Assembly Health Committee
NY AB 661	Amends existing law to provide that every initial opioid analgesic prescription per year shall be accompanied with a prescription for an opioid antagonist, among other things.	1/6/16 – Referred to the Assembly Health Committee
NY AB 2962	Amends existing law to provide that evidence that a person possessed an opioid antagonist may not be admitted at any trial, hearing, or other proceeding in a prosecution for an offense under certain code sections or for establishing probable cause for an arrest or proving anyone's commission of such a listed offense; Provides definitions; Provides that the possession of an opioid antagonist may not	3/1/16 – Referred to the Senate Codes Committee

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	be received into evidence at any trial, hearing, or proceeding.	
NY AB 9251	Amends existing law to provide that each person, entity, or pharmacist that sells and dispenses at retail an opioid antagonist in a form that provides the means to directly administer such opioid antagonist to a person experiencing or at risk of experiencing an opioid-related overdose must, on or before the 15 <sup>th</sup> of each month, report the total number of doses of such opioid antagonists sold and dispensed during the previous month; Provides that each hospital, diagnostic and treatment center, clinic, practice composed of a health care professional or health care professionals, entity, or person certified or operating pursuant to the law, and organization registered as an opioid overdose prevention program must, on or before the 15 <sup>th</sup> of each month, report the total number of doses of opioid antagonists it purchased or received during the previous month, the total number of doses remaining in its inventory at the end of the previous month, and the total number of doses of opioid antagonists distributed to the public to actual or potential administration to persons experiencing or at risk of experiencing an opioid-related overdose, among other things.	2/5/16 – Referred to the Assembly Health Committee
NY SB 6516	Amends existing law to provide that each person, entity, or pharmacist that sells and dispenses at retail an opioid antagonist in a form that provides the means to directly administer such opioid antagonist to a person experiencing or at risk of experiencing an opioid-related overdose must, on or before the 15 <sup>th</sup> of each month, report the total number of doses of such opioid antagonists sold and dispensed during the previous month; Provides that each hospital, diagnostic and treatment center, clinic, practice composed of a health care professional or health care professionals, entity, or person certified or operating pursuant to the law, and organization registered as an opioid overdose prevention program must, on or before the 15 <sup>th</sup> of each month, report the total number of doses of opioid antagonists it purchased or received during the previous month, the total number of doses remaining in its inventory at the end of the previous month, and the total number of doses of opioid antagonists distributed to the public to actual or potential administration to persons experiencing or at risk of experiencing an opioid-related overdose, among other things.	1/22/16 – Referred to the Senate Health Committee

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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.	1/6/16 – Referred to the Assembly Education Committee
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.	1/6/16 – Referred to the Senate Health Committee
NY AB 8570	Amends existing law to require anyone treated in a hospital for having overdosed on a controlled substance to be admitted to such hospital for at least a 48-hour period prior to release; Requires a health care practitioner to inform such a person, prior to their release, of the risks of overdose and strategies to avoid future overdoses.	1/6/16 – Referred to the Assembly Health Committee
NY AB 9078	Amends existing law to require all chain pharmacies with 20 or more locations in the state to register with the department of health as an opioid overdose prevention program.	1/25/16 – Referred to the Assembly Health Committee
NY SB 6346	Amends existing law to require all chain pharmacies with 20 or more locations in the state to register with the department of health as an opioid overdose prevention program.	1/6/16 – Referred to the Senate Health Committee
OH HB 462	Amends existing law to authorize specified political subdivisions to establish a joint police district; Modifies the membership of a joint police district governing body; Provides that the "prescription exemption" from the drug possession offenses does not apply to a person who uses more of the drug than the maximum prescribed amount per day or the maximum amount to be used within the prescription timeline or who administers or takes the drug in a manner not prescribed by the prescribing health professional; Provides immunity from civil liability to a peace officer who administers naloxone to a person who is apparently experiencing an opioid-related overdose, among other things.	2/16/16 – Referred to the House Local Government Committee
OH HB 497	Amends existing law to establish a statewide pilot program for the provision of long-acting opioid antagonist therapy for offenders confined in a state or local correctional facility or a community residential facility under a sentence imposed for a felony opioid-related offense or a sentence of at least 30 days for a misdemeanor opioid-related offense who will be released on supervised release; Specifies that the therapy is to be provided during both their confinement and their supervised release, among other things.	3/24/16 – Introduced in the House

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OH HB 421	Amends existing to define "prescription" as a written, electronic, or oral order for naloxone issued to, and in the name of, a family member, friend, or other individual in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid-related overdose; Allows a licensed pharmacist to administer by injection an opioid antagonist used for treatment of drug addiction and administered in a long-acting or extended-release form as long as the drug has been prescribed by a health professional with authority to prescribe the drug, among other things.	1/20/16 – Referred to the House Health and Aging Committee
OK HB 2773	Provides that naloxone and any generic equivalents of Narcan may be dispensed or sold by a pharmacy without a prescription as long as it is dispensed or sold only by, or under the supervision of, a licensed pharmacist; Provides that no dispensing protocol is required; Provides that unless the prescriber has specified on the prescription that dispensing a prescription for a maintenance medication in an initial amount followed by periodic refills is medically necessary, a pharmacist may exercise his or her professional judgment to dispense varying quantities of medication per fill up to the total number of dosage units as authorized by the prescriber on the original prescription including any refills, among other things.	4/4/16 –Senate Health and Human Services Committee reported to pass
OK HB 2779	Provides that a peace officer must not take a person into custody based solely on the commission of an offense involving a controlled dangerous substance if he or she, after making a reasonable determination and considering the facts and surrounding circumstances, reasonably believes that: (1) the peace officer has contact with the person because the person requested emergency medical assistance for an individual who reasonably appeared to be in need of medical assistance due to the use of a controlled dangerous substance; and (2) the person: (a) provided his or her full name and any other relevant information requested by the peace officer, (b)remained at the scene with the individual who reasonably appeared to be in need of medical assistance due to the use of a controlled dangerous substance until emergency medical assistance arrived, and (c) cooperated with emergency medical assistance personnel and peace officers at the scene; Provides that a person who meets the criteria above is immune from criminal prosecution for possession of (1) a controlled dangerous substance provided the amount of such controlled dangerous	2/2/16 – Referred to the House Appropriations and Budget Revenue and Taxation Subcommittee

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	<p>substance does not constitute trafficking, (2) drug paraphernalia associated with a controlled dangerous substance, or (3) distribution of a controlled dangerous substance, possession with intent to distribute a controlled dangerous substance or manufacturing or attempting to manufacture a controlled dangerous substance. Provides that a person is immune from prosecution for the offenses listed above only if the offense involved a state of intoxication caused by the use of a controlled dangerous substance by a person or if the offense involved the person being or becoming intoxicated as a result of the use of a controlled dangerous substance by a person; Provide that a person may not initiate or maintain an action against a peace officer or the employing political subdivision of the peace officer based on the compliance or failure of the peace officer to comply with the provisions above.</p>	
OK SB 1165	<p>Provides that a peace officer must not take a person into custody based solely on the commission of an offense involving a controlled dangerous substance if he or she, after making a reasonable determination and considering the facts and surrounding circumstances, reasonably believes that: (1) the peace officer has contact with the person because the person requested emergency medical assistance for an individual who reasonably appeared to be in need of medical assistance due to the use of a controlled dangerous substance; and (2) the person: (a) provided his or her full name and any other relevant information requested by the peace officer, (b) remained at the scene with the individual who reasonably appeared to be in need of medical assistance due to the use of a controlled dangerous substance until emergency medical assistance arrived, and (c) cooperated with emergency medical assistance personnel and peace officers at the scene; Provides that a person who meets the criteria above is immune from criminal prosecution for possession of (1) a controlled dangerous substance provided the amount of such controlled dangerous substance does not constitute trafficking, (2) drug paraphernalia associated with a controlled dangerous substance, or (3) distribution of a controlled dangerous substance, possession with intent to distribute a controlled dangerous substance or manufacturing or attempting to manufacture a controlled dangerous substance. Provides that a person is immune from prosecution for the offenses listed above only if the offense involved a state of</p>	2/2/16 – Referred to the Senate Judiciary Committee

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	intoxication caused by the use of a controlled dangerous substance by a person or if the offense involved the person being or becoming intoxicated as a result of the use of a controlled dangerous substance by a person; Provide that a person may not initiate or maintain an action against a peace officer or the employing political subdivision of the peace officer based on the compliance or failure of the peace officer to comply with the provisions above.	
OR HB 4124	Allows pharmacists and certain health care professionals to prescribe, and pharmacists to distribute, unit-of-use packages of naloxone, among other things.	4/4/14 – Signed by the Governor
RI HB 7368	Amends existing law to provide that 10 percent of all funds accruing to the state be deposited into a restricted receipt account to fund and ensure there exists a sufficient supply of naloxone, with a special emphasis on making naloxone available to first responders, school nurses, and others working with hard-to-reach and at-risk populations, and the distribution of naloxone must be overseen by a medical director within the department of health, among other things.	1/28/16 – Referred to the House Finance Committee
RI SB 2460	Amends various existing laws to provide that every individual or group health insurance contract, plan, or policy that provides prescription coverage that is delivered, issued for delivery, amended or renewed in the state on or after January 1, 2017 must provide coverage for all opioid antagonists and all necessary devices and services related thereto; Orders that such coverage must include all opioid antagonists prescribed or dispensed including those prescribed or dispensed via standing order or collaborative practice agreement and opioid antagonists intended for use on patients other than the insured; Provides definitions, among other things.	3/10/16 – Senate Health and Human Services Committee recommended measure be held for further study
RI HB 7710	Amends various existing laws to provide that every individual or group health insurance contract, plan, or policy that provides prescription coverage that is delivered, issued for delivery, amended or renewed in the state on or after January 1, 2017 must provide coverage for all opioid antagonists and all necessary devices and services related thereto; Orders that such coverage must include all opioid antagonists prescribed or dispensed including those prescribed or dispensed via standing order or collaborative practice agreement and opioid antagonists intended for use on patients other than the insured; Provides definitions, among other things.	3/8/16 – House Corporations Committee recommended measure be held for further study

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RI HB 7003	<p>Creates the Good Samaritan Overdose Prevention Act of 2016; Provides that a person may administer an opioid antagonist to another person if he or she: (1) in good faith, believes the other person is experiencing a drug overdose; and (2) acts with reasonable care in administering the drug to the other person; Provides immunity from civil liability or criminal prosecution to a person who administers an opioid antagonist to another person as a result of the administration of the drug; Provides that anyone 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 is immune from criminal charge or prosecution for any crime related to the possession of a controlled substance or drug paraphernalia, or the operation of a drug-involved premises, if the evidence for the charge was gained as a result of the seeking of medical assistance; Provides that a person who experiences a drug overdose or other drug-related medical emergency and is in need of medical assistance is immune from criminal charge or prosecution for any crime related to the possession of a controlled substance or drug paraphernalia, or the operation of a drug-involved premises, if the evidence for the charge was gained as a result of the overdose and the need for 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; Orders that the immunity related to the possession of a controlled substance or drug paraphernalia, or the operation of a drug-involved premises also extends to a violation of probation and/or parole on those grounds; Requires an annual report from the state attorney general shall, in cooperation with local law enforcement agencies and the state police, summarizing the impact of the immunity listed on law enforcement, including any incidents in which law enforcement was barred, due to the immunity provisions, from charging or prosecuting a person who would have otherwise been so charged or prosecuted and indicating whether the person was charged with, or prosecuted for, any other criminal offense resulting from the agency's response to the request for medical assistance.</p>	1/27/16 – Signed by the Governor
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RI SB 2002	<p>Creates the Good Samaritan Overdose Prevention Act of 2016; Provides that a person may administer an opioid antagonist to another person if he or she: (1) in good faith, believes the other person is experiencing a drug overdose; and (2) acts with reasonable care in administering the drug to the other person; Provides immunity from civil liability or criminal prosecution to a person who administers an opioid antagonist to another person as a result of the administration of the drug; Provides that anyone 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 is immune from criminal charge or prosecution for any crime related to the possession of a controlled substance or drug paraphernalia, or the operation of a drug-involved premises, if the evidence for the charge was gained as a result of the seeking of medical assistance; Provides that a person who experiences a drug overdose or other drug-related medical emergency and is in need of medical assistance is immune from criminal charge or prosecution for any crime related to the possession of a controlled substance or drug paraphernalia, or the operation of a drug-involved premises, if the evidence for the charge was gained as a result of the overdose and the need for 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; Orders that the immunity related to the possession of a controlled substance or drug paraphernalia, or the operation of a drug-involved premises also extends to a violation of probation and/or parole on those grounds; Requires an annual report from the state attorney general shall, in cooperation with local law enforcement agencies and the state police, summarizing the impact of the immunity listed on law enforcement, including any incidents in which law enforcement was barred, due to the immunity provisions, from charging or prosecuting a person who would have otherwise been so charged or prosecuted and indicating whether the person was charged with, or prosecuted for, any other criminal offense resulting from the agency's response to the request for medical assistance.</p>	1/27/16 – Signed by the Governor
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<p>SC HB 5121</p>	<p>Provides that an opioid antagonist may be administered or provided by any first responder for the purpose of saving the life of a person experiencing an opioid-related overdose; Orders all first responders who have access to, or maintain, a supply of opioid antagonists to obtain appropriate training to ensure safe application of an opioid antagonist; Orders all law enforcement agencies, fire departments, rescue agencies, and other similar entities to notify the state department of health and environmental control of the possession and maintenance of opioid antagonists by its personnel; Orders a first responder who administers or provides an opioid antagonist to a patient to create a report that must be made available to the licensed ambulance service that transports the patient within a reasonable period of time; Provides that a first responder who in good faith renders emergency care or treatment by administering or providing an opioid antagonist is immune from any civil damages that arise as a result of the care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts without gross negligence, an intention to harm the patient, or as a reasonably prudent person would have acted under the same or similar circumstances; Provides that the immunity protection applies even if the first responder had not received the appropriate training and paid persons who extend care or treatment without expectation of remuneration from the patient or victim for receiving the opioid antagonist; Enables a practitioner acting in good faith and in compliance with the standard of care applicable to that practitioner to prescribe an opioid antagonist for use in accordance with the protocol specified by the practitioner to a person at risk of experiencing an opioid-related overdose or to a first responder, harm-reduction organization, family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose; Enables a pharmacist acting in good faith and in compliance with the standard of care applicable to pharmacists to dispense opioid antagonists pursuant to a prescription issued in accordance with the law; Enables a person acting in good faith and with reasonable care to another person whom he believes to be experiencing an opioid-related overdose to administer an opioid antagonist that was prescribed pursuant to the law; Provides immunity from professional licensing sanctions and civil or criminal liability to the following</p>	<p>3/16/16 – Referred to the House Judiciary Committee</p>
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	people for the following actions: (1) a practitioner acting in good faith and in compliance with the standard of care applicable to that practitioner who prescribes an opioid antagonist, (2) a practitioner or pharmacist acting in good faith and in compliance with the applicable standard of care who dispenses an opioid antagonist pursuant to a prescription, and (3) a person, other than a practitioner, acting in good faith who administers an opioid antagonist, among other things.	
SD HB 1079	Provides that a person who is a family member, friend, or other close third party to a person at risk for an opioid-related drug overdose may be prescribed, possess, distribute, or administer an opioid antagonist that is prescribed, dispensed, or distributed by a licensed health care professional directly or by standing order; Provides that a licensed health care professional may, directly or by standing order, prescribe an opioid antagonist to a person at risk of experiencing an opioid-related overdose, or prescribe to a family member, friend, or other close third party person the health care practitioner reasonably believes to be in a position to assist a person at risk of experiencing an opioid-related overdose; Provides that a health care professional who is authorized to prescribe or dispense an opioid antagonist is immune from any professional disciplinary action or civil or criminal liability for the prescribing or dispensing of an opioid antagonist to a person whom the health care professional reasonably believes may be in a position to assist or administer the opioid antagonist to a person at risk for an opioid-related drug overdose, among other things.	3/29/16 – Signed by the Governor; H.J. 881
SD HB 1077	Provides immunity to arrest or prosecution for any misdemeanor offense of possession, inhalation, ingestion, or otherwise taking into the body any controlled drug or substance if that person contacts any law enforcement or emergency medical services and reports that a person is in need of emergency medical assistance as the result of a drug-related overdose; Provides that such a person qualifies for such immunity if: (1) the evidence for the charge or prosecution was obtained as a result of the person seeking medical assistance for another person; (2) the person seeks medical assistance for another person who is in need of medical assistance for an immediate health or safety concern; and (3) the person seeking medical assistance for another person remains on the scene and cooperates with	3/3/16 – Passed Senate Judiciary Committee

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	<p>medical assistance and law enforcement personnel; Provides that a person who experiences a drug-related overdose and is in need of medical assistance is immune from arrest, charge, or prosecution for any misdemeanor offense of possession, inhalation, ingestion, or otherwise taking into the body any controlled drug or substance if that person contacts law enforcement or emergency medical services and reports that he or she is in need of medical assistance as the result of a drug-related overdose; States that a person qualifies for such immunity only if the evidence for the charge or prosecution was obtained as a result of the drug-related overdose and the need for medical assistance; Provides that providing first aid or other medical assistance to someone who is experiencing a drug-related overdose may be used as a mitigating factor in a criminal prosecution for which immunity is not provided, among other things.</p>	
<p>TN HB 2225</p>	<p>Amends existing las to authorize the chief medical officer of the state to implement a state-wide collaborative pharmacy practice agreement specific to opioid antagonist therapy with any pharmacist licensed in, and practicing in, the state; Authorizes a pharmacist licensed and practicing in the state to dispense an opioid antagonist, in good faith, pursuant to a valid state-wide collaborative pharmacy practice agreement executed by the chief medical officer; Under a valid state-wide collaborative pharmacy practice agreement authorized by the chief medical officer, enables an authorized pharmacist to dispense an opioid antagonist to a person at risk of experiencing an opiate-related overdose and a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose; Orders that a pharmacist must be able to provide documentation of completion of an opioid antagonist training program within the previous two years before he or she enters into a state-wide collaborative pharmacy practice agreement with the chief medical officer for the dispensing of an opioid antagonist; Provides that a licensed pharmacist, acting in good faith and with reasonable care, who dispenses an opioid antagonist to a person the pharmacist believes to be experiencing or, at risk of experiencing, a drug-related overdose, or who prescribes an opioid antagonist to a family member, friend, or other person in a position to assist a person experiencing or at risk of experiencing a drug-related overdose, is immune from disciplinary or adverse administrative actions under for acts or omissions during the</p>	<p>3/22/16 – Completed, Assigned to Pub. Ch. 596</p>

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	dispensation of an opioid antagonist; Provides that any licensed pharmacist who dispenses an opioid antagonist is immune from civil liability in the absence of gross negligence or willful misconduct for actions authorized by this section, among other things.	
TN SB 2403	Amends existing law to authorize the chief medical officer of the state to implement a state-wide collaborative pharmacy practice agreement specific to opioid antagonist therapy with any pharmacist licensed in, and practicing in, the state; Authorizes a pharmacist licensed and practicing in the state to dispense an opioid antagonist, in good faith, pursuant to a valid state-wide collaborative pharmacy practice agreement executed by the chief medical officer; Under a valid state-wide collaborative pharmacy practice agreement authorized by the chief medical officer, enables an authorized pharmacist to dispense an opioid antagonist to a person at risk of experiencing an opiate-related overdose and a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose; Orders that a pharmacist must be able to provide documentation of completion of an opioid antagonist training program within the previous two years before he or she enters into a state-wide collaborative pharmacy practice agreement with the chief medical officer for the dispensing of an opioid antagonist; Provides that a licensed pharmacist, acting in good faith and with reasonable care, who dispenses an opioid antagonist to a person the pharmacist believes to be experiencing or, at risk of experiencing, a drug-related overdose, or who prescribes an opioid antagonist to a family member, friend, or other person in a position to assist a person experiencing or at risk of experiencing a drug-related overdose, is immune from disciplinary or adverse administrative actions under for acts or omissions during the dispensation of an opioid antagonist; Provides that any licensed pharmacist who dispenses an opioid antagonist is immune from civil liability in the absence of gross negligence or willful misconduct for actions authorized by this section, among other things.	3/22/16 – Signed by the Governor, Assigned to Pub. Ch. 596
TN HB 2070	Prohibits institutions of higher learning and senior high schools from disciplining students who seek medical assistance for drug overdoses; Prohibits such institutions and schools from sanctioning any student organization or team in which the student who is experiencing the overdose	3/16/16 – Deferred to a summer study

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	or seeking medical assistance for another is a member, among other things.	
TN SB 2206	Prohibits institutions of higher learning and senior high schools from disciplining students who seek medical assistance for drug overdoses; Prohibits such institutions and schools from sanctioning any student organization or team in which the student who is experiencing the overdose or seeking medical assistance for another is a member, among other things.	3/16/16 – Assigned to the Senate General Subcommittee of Senate Education Committee
UT HB 240	Renames the Emergency Administration of Opiate Antagonist Act as the Opiate Overdose Response Act; Amends the law to allow licensed health care providers to prescribe or dispense an opiate antagonist, without a prescriber-patient relationship by a standing prescription drug order; Provides definitions, among other things.	3/23/16 – Signed by the Governor
UT HB 192	Renames the Emergency Administration of Opiate Antagonist Act as the Opiate Overdose Response Act; Creates the Opiate Overdose Outreach Pilot Program within the state health department; Authorizes the state health department to make grants through the program to people who are in a position to assist an individual who is at increased risk of experiencing an opiate-related drug overdose event; Appropriates money for the program and specifies how the money may be used; Requires grantees to file annual reports; Provides definitions, among other things.	3/23/16 – Signed by the Governor
UT HB 238	Renames the Emergency Administration of Opiate Antagonist Act as the Opiate Overdose Response Act, amends the act; Provides that an overdose outreach provider may furnish an opiate antagonist and is immune from civil liability from acts resulting therefrom; Requires an overdose outreach provider to furnish instruction on how to recognize and respond appropriately to an opiate-related drug overdose event; Exempts an overdose outreach provider from licensure under the Pharmacy Practice; Provides that the prescribing or dispensing of an opiate antagonist by a dentist is not unprofessional or unlawful conduct; Provides definitions, among others.	3/23/16 – Signed by the Governor
UT HB 149	Provides that if a medical examiner determines that the death of a person who is 12 years of age or older at the time of death resulted from poisoning or overdose involving a prescribed controlled substance, the medical examiner must, within three business days after the day on which the medical examiner determines the cause of death, notify the	3/21/16 – Signed by the Governor

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	Division of Occupational and Professional Licensing (DOPL), in a written report; Requires that, when DOPL receives such a report, it must notify each practitioner who may have written a prescription for the controlled substance involved in the poisoning or overdose, among other things.	
VA HB 314	Provides that anyone who, in good faith, prescribes, dispenses, or administers naloxone or other opioid antagonist used for overdose reversal in an emergency to an individual who is believed to be experiencing or about to experience a life-threatening opiate overdose is immune from any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if acting in accordance with the law or in his role as a member of an emergency medical services agency, among other things.	3/1/16 – Signed by the Governor, Assigned to Chapter 144
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.	3/10/16 – By resolution, reintroduced and retained in present status
WV HB 4480	Creates the “Addiction Treatment Act;” Places limitations on prescribing products containing buprenorphine, with or without naloxone, among other things.	3/2/16 – Referred to the Senate Health and Human Resources Committee
WV SB 4399	Allows a pharmacist to furnish naloxone in accordance with standardized procedures or protocols developed and approved by both the West Virginia Board of Pharmacy and the West Virginia Board of Medicine, among other things.	2/4/16 – Referred to the House Prevention and Treatment of Substance Abuse Select Committee
WV HB 4035	Allows a pharmacist to furnish naloxone in accordance with standardized procedures or protocols developed and approved by both the West Virginia Board of Pharmacy and the West Virginia Board of Medicine, among other things.	3/12/16 – Referred to the Senate Rules Committee
WV HB 2009	Amends existing law to allow a licensed health care provider who is permitted by law to prescribe an opioid antagonist to, if acting with reasonable care, prescribe, dispense, or distribute an opioid antagonist in conjunction with an opioid overdose prevention and treatment training program; Provides immunity from civil liability or criminal prosecution to such a health care provider, unless the act was the result of the licensed health care provider’s gross negligence or willful misconduct; Enables an initial responder, who is not otherwise authorized to administer an opioid antagonist, to administer an opioid antagonist in an emergency situation if: (1) the initial responder has successfully completed the delineated training required; (2) the administration of the opioid antagonist is done after consultation with medical command personnel; Provides	1/13/16 – Referred to the House Health and Human Resources Committee

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	<p>that an initial responder, acting in good faith, is immune from not, civil liability with respect to the administration of, or failure to administer, the opioid antagonist unless the act or failure to act was the result of the initial responder's gross negligence or willful misconduct; Orders data collection on each opioid overdose prevention and treatment program that the EMS operates or recognizes as an approved program; Allows all prescribers, in the course of their professional practice, to offer to patients to whom they also prescribe opiates for chronic pain or patients engaged in methadone or suboxone treatment programs a prescription for an opioid antagonist such as Naloxone; Provides that all prescribers who offer an opioid antagonist to their patients must make information and education available to patients, their family members, or caregivers on the beneficial and proper use of the opioid antagonist; Requires that when a prescription is written to a patient for an opioid antagonist, or if the patient enters a methadone or suboxone addiction treatment program, information and education must be given to the patient and his or her family or caregiver as a condition of receiving the prescription or entering an addiction treatment program, among other things.</p>	
WV SB 431	<p>Authorizes pharmacists and pharmacy interns to dispense opioid antagonists, among other things.</p>	<p>3/29/16 – Approved by Governor</p>
WV HB 4335	<p>Amends existing law to authorize a pharmacist or pharmacy intern to dispense, pursuant to a protocol, an opioid antagonist without a prescription; Requires the state board of pharmacy, in consultation with the state bureau for public health to develop such a protocol; Requires patients to receive counseling; Provides immunity from civil liability or criminal prosecution, unless dispensing the opioid antagonist was the result of the pharmacist or pharmacy interns gross negligence or willful misconduct, to pharmacists and pharmacy interns, among other things.</p>	<p>1/29/16 – Referred to the To House Prevention and Treatment of Substance Abuse Select Committee</p>
WV HB 4221	<p>Amends existing law to provide that anyone who administers an opioid antagonist to a person whom they believe to be suffering from an opioid related overdose is required to initiate involuntary hospitalization commitment proceedings; Provides that in the proceedings initiated, there must be a rebuttable presumption that the person believed to have overdosed on an opioid is addicted and a danger to him or herself or others; Orders that anyone who fails to comply with the law is guilty of a misdemeanor and, upon</p>	<p>2/20/16 – Referred to the House Judiciary Committee</p>

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	conviction, must be fined not more than \$1,000 or confined in jail not more than one year, or both.	
WV SB 42	Provides that anyone 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.	1/13/16 – Referred to the Senate Health and Human Resources Committee
WV HB 4183	Requires EMS agencies and providers to report nonlethal opioid overdoses to the state board of pharmacy; Establishes the information to be reported; Adds such overdoses to the West Virginia Controlled Substance Monitoring Program; Requires pharmacists to monitor the program, and if an individual overdosed on a prescription filled by him or her the pharmacist must report the overdose to the prescribing physician, among other things.	3/2/16 – Referred to the Senate Health and Human Resources Committee
WV SB 192	Authorizes the state department of health and human resources to promulgate a legislative rule relating to the certification of opioid overdose prevention and treatment training programs.	1/21/16 – Reported in the Judiciary Committee
WV HB 4111	Authorizes the state department of health and human resources to promulgate a legislative rule relating to the certification of opioid overdose prevention and treatment training programs.	1/20/16 – Referred to the House Judiciary Committee
WI AB 425	Amends existing law to provide that that a practitioner may prescribe an opioid antagonist to one or more licensed pharmacies, and that a licensed pharmacist may, upon and in accordance with the prescription order, deliver an opioid antagonist to an individual as specified in the order; Provides that a practitioner who prescribes an opioid antagonist must ensure that the person to whom the opioid antagonist is prescribed has or has the capacity to provide the knowledge and training described under the law.	12/8/15 – Signed by the Governor; 2015 Wisconsin Act 115

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