



HARM REDUCTION AND OVERDOSE PREVENTION

50-State Survey

Legal interventions to reduce overdose mortality: Naloxone access laws

Drug overdose is a nationwide epidemic. Drug overdoses were responsible for the deaths of nearly 107,000 people in the United States in 2021.¹ Opioids, both prescription painkillers such as Oxycontin and non-prescribed drugs such as heroin and fentanyl, are responsible for approximately 80% of these deaths.²

Many of these deaths are preventable. Naloxone, a pure opioid antagonist, quickly and safely reverses opioid overdose.³ Around 40% of people who overdose are not alone when they do so.⁴ Nearly all of those witnessed deaths – and some that were unwitnessed but where help was summoned in time - would have been prevented if the other person or people present had administered naloxone to the person experiencing the overdose. However, naloxone is often not available when and where it is most needed. Although some formulations of naloxone remain available only by prescription, the medication is not a controlled substance and has no abuse potential.⁵ While it was traditionally used only by first responders, it can be administered by laypeople with little or no formal training.⁶ Because of its ability to reverse opioid overdose and its ease of use, by July 15, 2017, all 50 states and the District of Columbia had passed legislation to improve layperson naloxone access.⁷

These laws have been modified over time, generally to increase access to naloxone. The Table below displays characteristics of these laws as of August 1, 2023. The columns first provide information on when the state first enacted a naloxone access law, and when that law was last modified. The next six columns provide information on the current state of the law: whether the law provides civil, criminal, and disciplinary immunity for medical professionals who prescribe or dispense naloxone, and whether it provides civil or criminal immunity for laypeople who administer it.⁸ The Table continues by indicating whether the law permits organizations or individuals that are not otherwise permitted to dispense naloxone, such as non-profits and syringe access programs, to distribute the medication, and whether laypeople are permitted to possess naloxone without a prescription. Finally, the Table displays whether naloxone is permitted to be prescribed to people who are not themselves at risk of overdose (termed “third parties”), whether pharmacists may prescribe the medication in addition to dispensing it, and whether it may be prescribed via a standing order or similar mechanism. The Table does not explicitly address over-the-counter products, such as Narcan, which was approved as an over-the-counter medication in March 2023, and RiVive, approved July 2023⁹

Opioid overdose kills tens of thousands of Americans every year. Most of those deaths are preventable through the timely provision of naloxone. As with most public health problems, there is no magic bullet to preventing overdose deaths. The approval of one or more naloxone formulations as an over-the-counter medication will likely help, and a comprehensive solution that includes increased access to evidence-based treatment together with de-stigmatization and decriminalization of opioid use disorder is necessary to create large-scale, lasting change.¹⁰ However, ensuring that naloxone is always readily available at the scene of an opioid overdose is still one of the cheapest, safest and most effective ways available to reduce opioid overdose morbidity and mortality.

Characteristics of State Naloxone Access Laws

As of August 1, 2023

State	Citation	First enacted	Most recent change	Prescriber Civil	Criminal	Disciplinary	Dispenser Civil	Criminal	Disciplinary	Administrator Civil	Criminal	Lay distribution	Poss. w/o Rx	3 rd party prescribing permitted	Pharmacist prescribing	Non-patient specific Rx ¹¹
AL	Ala. Code § 20-2-280	June 5, 2015	May 10, 2016 ¹²	Yes ¹³	Yes	-	Yes ¹⁴	Yes	-	Yes ¹⁵	Yes	-	-	Yes ¹⁶	-	SO ¹⁷
AK	Alaska Stat. Ann. §§ 08.80.168; 09.65.340; 17.20.085	Mar. 15, 2016	Sept. 28, 2022 ¹⁸	Yes ¹⁹	-	-	Yes ²⁰	-	-	Yes ²¹	-	Yes ²²	-	Yes ²³	Yes ²⁴	SO ²⁵ , P ²⁶
AZ	Ariz. Rev. Stat. Ann. §§ 32-1968(H); 32-1979; 36-192; 36-2266-67	Aug 6, 2016	Apr. 26, 2018 ²⁷	-	Yes ²⁸	Yes	-	Yes ²⁹	Yes	Yes ³⁰	-	Yes ³¹	-	Yes ³²	-	SO, P ³³
AR	Ark. Code. Ann. § 20-13-1801 et. seq.; 17-92-101	July 22, 2015	April 11, 2023 ³⁴	Yes ³⁵	Yes	Yes	Yes ³⁶	Yes	Yes	Yes ³⁷	Yes	Yes ³⁸	-	Yes ³⁹	-	SO ⁴⁰ ; P ⁴¹
CA	Cal. Civ. Code § 1714.22; Cal. Bus. & Prof. Code § 4052.01	Jan. 1, 2008 ⁴²	Jan. 1, 2023 ⁴³	Yes ⁴⁴	Yes	Yes	Yes ⁴⁵	Yes	Yes	Yes ⁴⁶	Yes	Yes ⁴⁷	-	Yes ⁴⁸	-	SO, P ⁴⁹

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CO	<u>Colo. Rev. Stat. Ann. §§ 12-30-110⁵⁰; 12-280-123(3)⁵¹; 13-21-108.7 18-1-712</u>	May 10, 2013	May 25, 2023 ⁵²	Yes ⁵³	Yes	Yes ⁵⁴	Yes ⁵⁵	Yes	Yes	Yes ⁵⁶	Yes	Yes ⁵⁷	-	Yes ⁵⁸	Yes ⁵⁹	SO ⁶⁰
CT	<u>Conn. Gen. Stat. Ann. §§ 17a-714a; §§. d; § 21a-286(b)</u>	Oct. 1, 2003	July 1, 2022 ⁶¹	Yes ⁶²	Yes	Yes	Yes ⁶³	Yes	Yes	Yes ⁶⁴	Yes	Yes ⁶⁵	-	Yes ⁶⁶	Yes ⁶⁷	SO ⁶⁸
DC	<u>D.C. Code § 7-403(a), (f); D.C. Code § 7-404</u>	Mar. 9, 2013	March 16, 2021 ⁶⁹	Yes ⁷⁰	Yes	-	Yes ⁷¹	Yes	-	Yes ⁷²	Yes	Yes ⁷³	Yes ⁷⁴	Yes ⁷⁵	_.76	SO, P ⁷⁷
DE	<u>Del. Code Ann. tit. 16, §§ 138; 3002G-3006G</u>	June 25, 2014 ⁷⁸	Nov. 2, 2022 ⁷⁹	Yes ⁸⁰	Yes ⁸¹	Yes ⁸²	Yes ⁸³	Yes ⁸⁴	Yes ⁸⁵	Yes ⁸⁶	-	Yes ⁸⁷	-	Yes ⁸⁸	-	SO ⁸⁹
FL	<u>Fla. Stat. Ann. § 381.887; Fla. Stat. § 768.13</u>	June 10, 2015	July 1, 2023 ⁹⁰	Yes ⁹¹	Yes	Yes	Yes ⁹²	Yes	Yes	Yes ⁹³	_.94	-	_.95	Yes ⁹⁶	-	SO ⁹⁷
GA	<u>Ga. Code Ann. §§ 26-4-116.2; 31-1-10</u>	April 24, 2014	July 1, 2017 ⁹⁸	Yes ⁹⁹	Yes	Yes	Yes ¹⁰⁰	Yes	Yes	Yes ¹⁰¹	Yes	Yes* ¹⁰²	-	Yes ¹⁰³	-	SO ¹⁰⁴

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HI	<u>Haw. Rev. Stat. §§ 329E-1 et seq.; 461-11.8</u>	June 16, 2016	July 5, 2019 ¹⁰⁵	Yes ¹⁰⁶	Yes	Yes	Yes ¹⁰⁷	Yes	Yes	Yes ¹⁰⁸	Yes	Yes ¹⁰⁹	Yes ¹¹⁰	Yes ¹¹¹	Yes ¹¹²	SO ¹¹³
IA	<u>Iowa Code Ann. §§ 147A.18; 135.190; 155A.46</u>	April 6, 2016	July 1, 2023 ¹¹⁴	Yes ¹¹⁵	-	-	-	-	-	Yes ¹¹⁶	-	Yes ¹¹⁷	Yes ¹¹⁸	Yes ¹¹⁹	-	SO, ¹²⁰ CPA ¹²¹ , p ¹²²
ID	<u>Idaho Code Ann. § 54-1733B</u>	July 1, 2015	July 1, 2022 ¹²³	Yes ¹²⁴	Yes	Yes	Yes ¹²⁵	Yes	Yes	Yes ¹²⁶	Yes	Yes* ¹²⁷	-	Yes ¹²⁸	Yes ¹²⁹	- ¹³⁰
IL	<u>745 Ill. Comp. Stat. Ann. § 49/36, § 301/5-23; § 85/19.1</u>	Jan. 1, 2010	Jan. 1, 2023 ¹³¹	-	Yes ¹³²	Yes	Yes ¹³³	Yes ¹³⁴	Yes	Yes ¹³⁵	Yes	Yes* ¹³⁶	-	Yes ¹³⁷	-	SO, p ¹³⁸
IN	<u>Ind. Code Ann. §§ 16-42-27-2; 3</u>	April 17, 2015	July 1, 2023 ¹³⁹	Yes ¹⁴⁰	-	-	Yes ¹⁴¹	-	-	Yes ¹⁴²	-	Yes* ¹⁴³	-	Yes ¹⁴⁴	-	SO ¹⁴⁵
KS	<u>Kan. Stat. Ann. §§ 65-16,127</u>	July 1, 2017	June 6, 2019 ¹⁴⁶	Yes ¹⁴⁷	Yes	Yes	Yes ¹⁴⁸	Yes	Yes	Yes ¹⁴⁹	Yes	-	-	Yes ¹⁵⁰	-	p ¹⁵¹
KY	<u>Ky. Rev. Stat. Ann. § 217.186; 201 Ky. Admin. Regs. 2:360</u>	June 25, 2013	July 14, 2022 ¹⁵²	-	-	Yes ¹⁵³	-	-	Yes ¹⁵⁴	Yes ¹⁵⁵	Yes	Yes ¹⁵⁶	-	Yes ¹⁵⁷	-	p ¹⁵⁸

State	Citation	First enacted	Most recent change	Prescriber Civil	Criminal	Disciplinary	Dispenser Civil	Criminal	Disciplinary	Administrator Civil	Criminal	Lay distribution	Poss. w/o Rx	3 rd party prescribing permitted	Pharmacist prescribing	Non-patient specific Rx ¹¹
LA	<u>La. Rev. Stat. Ann. § 40:978.2</u> ¹⁵⁹	Aug. 1, 2015	June 5, 2016 ¹⁶⁰	Yes ¹⁶¹	Yes	Yes	Yes ¹⁶²	Yes	Yes	Yes ¹⁶³	Yes ¹⁶⁴	Yes ¹⁶⁵	Yes ¹⁶⁶	Yes ¹⁶⁷	-	SO ¹⁶⁸
MA	<u>Mass. Gen. Laws Ann. ch. 94C, §§ 19(d); 19B; 19B1/2; 34A;</u> <u>Mass. Gen. Laws Ann. ch. 112 § 12FF</u>	Aug. 2, 2012	Aug. 9, 2018 ¹⁶⁹	Yes ¹⁷⁰	Yes	Yes	Yes ¹⁷¹	Yes	Yes	Yes ¹⁷²	Yes	-	-	Yes ¹⁷³	-	SO ¹⁷⁴
MD	<u>Md. Code Ann., Health-Gen. § 13-3101 et seq.</u>	Oct. 1, 2013	July 1, 2022 ¹⁷⁵	Yes ¹⁷⁶	- ¹⁷⁷	Yes ¹⁷⁸	Yes ¹⁷⁹	-	Yes ¹⁸⁰	Yes ¹⁸¹	-	Yes ¹⁸²	-	Yes ¹⁸³	-	SO ¹⁸⁴ , CPA ¹⁸⁵ , p ¹⁸⁶
ME	<u>Me. Rev. Stat. Ann. tit. 22, § 2353</u>	April 29, 2014	Aug 8, 2022 ¹⁸⁷	Yes ¹⁸⁸	Yes	Yes	Yes ¹⁸⁹	Yes	Yes	Yes ¹⁹⁰	Yes	Yes ¹⁹¹	-	Yes ¹⁹²	Yes ¹⁹³	SO ¹⁹⁴
MI	<u>Mich. Comp. Laws Ann. §§ 691.1503; 333.17744b; 333.17744c; 333.17744e</u>	Oct. 14, 2014	July 21, 2022 ¹⁹⁵	Yes ¹⁹⁶	-	-	Yes ¹⁹⁷	-	-	Yes ¹⁹⁸	Yes ¹⁹⁹	Yes ²⁰⁰	Yes ²⁰¹	Yes ²⁰²	-	SO ²⁰³
MN	<u>Minn. Stat. Ann. § 604A.04;</u> <u>Minn. Stat. Ann. § 151.37</u>	May 10, 2014 ²⁰⁴	August 1, 2022 ²⁰⁵	Yes ²⁰⁶	Yes	-	Yes ²⁰⁷	Yes	-	Yes ²⁰⁸	Yes	-	-	Yes ²⁰⁹	Yes ²¹⁰	SO, ²¹¹ p ²¹²

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MO	<u>Mo. Ann. Stat. §§ 195.206; 338.205</u>	Aug. 28, 2016	Aug. 28, 2022 ²¹³	Yes ²¹⁴	Yes	Yes	Yes ²¹⁵	Yes	Yes	Yes ²¹⁶	Yes	Yes ²¹⁷	Yes ²¹⁸	Yes* ²¹⁹	-	SO, P ²²⁰
MS	<u>Miss. Code Ann. § 41-29-319</u>	July 1, 2015	July 1, 2023 ²²¹	Yes ²²²	Yes	Yes	Yes ²²³	Yes	Yes	Yes ²²⁴	Yes	Yes ²²⁵	Yes ²²⁶	Yes ²²⁷	-	SO ²²⁸
MT	<u>Mont. Code Ann. 50-32-601 et. seq.</u>	May 3, 2017	Yes ²²⁹	Yes ²³⁰	Yes	Yes	Yes ²³¹	Yes	Yes ²³²	Yes ²³³	-	Yes ²³⁴	-	Yes ²³⁵	-	SO, CPA ²³⁶
NC	<u>N.C. Gen. Stat. Ann. § 90-12.7</u>	April 9, 2013	May 19, 2023 ²³⁷	Yes ²³⁸	Yes	-	Yes ²³⁹	Yes	-	Yes ²⁴⁰	Yes	Yes ²⁴¹	-	Yes ²⁴²	-	SO ²⁴³
ND	<u>N.D. Cent. Code Ann. § 23-01-42; N.D. Admin. Code 61-04-12-02</u>	Aug. 1, 2015	May 1, 2023 ²⁴⁴	Yes ²⁴⁵	Yes	Yes	Yes ²⁴⁶	Yes	Yes	Yes ²⁴⁷	Yes	Yes ²⁴⁸	Yes ²⁴⁹	Yes ²⁵⁰	Yes ²⁵¹	SO ²⁵²
NE	<u>Neb. Rev. Stat. Ann. § 28-470</u>	May 28, 2015	July 19, 2018 ²⁵³	-	Yes ²⁵⁴	Yes	-	Yes ²⁵⁵	Yes	Yes ²⁵⁶	Yes ²⁵⁷	-	-	Yes ²⁵⁸	-	Yes ²⁵⁹
NH	<u>N.H. Rev. Stat. Ann. § 318-B:15(IV)</u>	June 2, 2015	-	Yes ²⁶⁰	Yes	Yes	Yes ²⁶¹	Yes	Yes	Yes ²⁶²	Yes	Yes ²⁶³	-	Yes ²⁶⁴	-	SO ²⁶⁵
NJ	<u>N.J. Stat. Ann. § 24:6J-4</u>	July 1, 2013	Aug. 31, 2021 ²⁶⁶	Yes ²⁶⁷	Yes	Yes	Yes ²⁶⁸	Yes	Yes	Yes ²⁶⁹	Yes	Yes ²⁷⁰	Yes ²⁷¹	Yes ²⁷²	-	SO ²⁷³

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NM	<u>N.M. Stat. Ann. § 24-23-1</u> ; N.M. Code R. 16.19.26.12	Apr. 3, 2001	May 31, 2021 ²⁷⁴	-	-	-	Yes ²⁷⁵	Yes	Yes	Yes ²⁷⁶	Yes	Yes ²⁷⁷	Yes ²⁷⁸	Yes ²⁷⁹	Yes ²⁸⁰	SO ²⁸¹
NV	<u>Nev. Rev. Stat. Ann. § 453c.100 et seq.</u>	Oct. 1, 2015	July 1, 2021 ²⁸²	Yes ²⁸³	Yes	Yes	Yes ²⁸⁴	Yes	Yes	Yes ²⁸⁵	Yes	Yes ²⁸⁶	Yes ²⁸⁷	Yes ²⁸⁸	-	SO ²⁸⁹ , p ²⁹⁰
NY	<u>N.Y. Pub. Health Law § 3309</u>	Apr. 1, 2006	Apr. 22, 2023 ²⁹¹	Yes ²⁹²	Yes	Yes	Yes ²⁹³	Yes	Yes	Yes ²⁹⁴	Yes ²⁹⁵	Yes ²⁹⁶	-	Yes ²⁹⁷	-	SO ²⁹⁸
OH	Ohio Rev. Code § 3715.50 et seq.	March 11, 2014	Apr. 6, 2023 ²⁹⁹	Yes ³⁰⁰	Yes	Yes	Yes ³⁰¹	Yes	Yes	Yes ³⁰²	Yes	Yes ³⁰³	Yes ³⁰⁴	Yes ³⁰⁵	-	p ³⁰⁶
OK	<u>Okla. Stat. Ann. tit. 63, § 1-2506.2</u> ; Ok. Stat. Ann. tit. 63 § 2-312.2	Nov. 1, 2013	Nov. 1, 2018 ³⁰⁷	- ³⁰⁸	-	-	-	-	-	- ³⁰⁹	-	-	-	Yes ³¹⁰	Yes ³¹¹	-
OR	<u>Or. Rev. Stat. Ann. §§ 689.681, 682</u>	June 6, 2013	Sept. 29, 2019 ³¹²	-	-	-	Yes ³¹³	-	-	Yes ³¹⁴	-	Yes ³¹⁵	-	Yes ³¹⁶	Yes ³¹⁷	Other ³¹⁸
PA	<u>35 Pa. Stat. and Cons. Stat. Ann. § 780-113.8</u>	Dec. 1, 2014	Jan. 3, 2023 ³¹⁹	Yes ³²⁰	Yes	Yes	Yes ³²¹	Yes	Yes	Yes ³²²	Yes	Yes ³²³	-	Yes ³²⁴	-	SO ³²⁵

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RI	<u>R.I. Gen. Laws § 21-28.9-3; 216 R.I. Code Reg. 20-20-5</u>	June 18, 2012 ³²⁶	July 26, 2022 ³²⁷	-	-	Yes ³²⁸	-	-	Yes ³²⁹	Yes ³³⁰	Yes	_ ³³¹	Yes ³³²	Yes ³³³	-	_ ³³⁴
SC	<u>S.C. Code Ann. §§ 44-130-10 et. seq</u>	June 3, 2015	May 23, 2022 ³³⁵	Yes ³³⁶	Yes	Yes	Yes ³³⁷	Yes	Yes	Yes ³³⁸	Yes	Yes ³³⁹	-	Yes ³⁴⁰	-	SO, p ³⁴¹
SD	<u>S.D. Codified Laws §§ 34-20a-98 – 108</u>	July 1, 2016	July 1, 2023 ³⁴²	Yes ³⁴³	Yes	Yes ³⁴⁴	Yes ³⁴⁵	Yes	Yes ³⁴⁶	_ ³⁴⁷	-	Yes ³⁴⁸	-	Yes ³⁴⁹	-	SO ³⁵⁰
TN	<u>Tenn. Code Ann. §§ 63-1-15263-1-157</u>	July 1, 2014	July 1, 2022 ³⁵¹	Yes ³⁵²	-	Yes ³⁵³	Yes ³⁵⁴	-	Yes ³⁵⁵	Yes ³⁵⁶	-	Yes ³⁵⁷	Yes ³⁵⁸	Yes ³⁵⁹	-	SO, CPA ³⁶⁰
TX	<u>Tex. Health & Safety Code Ann. § 483.101 et. seq.</u>	Sept. 1, 2015	-	Yes ³⁶¹	Yes	Yes	Yes ³⁶²	Yes	Yes	Yes ³⁶³	Yes	Yes ³⁶⁴	Yes ³⁶⁵	Yes ³⁶⁶	-	SO ³⁶⁷
UT	<u>Utah Code Ann. § 26B-4-508—514.</u>	May 13, 2014	May 3, 2023 ³⁶⁸	Yes ³⁶⁹	-	-	_ ³⁷⁰	-	-	Yes ³⁷¹	-	Yes ³⁷²	-	Yes ³⁷³	-	SO ³⁷⁴
VA	<u>VA Code Ann. §§ 8.01-225(A)(21); 54.1-3408(X-Z)</u>	July 1, 2013	July 1, 2023 ³⁷⁵	Yes ³⁷⁶	-	-	Yes ³⁷⁷	-	-	Yes ³⁷⁸	Yes ³⁷⁹	Yes ³⁸⁰	-	Yes ³⁸¹	-	SO ³⁸²

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VT	Vt. Stat. Ann. tit. 18, § 4240 ; Vt. Stat. Ann. tit. 26, § 2080 ; Vt. Stat. Ann. Tit. 26 § 2023	July 1, 2013	May 25, 2023 ³⁸³	Yes ³⁸⁴	Yes	-	Yes ³⁸⁵	Yes	-	Yes ³⁸⁶	Yes	Yes ³⁸⁷	-	Yes ³⁸⁸	Yes ³⁸⁹	SO ³⁹⁰ , P ³⁹¹
WA	Wash. Rev. Code Ann. § 69.41.095 ³⁹²	June 10, 2010	July 28, 2019 ³⁹³	Yes ³⁹⁴	Yes	Yes	Yes ³⁹⁵	Yes	Yes	Yes ³⁹⁶	Yes	Yes ³⁹⁷	-	Yes ³⁹⁸	-	CPA, SO, P ³⁹⁹
WI	Wis. Stat. Ann. § 441.18 ; § 448.037 ; § 450.11(1i) ; § 448.9727	April 19, 2014	January 1, 2023 ⁴⁰⁰	Yes ⁴⁰¹	Yes	Yes	Yes ⁴⁰²	Yes	Yes	Yes ⁴⁰³	Yes	Yes ⁴⁰⁴	Yes ⁴⁰⁵	Yes ⁴⁰⁶	-	SO ⁴⁰⁷
WV	W. Va. Code. Ann. § 16-46-1 et. seq.	May 27, 2015	Mar. 6, 2020 ⁴⁰⁸	Yes ⁴⁰⁹	Yes	-	Yes ⁴¹⁰	Yes	-	Yes ⁴¹¹	Yes	Yes ⁴¹²	Yes ⁴¹³	Yes ⁴¹⁴	-	SO ⁴¹⁵ , P ⁴¹⁶
WY	Wy. Stat. 35-4-901 et. seq.	July 1, 2017	February 21, 2023 ⁴¹⁷	Yes ⁴¹⁸	Yes	Yes ⁴¹⁹	-	-	-	Yes ⁴²⁰	Yes	-	-	Yes ⁴²¹	Yes ⁴²²	SO ⁴²³
Total				43	38	36	43	38	36	48	38	39	16	51	13	47

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SUPPORTERS

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- ¹ National Center for Health Statistics, *Vital Statistics Rapid Release: Provisional Drug Overdose Death Counts (2023)*, available at <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.
- ² Press Release, Centers for Disease Control and Prevention (CDC), U.S. Overdose Deaths in 2021 Increased Half as Much as in 2020 – But Are Still Up 15% (May 11, 2022), https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm (“The new data show overdose deaths involving opioids increased from an estimated 70,029 in 2020 to 80,816 in 2021.”)
- ³ Opioid overdose is caused by excessive depression of the respiratory and central nervous systems. Naloxone, a κ - and δ , and μ -opioid receptor competitive antagonist, works by displacing opioids from these receptors, thereby reversing their depressant effect. See J. M. Chamberlain & B. L. Klein, *A comprehensive review of naloxone for the emergency physician*, 12 AM J EMERG MED 6, 650-60, (1994).
- ⁴ Christine L. Mattson et al., *Opportunities to Prevent Overdose Deaths Involving Prescription and Illicit Opioids, 11 States, July 2016 – June 2017*, 67 MORB. MORTAL WK'LY REP. 34, 945-951 (2018).
- ⁵ See 21 U.S.C. § 801, 21 CFR § 1308.
- ⁶ Eliza Wheeler, et al., *Opioid Overdose Prevention Programs Providing Naloxone to Laypersons - United States, 2014*, 64 MORB. MORTAL WK'LY REP. 23, 631-635 (2015); Maya Doe-Simkins, et al., *Overdose rescues by trained and untrained participants and change in opioid use among substance-using participants in overdose education and naloxone distribution programs: a retrospective cohort study*, 14 BMC PUBLIC HEALTH 297 (2014).
- ⁷ For further background on these laws, please see Corey S. Davis & Derek Carr, *Legal changes to increase access to naloxone for opioid overdose reversal in the United States*. DRUG & ALCOHOL DEPEND. 157, 112-120 (2015).
- ⁸ These tables are limited to laws that increase access to naloxone among non-professional responders, and so may not capture states that have expanded access only to professional responders such as police, firefighters, and EMS personnel.

- ⁹ FDA News Release, U.S. Food & Drug Administration, *FDA Approves First Over-the-Counter Naloxone Nasal Spray* (March 29, 2023), https://www.fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray?utm_medium=email&utm_source=govdelivery. FDA News Release, U.S. Food & Drug Administration, *FDA Approves Second Over-the-Counter Naloxone Nasal Spray Product* (July 28, 2023), <https://www.fda.gov/news-events/press-announcements/fda-approves-second-over-counter-naloxone-nasal-spray-product>.
- ¹⁰ Corey S. Davis & Derek Carr, *Over the counter naloxone needed to save lives in the United States*, 130 PREVENTATIVE MEDICINE 105932 (2020).
- ¹¹ In this column, “SO” means “standing order,” “P” means “protocol,” and “CPA” means collaborative practice agreement. For more detailed on these types of mechanisms, please see NETWORK FOR PUBLIC HEALTH LAW, *Characteristics of statewide naloxone distribution mechanisms*, <https://www.networkforphl.org/wp-content/uploads/2020/08/50-State-Survey-Characteristics-of-Statewide-Naloxone-Distribution-Mechanisms.pdf>.
- ¹² Law was amended effective May 10, 2016, to permit nurses employed by the state health department or county health departments to dispense opioid antagonists under the law and to provide them with immunity. Also added “member of a fire department, rescue squad, volunteer fire department personnel” to the list of people who can receive naloxone under the law. Finally, provides immunity to “the State Health Officer or any county health officer who issues standing orders or other requirements” pursuant to the law.
- ¹³ Civil and criminal immunity applies to a physician or dentist who prescribes an opioid antagonist as permitted by the law and “who has no managerial authority over the individuals administering the opioid antagonist.” Ala. Code § 20-2-280(e)(1).
- ¹⁴ Civil and criminal immunity applies to a pharmacist or “registered nurse in the employment of the State Health Department or a county health department” who dispenses an opioid antagonist as permitted by the law. Ala. Code § 20-2-280(e)(3).
- ¹⁵ Immunity is provided only where the individual received an opioid antagonist that was prescribed as permitted by the law. Ala. Code §§ 20-2-280(e)(2); (d).
- ¹⁶ May be prescribed and dispensed to “[a] family member, friend, member of a fire department, rescue squad, volunteer fire department personnel, or other individual, including law enforcement, in a position to assist an individual at risk of experiencing an opiate-related overdose.” Ala. Code §§ 20-2-280(b)(2); (c)(2).
- ¹⁷ Ala. Code § 20-2-280(b). Alabama’s current standing order can be found at <https://www.alabamapublichealth.gov/pharmacy/assets/naloxonestandingorder.pdf> (last visited July 1, 2023).
- ¹⁸ Alaska Stat. § 17.20.085(c) was amended June 30, 2021 to remove a previously existing requirement that a standing order expire on or before June 30, 2021. Alaska Stat. § 08.80.168(b) was amended September 28, 2022 to allow prescribing and administering by a pharmacist.
- ¹⁹ Immunity applies only where the prescriber is a health care provider and “each person to whom the opioid overdose drug is prescribed or provided has been educated and trained in the proper emergency use and administration of the opioid overdose drug by the health care provider or the opioid overdose program; education and training under this paragraph may be provided by any reasonable means, including through the use of electronic, video, or automated education or training resources.” Alaska Stat. § 09.65.340(a). Does not provide immunity for damages “that are the result of gross negligence or intentional misconduct.” Alaska Stat. § 09.65.340(c).
- ²⁰ Only applies where the person providing the opioid overdose reversal drug is an employee or volunteer of an opioid overdose program and “each person to whom the opioid overdose drug is prescribed or provided has been educated and trained in the proper emergency use and administration of the opioid overdose drug by the health care provider or the opioid overdose program; education and training under this paragraph may be provided by any reasonable means, including through the use of electronic, video, or automated education or training resources.” Alaska Stat. Ann. § 09.65.340(a). Does not provide immunity for damages “that are the result of gross negligence or intentional misconduct.” Alaska Stat. § 09.65.340(c).
- ²¹ Must “reasonably believe” another person is experiencing an opioid overdose emergency. Alaska Stat. § 09.65.340(b). Does not provide immunity for damages “that are the result of gross negligence or intentional misconduct.” Alaska Stat. § 09.65.340(c).
- ²² Lay distribution is permitted only by “an employee or volunteer of an opioid overdose program, if acting under a standing order or protocol under” the law. Alaska Stat. § 17.20.085(b).
- ²³ May be dispensed to “a family member, friend, caregiver, or other person in a position to administer an opioid overdose drug to a person at risk of experiencing an opioid overdose.” Alaska Stat. § 17.20.085(a).
- ²⁴ Effective September 28, 2022, “A pharmacist may independently prescribe and administer an opioid overdose drug if the pharmacist has completed an opioid overdose drug training program approved by the board and otherwise complies with the standards established by the board under AS 08.80.030(b).” Alaska Stat. § 08.80.168(b). Law previously only permitted pharmacists to “dispense” such medications.
- ²⁵ The law permits both “a health care provider authorized to prescribe an opioid overdose drug” and the “chief medical officer of the department” to issue standing orders for naloxone. Alaska Stat. § 17.20.085(c). Alaska’s current standing order can be found at http://dhss.alaska.gov/dph/Director/Documents/opioids/StandingOrder_September30.pdf (last visited July 1, 2023).
- ²⁶ The law permits a “health care provider authorized to prescribe an opioid overdose drug” to issue standing orders or protocols for naloxone. Alaska Stat. § 17.20.085(a).

- 27 Effective April 26, 2018, “a county health department may provide to a person who is at risk of experiencing or who is experiencing an opioid-related overdose a kit that contains naloxone hydrochloride or any other opioid antagonist that is approved by the United States food and drug administration for the treatment of a drug overdose.” Ariz. Rev. Stat. § 36-192. Prior to August 10, 2017, a prescriber was permitted to require the person receiving naloxone to “provide in writing a factual basis for a reasonable conclusion that the person or entity meets the description” of a person or entity who can receive naloxone under the statute. Ariz. Rev. Stat. § 36-2266(D) (repealed eff. Aug. 10, 2017).
- 28 “Except in cases of gross negligence, wilful misconduct or intentional wrongdoing, a physician, nurse practitioner or other health professional who in good faith prescribes or dispenses an opioid antagonist pursuant to subsection A of this section is immune from professional liability and criminal prosecution for any decision made, act or omission or injury that results from that act if the physician, nurse practitioner or other health professional acts with reasonable care and in good faith.” Ariz. Rev. Stat. § 36-2266(C).
- 29 “A pharmacist who dispenses an opioid antagonist pursuant to this section is immune from professional liability and criminal prosecution for any decision made, act or omission or injury that results from that act if the pharmacist acts with reasonable care and in good faith, except in cases of wanton or wilful neglect.” Ariz. Rev. Stat. § 32-1979(D).
- 30 “A person who in good faith and without compensation administers an opioid antagonist to a person who is experiencing an opioid-related overdose is not liable for any civil or other damages as the result of any act or omission by the person rendering the care or as the result of any act or failure to act to arrange for further medical treatment or care for the person experiencing the overdose, unless the person while rendering the care acts with gross negligence, wilful misconduct or intentional wrongdoing.” Ariz. Rev. Stat. § 36-2267(B).
- 31 State law permits naloxone to be prescribed to “a community organization that provides services to persons who are at risk of an opioid-related overdose” but does not permit those organizations to further distribute the medication. Ariz. Rev. Stat. § 36-2266(A). County health departments “may provide to a person who is at risk of experiencing or who is experiencing an opioid-related overdose a kit that contains naloxone hydrochloride or any other opioid antagonist that is approved by the United States food and drug administration for the treatment of a drug overdose.” Ariz. Rev. Stat. § 36-192.
- 32 “[A] person who is at risk of experiencing an opioid-related overdose, to a family member of that person, to a community organization that provides services to persons who are at risk of an opioid-related overdose or to any other person who is in a position to assist a person who is at risk of experiencing an opioid-related overdose.” Ariz. Rev. Stat. § 36-2266(A).
- 33 Ariz. Rev. Stat. § 36-2266 authorized the issuance of standing orders effective August 6, 2016. Effective Aug. 9, 2017, a separate section was enacted that explicitly permits pharmacists to dispense naloxone under such orders: “[a] pharmacist may dispense naloxone hydrochloride or any other opioid antagonist that is approved by the United States food and drug administration on the receipt of a standing order and according to protocols adopted by the board pursuant to § 32-1979. For the purposes of this subsection, “standing order” means a signed prescription order that authorizes the pharmacist to dispense naloxone hydrochloride or any other opioid antagonist for emergency purposes and that is issued by a medical practitioner licensed in this state or a state or county health officer who is a medical practitioner licensed in this state.” Ariz. Rev. Stat. § 36-1968(H). Further, a pharmacist may dispense naloxone “pursuant to a standing order issued pursuant to § 36-2266 and according to protocols adopted by the board.” Ariz. Rev. Stat. § 32-1979. From Aug. 6, 2016 to Aug. 8, 2017, language read “may dispense without a prescription, according to protocols adopted by the board.” It is not clear whether either of the pharmacy provisions were actually required. The current standing order can be found at <https://www.azdhs.gov/opioid/documents/naloxone-standing-order.pdf?v=20210915> (last visited July 1, 2023).
- 34 Law was modified effective Aug. 1, 2017, to permit naloxone to be prescribed and dispensed to “an employee of the State Crime Laboratory.” Ark. Code. § 20-13-1804(a)(7). Ark. Code § 7-92-101 was amended July 28, 2021, resulting in a renumbering of 7-92-101(g), but the amendments made no substantive changes. Effective April 11, 2023, the law was modified to add more categories of people who can be prescribed, dispensed, or supplied opioid antagonists, and to explicitly allow for secondary distribution. Ark. Code. § 20-13-1804.
- 35 A healthcare professional who prescribes an opioid antagonist is immune from civil liability, criminal liability, or professional sanctions for administering, prescribing, dispensing, or supplying an opioid antagonist. Ark. Code. § 20-13-1804(e)(1).
- 36 “The following individuals are immune from civil liability, criminal liability, or professional sanctions for administering, prescribing, dispensing, or supplying an opioid antagonist under this section...a healthcare professional or pharmacist who acts in good faith and in compliance with the standard of care that dispenses or supplies an opioid antagonist.” Ark. Code. § 20-13-1604(e)(2).
- 37 “The following individuals are immune from civil liability, criminal liability, or professional sanctions for administering, prescribing, dispensing, or supplying an opioid antagonist under this section...a person other than a healthcare professional who administers an opioid antagonist...or who is supplied with an opioid antagonist.” Ark. Code. § 20-13-1804(e)(3).
- 38 “Notwithstanding any other law, an individual that has been prescribed, dispensed, or supplied with an opioid antagonist under subsection (a) of this section: (1) Shall follow manufacturer instructions for storage, replacement, and disposal of the opioid antagonist; and (2) May provide the opioid antagonist, directly or indirectly, and at no cost, to a person described in subdivision (a)(1) or (2) of this section.” Ark. Code. § 20-13-1804(b).

- ³⁹ Opioid antagonist may be prescribed and dispensed to: “(1) a person at risk of experiencing an opioid-related drug overdose; (2) a family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose; (3) an individual who is employed or contracted by a public or private organization, including without limitation (A) A state, municipal, or county entity; (B) A hospital or clinic; (C) a law enforcement agency; (D) a harm reduction organization; (E) A shelter or homeless services organization; (F) An educational institution; (G) A building manager; (H) A pain management center; (4) an emergency medical services technician; (5) a first responder; (6) a law enforcement officer; or (7) An employee of the State Crime Laboratory.” Ark. Code. § 20-13-1804(a).
- ⁴⁰ Under state law, “[a] healthcare professional acting in good faith may directly or by standing order prescribe, dispense, and supply an opioid antagonist.” Ark. Code. § 20-13-1804(a).
- ⁴¹ “Pursuant to a statewide protocol, a pharmacist may initiate therapy and administer, or both...[n]aloxone.” Ark. Code. § 17-92-101(17)(A)(i)(g). Effective Aug 1, 2017. In practice, it appears that there is one document that is variously referred to as a protocol and a standing order: <https://www.healthy.arkansas.gov/images/uploads/pdf/AR-Naloxone-Protocol-Dr-Balamurugan.pdf> (last visited July 1, 2023).
- ⁴² Effective January 1, 2008, California permitted opioid overdose prevention and treatment training programs to dispense and distribute, pursuant to certain restrictions, opioid antagonists only in the counties of Alameda, Fresno, Humboldt, Los Angeles, Mendocino, San Francisco, and Santa Cruz. The geographical distribution was removed effective January 1, 2014.
- ⁴³ Law was modified effective January 1, 2011 to provide immunity to people not otherwise authorized to administer naloxone who do so in an emergency without fee if they’d received certain training and believed in good faith that the person to whom they administered the naloxone was experiencing an overdose. Effective Jan. 1, 2015, Cal. Bus. & Prof. Code § 4052.01 permits pharmacists to furnish naloxone “in accordance with standardized procedures or protocols developed and approved by both the board and the Medical Board of California, in consultation with the California Society of Addiction Medicine, the California Pharmacists Association, and other appropriate entities.” Bus. & Prof. Code § 4052.01 was amended effective January 1, 2023, to change “naloxone hydrochloride” to “opioid antagonist” throughout the text. Cal. Civ. Code § 1714.22 was amended effective January 1, 2022, to expand the opioid antagonist definition to opioid antagonists other than naloxone.
- ⁴⁴ “A licensed health care provider who acts with reasonable care shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for issuing a prescription.” Cal. Civ. Code § 1714.22(e).
- ⁴⁵ “A person who possesses or distributes an opioid antagonist pursuant to a prescription or standing order shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this possession or distribution.” Cal. Civ. Code § 1714.22(f).
- ⁴⁶ “Notwithstanding any other law, a person not otherwise licensed to administer an opioid antagonist, but trained as required under paragraph (1) of subdivision (d), who acts with reasonable care in administering an opioid antagonist, in good faith and not for compensation, to a person who is experiencing or is suspected of experiencing an overdose shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this administration.” Cal. Civ. Code § 1714.22(f).
- ⁴⁷ “[n]otwithstanding any other law, a person who possesses or distributes an opioid antagonist pursuant to a prescription or standing order shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this possession or distribution.” Cal. Civ. Code § 1714.22(f).
- ⁴⁸ A licensed healthcare provider may prescribe, dispense, distribute, or administer to “a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose.” Cal. Civ. Code § 1714.22(b)-(c). Pharmacies are permitted to furnish naloxone to school districts and law enforcement if certain conditions are met. Cal. Bus. & Prof. Code §§ 4119.8-9.
- ⁴⁹ Standing orders permitted as of January 1, 2014, available at <https://www.cdph.ca.gov/Programs/CCDPHP/sapb/Pages/Naloxone-Standing-Order.aspx>. Cal. Civ. Code § 1714.22(c)(2). Effective Jan. 1, 2015, pharmacists may furnish naloxone “in accordance with standardized procedures or protocols developed and approved by both the board and the Medical Board of California, in consultation with the California Society of Addiction Medicine, the California Pharmacists Association, and other appropriate entities,” available at https://www.pharmacy.ca.gov/publications/naloxone_protocol.pdf. Cal. Bus. & Prof. Code § 4052.01(a).
- ⁵⁰ Formerly located at § 12-36-117.7, relocated to Colo. Rev. Stat. §§ 12-30-110 and 12-240-124 by Laws 2019, Ch. 136, § 1.
- ⁵¹ Formerly located at 12-42.5-120, relocated to Colo. Rev. Stat. § 12-280-123 by Laws 2019, Ch. 136, § 1.
- ⁵² The relevant laws were modified several times over the years; we have not attempted to list all the changes here. Colo. Rev. Stat. § 12-30-110 and 13-21-108.7 were most recently modified effective May 25, 2023 to add certified midwives to the list of permissible prescribers. On July 1, 2022 the law was modified to expand the list of individuals who can be prescribed an opioid antagonist. Colo. Rev. Stat. § 12-280-123(3) was amended September 1, 2021 to allow pharmacists to prescribe opioid antagonists.
- ⁵³ A prescriber who prescribes or dispenses an opioid antagonist is not subject to civil or criminal prosecution. Colo. Rev. Stat. § 12-30-110(4)(a). “Prescriber” includes physicians, physician assistants, advanced practice registered nurses, certified midwives with prescriptive authority, and pharmacists. Colo. Rev. Stat. § 12-30-110(h).
- ⁵⁴ “A prescriber described in subsection (7)(h) does not engage in unprofessional conduct or is not subject to discipline pursuant to section 12-240-121, 12-255-120 or 12-280-126, as applicable, if the prescriber issues standing orders and protocols regarding opiate antagonists or prescribes or dispenses, pursuant to an order or standing orders and protocols, an opiate antagonist.” Colo. Rev. Stat. § 12-30-110(3).
- ⁵⁵ A prescriber who prescribes or dispenses an opioid antagonist is not subject to civil or criminal prosecution. Colo. Rev. Stat. § 12-30-110(4)(a).

- ⁵⁶ “A person or entity described in subsection (1)(a) of this section or a mental health professional acting in accordance with this section is not subject to civil liability or criminal prosecution, as specified in sections 13-21-108.7(3) and 18-1-712(2), respectively.” Colo. Rev. Stat. § 12-30-110(4)(b). Section (1)(a) of section 12-30-110 includes an individual at risk of experiencing an opiate-related drug overdose event; a family member, friend, or other person in a position to assist an individual at risk of experiencing an opiate-related drug overdose event; an employee or volunteer of a harm reduction organization; a law enforcement agency or first responder; a school district, school, or employee or agent of a school; a person described in section 25-20.5-1001; a unit of local government; an institution of higher education or an employee or agent of the institution of higher education; a library or an employee or agent of the library; a community service organization or an employee or agent of the community service organization; a religious organization or an employee or agent of the religious organization; a local jail or an employee or agent of the local jail; a multijurisdictional jail or an employee or agent of the multijurisdictional jail; a municipal jail or an employee or agent of the municipal jail; a correctional facility or an employee or agent of the correctional facility; a private contract prison or an employee or agent of the private contract prison; a community corrections program or an employee or agent of the community corrections program; a pretrial services program or an employee or agent of the pretrial services program; a probation department or an employee or agent of the probation department; a local public health agency or an employee or agent of the local public health agency; or a mental health professional. “A person, other than a health care provider or a health care facility, who acts in good faith to furnish or administer an opiate antagonist, including an expired opiate antagonist, to an individual the person believes to be suffering an opiate-related drug overdose event or to an individual who is in a position to assist the individual at risk of experiencing an opiate-related overdose event is immune from criminal prosecution for the act or for any act or omission made if the opiate antagonist is stolen.” Colo. Rev. Stat. § 18-1-712(2)(a).
- ⁵⁷ “A person or entity described in subsection (1)(a) of this section may, pursuant to an order or standing orders and protocols...[f]urnish an opiate antagonist to a family member, friend, or other person who is in a position to assist an individual who is at risk of experiencing an opiate-related drug overdose event.” Colo. Rev. Stat. § 12-30-110(1)(b)(II).
- ⁵⁸ May prescribe or dispense to anyone listed in Colo. Rev. Stat. § 12-30-110(1)(a). Section (1)(a) of section 12-30-110 includes an individual at risk of experiencing an opiate-related drug overdose event; a family member, friend, or other person in a position to assist an individual at risk of experiencing an opiate-related drug overdose event; an employee or volunteer of a harm reduction organization; a law enforcement agency or first responder; a school district, school, or employee or agent of a school; a person described in section 25-20.5-1001; a unit of local government; an institution of higher education or an employee or agent of the institution of higher education; a library or an employee or agent of the library; a community service organization or an employee or agent of the community service organization; a religious organization or an employee or agent of the religious organization; a local jail or an employee or agent of the local jail; a multijurisdictional jail or an employee or agent of the multijurisdictional jail; a municipal jail or an employee or agent of the municipal jail; a correctional facility or an employee or agent of the correctional facility; a private contract prison or an employee or agent of the private contract prison; a community corrections program or an employee or agent of the community corrections program; a pretrial services program or an employee or agent of the pretrial services program; a probation department or an employee or agent of the probation department; a local public health agency or an employee or agent of the local public health agency; or a mental health professional.
- ⁵⁹ Colo. Rev. Stat. Ann. §12-280-123(3) was amended in 2021 to allow pharmacists to prescribe opioid antagonists.
- ⁶⁰ Standing orders permitted effective April 3, 2015. “A prescriber may prescribe or dispense, directly or in accordance with standing orders and protocols, and a pharmacist may dispense, pursuant to an order or standing orders and protocols, an opiate antagonist.” The current order is available at <https://cdphe.colorado.gov/prevention-and-wellness/injury-prevention/overdose-prevention/naloxone-standing-orders>. Colo. Rev. Stat. § 12-30-110(1)(a). A map of pharmacies that dispense pursuant to the standing order is available at <http://stoptheclockcolorado.org/map/>.
- ⁶¹ Effective October 1, 2017, pharmacists are permitted to dispense under a “medical protocol standing order.” Conn. Gen. Stat. § 20-633d. Effective July 1, 2022, Conn. Gen. Stat. § 21a-286 was amended to add local or regional boards of education to the list of organizations permitted to enter into agreements with prescribers or pharmacists related to administering and distributing opioid antagonists. Effective June 13, 2023, Conn. Gen. Stat. § 21a-286 was revised to enable the use of naloxone vending machines, but the changes do not affect the data in this table.
- ⁶² “A licensed health care professional who is permitted by law to prescribe an opioid antagonist may prescribe or dispense an opioid antagonist to any individual to treat or prevent a drug overdose without being liable for damages in a civil action or subject to criminal prosecution for prescribing or dispensing such opioid antagonist or for any subsequent use of such opioid antagonist.” Conn. Gen. Stat. § 17a-714a(b).
- ⁶³ “A licensed health care professional who is permitted by law to prescribe an opioid antagonist may prescribe or dispense an opioid antagonist to any individual to treat or prevent a drug overdose without being liable for damages in a civil action or subject to criminal prosecution for prescribing or dispensing such opioid antagonist or for any subsequent use of such opioid antagonist.” Conn. Gen. Stat. § 17a-714a(b).
- ⁶⁴ “A licensed health care professional may administer an opioid antagonist to any person to treat or prevent an opioid-related drug overdose...shall not be liable for damages in a civil action or subject to criminal prosecution for administration of such opioid antagonist.” Conn. Gen. Stat. § 17a-714a(c). “Any person who in good faith believes that another person is experiencing an opioid-related drug overdose may, if acting with reasonable care, administer an opioid antagonist to such other person. Any person, other

than a licensed health care professional acting in the ordinary course of such person's employment, who administers an opioid antagonist in accordance with this subsection shall not be liable for damages in a civil action or subject to criminal prosecution with respect to the administration of such opioid antagonist." Conn. Gen. Stat. § 17a-714a(d)

⁶⁵ "A prescribing practitioner or a pharmacist certified to prescribe naloxone pursuant to section 20-633c may enter into an agreement with a law enforcement agency, emergency medical service provider, government agency, community health organization, or local or regional board of education related to the distribution and administration of an opioid antagonist for the reversal of an opioid overdose. The prescribing practitioner or pharmacist shall provide training to persons who will distribute or administer the opioid antagonist pursuant to the terms of the agreement. Persons other than the prescribing practitioner or pharmacist shall receive training in the distribution or administration of opioid antagonists prior to distributing or administering an opioid antagonist. The agreement shall address the storage, handling, labeling, recalls and recordkeeping of opioid antagonists by the law enforcement agency, emergency medical service provider, government agency or community health organization, or local or regional board of education which is party to the agreement." Conn. Gen. Stat. § 21a-286(b).

⁶⁶ "A licensed health care professional who is permitted by law to prescribe an opioid antagonist may prescribe or dispense an opioid antagonist to any individual." Conn. Gen. Stat. Ann. § 17a-714a(b).

⁶⁷ A person who is licensed and certified as a pharmacist "may prescribe, in good faith, an opioid antagonist. Such pharmacist shall (1) provide appropriate training regarding the administration of such opioid antagonist and (2) maintain a record of such dispensing and the training required." Conn. Gen. Stat. § 20-633c(a), effective June 30, 2015. A list of pharmacists authorized to prescribe naloxone is available at <https://portal.ct.gov/DCP/Drug-Control-Division/Drug-Control/Naloxone-Pharmacies>.

⁶⁸ Connecticut does not maintain a statewide standing order, but practitioners and pharmacists may enter into a "medical protocol standing order," which may be only for naloxone "administered by an intranasal application delivery system or an auto-injection delivery system," and the dispensing pharmacist must have "been trained and certified as part of a program approved by the Commissioner of Consumer Protection." Conn. Gen. Stat. § 20-633d, effective Oct. 1, 2017. However, pharmacists who are permitted to prescribe naloxone may do so outside of a pharmacy per protocol that includes syringe and vial, available at <https://portal.ct.gov/DCP/Drug-Control-Division/Drug-Control/Opioid-Overdose-Information-for-Pharmacists>.

⁶⁹ D.C. Code § 7-403, effective March 9, 2013, was modified effective March 16, 2021, to add protection for individuals who administer an opioid antagonist or to whom an opioid antagonist is administered. D.C. Code § 7-404 was initially effective on February 18, 2017, and was last modified effective April 11, 2019.

⁷⁰ "A health care professional or an employee or volunteer of a community-based organization who prescribes, dispenses, or distributes an opioid antagonist in accordance with this section shall be immune from civil or criminal liability for the subsequent use of the opioid antagonist." D.C. Code § 7-404(f)(1). However, immunity is not to be granted if "the health care professional's actions or the actions of the employee or volunteer of a community-based organization with regard to prescribing, dispensing, or distributing the opioid antagonist constitute recklessness, gross negligence, or intentional misconduct." D.C. Code § 7-404(f)(1).

⁷¹ "A health care professional or an employee or volunteer of a community-based organization who prescribes, dispenses, or distributes an opioid antagonist in accordance with this section shall be immune from civil or criminal liability for the subsequent use of the opioid antagonist." D.C. Code § 7-404(f)(1). However, immunity is not to be granted if "the health care professional's actions or the actions of the employee or volunteer of a community-based organization with regard to prescribing, dispensing, or distributing the opioid antagonist constitute recklessness, gross negligence, or intentional misconduct." D.C. Code § 7-404(f)(1).

⁷² Immunity from civil or criminal liability shall apply whether or not the opioid antagonist is administered by or to the person for whom it was prescribed, dispensed, or distributed. D.C. Code § 7-404(f)(2). "Notwithstanding any other law, it shall not be considered a crime for a person to possess or administer an opioid antagonist, nor shall such person be subject to civil liability in the absence of gross negligence, if he or she administers the opioid antagonist: (1) in good faith to treat a person who he or she reasonably believes is experiencing an overdose; (2) outside of a hospital or medical office; and (3) without the expectation of receiving or intending to seek compensation for such service and acts." D.C. Code § 7-403(f).

⁷³ Limited to "an employee or volunteer of a community-based organization acting in good faith and in accordance with a standing order or under a health care professional's prescriptive authority." D.C. Code § 7-404(c).

⁷⁴ "Notwithstanding any other law, it shall not be considered a crime for a person to possess or administer an opioid antagonist." D.C. Code § 7-403(f).

⁷⁵ "A health care professional acting in good faith may directly or by standing order prescribe, dispense, and distribute an opioid antagonist to the following persons: (2) a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose; or (3) an employee or volunteer of a community-based organization." D.C. Code § 7-404(b). "An employee or volunteer of a community-based organization acting in good faith and in accordance with a standing order or under a health care professional's prescriptive authority may dispense and distribute an opioid antagonist to the following persons: (1) a person at risk of experiencing an opioid-related overdose; or (2) a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose." D.C. Code § 7-404(c).

⁷⁶ It appears that pharmacists were permitted to prescribe naloxone from February 8, 2017, through April 10, 2019. While the language during that period appeared to permit pharmacists to prescribe naloxone if they had completed a training conducted by the Department of Health, the text was modified effective April 11, 2019, to read, "[a] pharmacist may dispense or distribute, but not prescribe, an opioid antagonist pursuant to a written protocol and standing order." D.C. Code § 7-404(d)(1)(a).

- ⁷⁷ Standing orders were permitted as of Feb. 18, 2017. Protocols were added Apr. 11, 2019. See D.C. Code § 7-404. DC's template standing order is available at https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/181204%20DC%20Naloxone%20Standing%20Order_1.pdf.
- ⁷⁸ Del. Code Ann. tit. 16, § 138, relating to community naloxone programs, was effective June 25, 2014. Del. Code Ann. tit. 16, § 3001G was effective Aug. 4, 2014.
- ⁷⁹ Del. Code Ann. tit. 16, § 3001G was repealed effective Nov. 2, 2022. It was restructured and amended as Del. Code Ann. tit. 16, §§ 3002G-3006G. Del. Code tit. 16, § 3001G(e) was modified effective June 12, 2018, to permit public safety personnel (previously 'a peace officer') to receive, carry, and administer naloxone. Immunity was contracted slightly with the addition of reckless action to the list of types of activities excluded from immunity. Liability protection for pharmacists was added to the same statute effective July 20, 2017, as subsection (g).
- ⁸⁰ Applies only to health-care practitioners acting in good faith and with reasonable care and without injury or death caused by unreasonable care, willful, wanton, or gross negligence. Del. Code tit. 16, § 3005G(b).
- ⁸¹ Applies only to health-care practitioners acting in good faith and with reasonable care and without injury or death caused by unreasonable care, willful, wanton, or gross negligence. Del. Code tit. 16, § 3005G(b).
- ⁸² Applies only to health-care practitioners acting in good faith and with reasonable care and without injury or death caused by unreasonable care, willful, wanton, or gross negligence. Del. Code tit. 16, § 3005G(b).
- ⁸³ Applies only to health-care practitioners and pharmacists acting in good faith and with reasonable care and without injury or death caused by unreasonable care, willful, wanton, or gross negligence. Del. Code tit. 16, § 3005G(b) & (c).
- ⁸⁴ Applies only to health-care practitioners and pharmacists acting in good faith and with reasonable care and without injury or death caused by unreasonable care, willful, wanton, or gross negligence. Del. Code tit. 16, § 3005G(b) & (c).
- ⁸⁵ Applies only to health-care practitioners and pharmacists acting in good faith and with reasonable care and without injury or death caused by unreasonable care, willful, wanton, or gross negligence. Del. Code tit. 16, § 3005G(b) & (c).
- ⁸⁶ "A lay individual who administers an opioid antagonist to an individual under this chapter is rendering emergency care and is exempt from liability under § 6801 of this title." Del. Code tit. 16, § 3005G(e); Del. Code tit. 16, § 6801(a).
- ⁸⁷ State law creates a Community-Based Naloxone Access Program and permits naloxone to be distributed to "people who complete the requirements set forth for this program." Del. Code tit. 16, § 138(3); see also Delaware Division of Public Health Community-Based Naloxone Access Program Standing Orders, available at <https://www.dhss.delaware.gov/dhss/dph/files/naloxonestandingorders.pdf> (last visited July 1, 2023) ("This standing order authorizes approved Community-Based training programs and participating pharmacies to distribute nasal naloxone kits to persons who have completed CBNAP Opioid Overdose Responder Training."). Pursuant to Del. Code tit. 16, § 3004G, "an individual who has completed an approved training program under § 3003G of this title may receive, carry, and administer an opioid antagonist to an individual who is believed to be experiencing an opioid overdose."
- ⁸⁸ State law creates a Community-Based Naloxone Access Program and permits naloxone to be distributed to "people who complete the requirements set forth for this program." Del. Code tit. 16, § 138(3).
- ⁸⁹ Del. Code Ann. tit. 16, § 3003G. Standing order is effective as of July 27, 2018. See Delaware Division of Public Health Community-Based Naloxone Access Program Standing Orders, available at <https://www.dhss.delaware.gov/dhss/dph/files/naloxonestandingorders.pdf> (last visited July 1, 2023).
- ⁹⁰ Amended July 1, 2022, to allow pharmacists to order certain emergency opioid antagonists for a patient or caregiver and to dispense pursuant to a prescription, pharmacist's order or nonpatient-specific standing order, and to add personnel such as probation officers and child protective services investigators to the list of people authorized to possess, store, and administer opioid antagonists with civil and criminal immunity for administering. Fla. Stat. § 381.887(3); (4)(c). Minor change to permit crime laboratory personnel to possess, store, and administer naloxone, effective Oct. 1, 2017. Fla. Stat. § 381.887(4)(b). The amendment further outlined explicit criminal and civil immunity for administration by emergency responders, crime laboratory personnel, as well as personnel of a law enforcement or other agency. Fla. Stat. § 381.887(3). Amendment effective July 1, 2023, added "prefilled injection device delivery system" to the list of types of opioid antagonists allowed to be prescribed or dispensed, but made no changes that affect the data on this table.
- ⁹¹ "A person, including, but not limited to, an authorized health care practitioner, a dispensing health care practitioner, or a pharmacist, who possesses, administers, prescribes, dispenses, or stores an approved emergency opioid antagonist in compliance with this section and" the state Good Samaritan Act (Fla. Stat. § 768.13) is provided the immunity protections under that law. Fla. Stat. § 381.887(5).
- ⁹² A person, including, but not limited to, an authorized health care practitioner, a dispensing health care practitioner, or a pharmacist, who possesses, administers, prescribes, dispenses, or stores an approved emergency opioid antagonist is afforded the civil liability immunity protections. Fla. Stat. § 381.887(5). A dispensing health care practitioner or pharmacist, acting in good faith and exercising reasonable care, is not subject to discipline or other adverse action under any professional licensure statute or rule and is immune from any civil or criminal liability as a result of dispensing an emergency opioid antagonist. Fla. Stat. § 381.887(6)(b).

- ⁹³ “A person, including, but not limited to, an authorized health care practitioner, a dispensing health care practitioner, or a pharmacist, who possesses, administers, prescribes, dispenses, or stores an approved emergency opioid antagonist in compliance with this section and” the state Good Samaritan Act (Fla. Stat. § 768.13) is provided the immunity protections under that law. Fla. Stat. § 381.887(5).
- ⁹⁴ The 2022 amendment added criminal and civil immunity for administration by emergency responders, crime laboratory personnel, as well as personnel of a law enforcement or other agencies “who, while acting within the scope or course of employment, come into contact with a controlled substance or persons at risk of experiencing an overdose.” Fla. Stat. § 381.887(3).
- ⁹⁵ “The following persons are authorized to possess, store, and administer emergency opioid antagonists as clinically indicated: (a) emergency responders, including, but not limited to, law enforcement officers, paramedics, and emergency medical technicians; (b) crime laboratory personnel for the statewide criminal analysis laboratory system as described in s. 943.32, including, but not limited to, analysts, evidence intake personnel, and their supervisors; (c) Personnel of a law enforcement agency or an other agency, including, but not limited to, correctional probation offices and child protective investigators who, while acting within the scope or course of employment, come into contact with a controlled substance or persons at risk of experiencing an overdose.” Fla. Stat. § 381.887(4)(a)-(c). While the drafters may not have intended for this section to include possession of non-prescribed naloxone, the text appears to authorize such possession. Regardless, the statute does not permit laypeople to possess naloxone that has not been prescribed.
- ⁹⁶ Authorized health care practitioners are permitted to prescribe to patients and caregivers and pharmacists “may order an emergency opioid antagonist with an autoinjection delivery system, a prefilled injection device delivery system, or an intranasal application delivery system” to patients or caregivers. Fla. Stat. § 381.887(3). Caregiver is defined as family member, friend, or person in a position to have recurring contact with a person at risk of experiencing an opioid overdose. Fla. Stat. § 381.887(1)(c).
- ⁹⁷ Applies only to auto-injection delivery systems or intranasal application delivery systems. Fla. Stat. § 381.887(3). The statewide standing order is available at <https://floridaspharmacy.gov/pdfs/standing-order-naloxone.pdf> (last visited July 19, 2023).
- ⁹⁸ Effective April 18, 2017, law was amended to reference a standing order issued by the state health officer pursuant to Ga. Code Ann. § 31-1-10, and to require every pharmacy in the state to retain a copy of that standing order.
- ⁹⁹ “The following individuals shall be immune from any civil liability, criminal responsibility, or professional licensing sanctions for the following actions authorized by this Code section: (1) Any practitioner acting in good faith and in compliance with the standard of care applicable to that practitioner who prescribes an opioid antagonist pursuant to subsection (b) of this Code section.” Ga. Code Ann. § 26-4-116.2(e)(1).
- ¹⁰⁰ “The following individuals shall be immune from any civil liability, criminal responsibility, or professional licensing sanctions for the following actions authorized by this Code section...any practitioner or pharmacist acting in good faith and in compliance with the standard of care applicable to that practitioner or pharmacist who dispenses an opioid antagonist pursuant to a prescription issued in accordance with subsection (b) of this Code section.” Ga. Code Ann. § 26-4-116.2(e)(2).
- ¹⁰¹ “The following individuals shall be immune from any civil liability, criminal responsibility, or professional licensing sanctions for the following actions authorized by this Code section...any person acting in good faith, other than a practitioner, who administers an opioid antagonist pursuant to subsection (d) of this Code section.” Ga. Code Ann. § 26-4-116.2(e)(4).
- ¹⁰² Law permits naloxone to be prescribed to a “harm reduction organization,” but does not explicitly permit those organizations to distribute naloxone. Ga. Code Ann. § 26-4-116.2(b).
- ¹⁰³ Opioid antagonist may be prescribed “to a person at risk of experiencing an opioid related overdose or to a pain management clinic, first responder, harm reduction organization, family member, friend, or other person in a position to assist a person at risk of experiencing an opioid related overdose.” Ga. Code Ann. § 26-4-116.2(b).
- ¹⁰⁴ Law refers to “a protocol specified by” the prescriber, but context makes clear that a standing order is intended. In addition, Ga. Code Ann. § 31-1-10(b)(2) permits a statewide naloxone standing order for naloxone, the most recent of which was effective March 6, 2019, <https://coastalhealthdistrict.org/wp-content/uploads/2020/01/Naloxone-Standing-Order.pdf> (last visited July 1, 2023).
- ¹⁰⁵ Haw. Rev. Stat. Ann. § 461-11.8 was amended to allow pharmacists to prescribe and dispense an opioid antagonist in the name of the person requesting it, even if they are not the person to be treated.
- ¹⁰⁶ A health care professional or pharmacist who, acting in good faith and with reasonable care, shall not be subject to any criminal or civil liability or any professional disciplinary action for “(1) prescribing, dispensing, or distributing the opioid antagonist; and (2) any outcomes resulting from the eventual administration of the opioid antagonist.” Haw. Rev. Stat. §§ 329E-2(b)(1)-(2).
- ¹⁰⁷ A health care professional or pharmacist who, acting in good faith and with reasonable care, shall not be subject to any criminal or civil liability or any professional disciplinary action for “(1) prescribing, dispensing, or distributing the opioid antagonist; and (2) any outcomes resulting from the eventual administration of the opioid antagonist.” Haw. Rev. Stat. §§ 329E-2(b)(1)-(2).

- ¹⁰⁸ “A person who, acting in good faith and with reasonable care, administers an opioid antagonist to another person whom the person believes to be suffering an opioid-related drug overdose shall be immune from criminal prosecution, sanction under any professional licensing law, and civil liability for acts or omissions resulting from the administration.” Haw. Rev. Stat. §§ 329E-2(d).
- ¹⁰⁹ A person or harm reduction organization acting under a standing order may distribute an opioid antagonist. Haw. Rev. Stat. §§ 329E-5. “The department of health shall work with community partners to provide or establish any of the following: (3) opioid antagonist prescription and distribution projects.” Haw. Rev. Stat. §§ 329E-7(3).
- ¹¹⁰ “Notwithstanding any other law to the contrary, any person may lawfully possess an opioid antagonist.” Haw. Rev. Stat. §§ 329E-2(c).
- ¹¹¹ “Notwithstanding any other law to the contrary, a health care professional otherwise authorized to prescribe an opioid antagonist may, directly or by standing order, prescribe, dispense, and distribute an opioid antagonist to: (1) An individual at risk of experiencing an opioid-related drug overdose; (2) Another person in a position to assist an individual at risk of experiencing an opioid-related drug overdose; or (3) A harm reduction organization. Haw. Rev. Stat. § 329E-2(a).
- ¹¹² “A pharmacist, acting in good faith and exercising reasonable care, may prescribe and dispense an opioid antagonist to an individual who is at risk for an opioid overdose or a family member or caregiver of an individual who is at risk of an opioid overdose regardless of whether the individual has evidence of a previous prescription for an opioid antagonist from a practitioner authorized to prescribe opioids.” Haw. Rev. Stat. Ann. § 461-11.8(a).
- ¹¹³ “Notwithstanding any other law to the contrary, a health care professional otherwise authorized to prescribe an opioid antagonist may, directly or by standing order, prescribe, dispense, and distribute an opioid antagonist.” Haw. Rev. Stat. §§ 329E-2(a). There is no current statewide standing order in place.
- ¹¹⁴ July 1, 2023, Iowa Code § 147A.18 and 135.190 were amended to include prescribing to “secondary distributors” who are authorized to possess and provide naloxone to persons in a position to assist at the scene of an overdose. Secondary distributors are defined as law enforcement agency, emergency medical services program, fire department, school district, health care provider, licensed behavioral health provider, county health department, or the department of health and human services.” Iowa Code § 135.190(1)(e). Iowa Code § 135.190 was also amended to allow the chief medical officer to issue a standing order for naloxone, Iowa Code § 135.190(3A), to add “community based organization” to the list of persons in a position to assist, Iowa Code § 135.190(1)(0a), and to allow lay distribution Iowa Code § 135.190(3)B. Iowa Code 155A.46 was amended effective July 1, 2023 to make language changes that do not affect the data in this table. Iowa Code § 135.190 was amended effective July 1, 2022 to include school employees in the definition of “person in a position to assist” and to add “[a] school district may obtain a valid prescription for an opioid antagonist and maintain a supply of opioid antagonists in a secure location at each location where a student may be present for use as provided in this section.” Iowa Code § 135.190(b)(5).
- ¹¹⁵ “A person in a position to assist or a prescriber of an opioid antagonist who has acted reasonably and in good faith shall not be liable for any injury arising from the provision, administration, or assistance in the administration of an opioid antagonist.” Iowa Code § 135.190(4).
- ¹¹⁶ “A person in a position to assist, a secondary distributor or a prescriber of an opioid antagonist who has acted reasonably and in good faith shall not be liable for any injury arising from the provision, administration, or assistance in the administration of an opioid antagonist.” Iowa Code § 135.190(4).
- ¹¹⁷ “A secondary distributor may possess and provide an opioid antagonist to a person in a position to assist as defined in section 135.190.” Iowa Code § 147A.18(3A). “A person in a position to assist may distribute an opioid antagonist to any individual pursuant to this section.” Iowa Code § 135.190(3B). (
- ¹¹⁸ Persons in a position to assist may receive naloxone from a secondary distributor, and would therefore possess the naloxone without a prescription. “A person in a position to assist may possess and provide or administer an opioid antagonist to an individual if the person in a position to assist reasonably and in good faith believes that such individual is experiencing an opioid-related overdose.” Iowa Code Ann. § 135.190(3).
- ¹¹⁹ “Notwithstanding any other provision of law to the contrary, a licensed health care professional may prescribe an opioid antagonist to a person in a position to assist or to a secondary distributor.” Iowa Code § 135.190(2)(a).
- ¹²⁰ Notwithstanding any other provision of law to the contrary, the chief medical officer of the department may issue a standing order that does not identify individual patients at the time it is issued for the purpose of dispensing opioid antagonists to a person in a position to assist. Iowa Code 135.190(3A).
- ¹²¹ Iowa law does not clearly permit a prescriber to issue a standing order but permits a pharmacist to dispense under one. Iowa Code § 147A.18(b)(1). (“Notwithstanding any other provision of law to the contrary, a pharmacist licensed under chapter 155A may, by standing order or through collaborative agreement, dispense, furnish, or otherwise provide an opioid antagonist in the name of a service program, law enforcement agency, fire department, or secondary distributor to be maintained for use as provided in this section.”). Further, “Notwithstanding any other provision of law to the contrary, a licensed health care professional may prescribe an opioid antagonist in the name of a service program, law enforcement agency, fire department, or secondary distributor to be maintained for use as provided in this section.” Iowa Code § 147.18A(1)(a). A statewide standing order for pharmacy dispensing has been issued by the Department of Public Health: <https://pharmacy.iowa.gov/sites/default/files/documents/2022/10/iowa%20naloxone%20standing%20order%20KRUSE%20Final%20102522.pdf> (last visited July 1, 2023).
- ¹²² “A pharmacist may, pursuant to statewide protocols developed by the board in consultation with the department of public health and consistent with subsection 2, order and administer the following to patients ages eighteen years and older: (1) Naloxone.” Iowa Code § 155A.46(1)(a).

- ¹²³ Effective July 1, 2022, the definition of opioid antagonist was relocated to Idaho Code Ann. § 54-1705. Effective July 1, 2019, language was changed from “prescriber or pharmacist” to “health professional licensed or registered under this title”. Language was also changed to permit dispensing in addition to prescribing. Additionally, language requiring the Department of Health and Welfare to create an online educational program was removed.
- ¹²⁴ Any person who prescribes, dispenses, or administers an opioid antagonist shall not be liable in a civil or administrative action or subject to criminal prosecution for such acts. Idaho Code Ann. § 54-1733B(3). An opioid antagonist may be prescribed to “any person or entity.” Idaho Code Ann. § 54-1733B(1)(a).
- ¹²⁵ Any person who prescribes, dispenses, or administers an opioid antagonist shall not be liable in a civil or administrative action or subject to criminal prosecution for such acts. Idaho Code Ann. § 54-1733B(3). An opioid antagonist may be prescribed to “any person or entity.” Idaho Code Ann. § 54-1733B(1)(a).
- ¹²⁶ Any person who prescribes, dispenses, or administers an opioid antagonist shall not be liable in a civil or administrative action or subject to criminal prosecution for such acts. Idaho Code Ann. § 54-1733B(3). An opioid antagonist may be prescribed to “any person or entity.” Idaho Code Ann. § 54-1733B(1)(a). Additionally, “notwithstanding any other provision of law, any person acting in good faith and exercising reasonable care may administer an opioid antagonist to another person who appears to be experiencing an opiate-related overdose.” Idaho Code Ann. § 54-1733B(2).
- ¹²⁷ While the text of the law is not clear that lay distribution is permitted, the Idaho Department of Health & Welfare states that community-based organization can distribute Naloxone “to people who may need it, including to their employees and the public.” Naloxone Policy FAQ, <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=21100&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1> (last visited July 1, 2023).
- ¹²⁸ Naloxone may be prescribed and dispensed to “any person or entity.” Idaho Code Ann. § 54-1733B(1).
- ¹²⁹ As of July 1, 2019, law was amended to permit “any health professional licensed or registered under this title, acting in good faith and exercising reasonable care;” to prescribe and dispense an opioid antagonist” Previous language was limited to physicians and pharmacists. Idaho Code Ann. § 54-1733B(1).
- ¹³⁰ While the law is not explicit, in an FAQ issued by the state health department, under the question “Does my organization need a standing order to provide naloxone to individuals?” the answer reads, “ A standing order is not needed for organizations distributing naloxone. An organization may continue to use a collaborative practice agreement or standing order from a healthcare provider with prescriptive authority.” This suggests that the health department considers standing orders to be permitted, although the law does not explicitly say this. See <https://dopl.idaho.gov/wp-content/uploads/2021/10/Naloxone-Policy-FAQ.pdf> (last visited July 1, 2023).
- ¹³¹ Effective January 1, 2023, 225 Ill. Comp. Stat. § 85/19.1 requires rather than just permits pharmacists to dispense opioid antagonists pursuant to procedures and protocols by the Department of Public Health and Department of Human Services. Effective January 1, 2022, immunity under 20 Ill. Comp Stat. § 301/5-23 was extended to persons acting under the direction of a healthcare provider. 2021 Ill. Legis. Serv. P.A. 102-598 (H.B. 2589). Statute has been modified several other times over the years, but not in ways that change the answers in this table with the exception of statewide protocol distribution, as noted.
- ¹³² “A healthcare professional who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antagonist to: (a) a patient who, in the judgment of the health care professional, is capable of administering the drug in an emergency, or (b) a person who is not at risk of opioid overdose but who, in the judgment of the health care professional, may be in a position to assist another individual during an opioid-related drug overdose and who has received basic instruction on how to administer an opioid antagonist” shall not be subject to: (i) any disciplinary or (ii) any criminal liability, except for willful and wanton misconduct. 20 Ill. Comp. Stat. § 301/5-23(d)(1).
- ¹³³ Pharmacists receive civil immunity only when dispensing naloxone pursuant to a statewide protocol or standing order. 745 Ill. Comp. Stat. 49/36.
- ¹³⁴ “A healthcare professional who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antagonist to: (a) a patient who, in the judgment of the health care professional, is capable of administering the drug in an emergency, or (b) a person who is not at risk of opioid overdose but who, in the judgment of the health care professional, may be in a position to assist another individual during an opioid-related drug overdose and who has received basic instruction on how to administer an opioid antagonist” shall not be subject to: (i) any disciplinary or (ii) any criminal liability, except for willful and wanton misconduct. 20 Ill. Comp. Stat. § 301/5-23(d)(1).
- ¹³⁵ A non-licensed person may in an emergency administer an opioid antagonist if the person has received the patient information and believes in good faith that another person is experiencing a drug overdose. The non-licensed individual is not subject to any criminal prosecution or civil liability, except for willful and wanton misconduct. 20 Ill. Comp. Stat. § 301/5-23(d)(2).
- ¹³⁶ Statute permits the Department to “promote the following programmatic elements” in drug overdose prevention programming including “[d]irectly distributing opioid antagonists approved for the reversal of an opioid overdose rather than providing prescriptions to be filled at a pharmacy,” but does not explicitly authorize the dispensing of naloxone by laypeople. 20 Ill. Comp. Stat. § 301/5-23(b)(4). The state’s “Naloxone Standardized Procedure” permits naloxone entities, including non-pharmacy OEND programs, to obtain and distribute naloxone. See <https://dph.illinois.gov/topics-services/opioids/naloxone/standardized-procedure.html> (July 1, 2023).
- ¹³⁷ “The Department may establish or authorize programs for prescribing, dispensing, or distributing opioid antagonists for the treatment of drug overdose. Such programs may include the prescribing of opioid antagonists for the treatment of drug overdose to a person who is not at risk of opioid overdose but who, in the judgment of the health care professional, may be in a position to assist another individual during an opioid-related drug overdose and who has received basic instruction on how to administer an opioid antagonist.” 20 Ill. Comp. Stat. § 301/5-23(b)(1)

- ¹³⁸ Standing orders were permitted in the original legislation, effective Jan 1, 2010. Pharmacist dispensing via protocol has been permitted since Sept. 9, 2015. 225 Ill. Comp. Stat. § 85/19.1. In practice, the state has issued a “standardized procedure” at <https://dph.illinois.gov/content/dam/soi/en/web/idph/files/naloxone-so-procedures.pdf>, and issues standing orders upon request, <http://www.idph.state.il.us/Naloxone/>.
- ¹³⁹ Effective July 1, 2016, additional requirements were added for entities acting under a standing order. A requirement for a statewide standing order was also enacted. July 1, 2019 amendments were not substantive. Effective July 1, 2023, statewide standing orders must allow for choice in the purchasing, dispensing, and distributing of any formulation or dosage of naloxone approved by the FDA. Ind. Code § 16-42-27-2(f). Further, the state health commissioner or designated public health authority who issues the standing order is immune from civil prosecution under Ind. Code § 34-13-3-3.
- ¹⁴⁰ Except for an act of gross negligence or willful misconduct, a prescriber who prescribes an overdose intervention drug in compliance with this chapter is immune from civil liability arising from those actions. Ind. Code § 16-42-27-3(a). The state health commissioner or designated public health authority who issues a standing order is immune from civil prosecution under Ind. Code § 34-13-3-3.
- ¹⁴¹ Except for an act of gross negligence or willful misconduct, a prescriber or pharmacist who dispenses an overdose intervention drug in compliance with this chapter is immune from civil liability arising from those actions. Ind. Code § 16-42-27-3(a)-(b).
- ¹⁴² Under Indiana law, the following persons are immune from civil liability when administering naloxone: advanced emergency medical technicians, emergency medical responders, emergency medical technicians, firefighters and volunteer firefighters, law enforcement officers, and paramedics. Ind. Code § 16-31-6-2.5. Additionally, “an individual or entity described in section 2(a)(1) of this chapter” is immune from civil liability “for administering an overdose intervention drug in good faith.” Ind. Code § 16-42-27-3(c)(2). This includes “(a) a person at risk of experiencing an opioid-related overdose; or (b) a family member, a friend, or any other individual or entity in a position to assist an individual who, there is reason to believe, is at risk of experiencing an opioid-related overdose.” Ind. Code § 16-42-27-2(a)(1)(A)-(B).
- ¹⁴³ While the text of the law is not clear that lay distribution is permitted, official sub-regulatory communications from the state health department state that entities that may distribute naloxone may do so “to anyone who would like to carry it.” Naloxone FAQ, <https://optin.in.gov/>.
- ¹⁴⁴ “The overdose intervention drug is dispensed or prescribed to a family member, a friend, or any other individual or entity in a position to assist an individual who, there is reason to believe, is at risk of experiencing an opioid-related overdose.” Ind. Code § 16-42-27-2(a)(1)(B).
- ¹⁴⁵ “A prescriber may, directly or by standing order, prescribe or dispense an overdose intervention drug without examining the individual to whom it may be administered.” Ind. Code § 16-42-27-2(a). The statewide standing order is available at <https://harm-lessindiana.org/wp-content/uploads/2023/01/Indiana-Statewide-Naloxone-Standing-Order-for-Signature.pdf> (last visited July 1, 2023).
- ¹⁴⁶ 2019 amendments were not substantive for purposes of this table; they modified the definition of “first responder” to include “emergency medical services provider”.
- ¹⁴⁷ “Any healthcare provider or pharmacist who, in good faith and with reasonable care, prescribes or dispenses an emergency opioid antagonist pursuant to this section shall not, by an act or omission, be subject to civil liability, criminal prosecution or any disciplinary or other adverse action.” Kan. Stat. Ann. §65-16,127(g)(1).
- ¹⁴⁸ “Any healthcare provider or pharmacist who, in good faith and with reasonable care, prescribes or dispenses an emergency opioid antagonist pursuant to this section shall not, by an act or omission, be subject to civil liability, criminal prosecution or any disciplinary or other adverse action.” Kan. Stat. Ann. §65-16,127(g)(1).
- ¹⁴⁹ “Any patient, bystander, school nurse, or a first responder, scientist or technician operating under a first responder agency, who, in good faith and with reasonable care, receives and administers an emergency opioid antagonist pursuant to this section to a person experiencing a suspected opioid overdose shall not, by an act or omission, be subject to civil liability or criminal prosecution.” Kan. Stat. Ann. §65-16,127(g)(2). This immunity also applies to “any first responder agency employing or contracting any person that, in good faith and with reasonable care, administers an emergency opioid.” Kan. Stat. Ann. §65-16,127(g)(3).
- ¹⁵⁰ “A pharmacist may furnish an emergency opioid antagonist to a patient or bystander subject to the requirements of this section.” Kan. Stat. Ann. § 65-16,127(c). “Bystander” means a family member, friend, caregiver or other person in a position to assist a person who the family member, friend, caregiver or other person believes, in good faith, to be experiencing an opioid overdose.” Kan. Stat. Ann. § 65-16,127(a)(1).
- ¹⁵¹ Statute requires the state board of pharmacy to issue a statewide “opioid antagonist protocol that establishes requirements for a licensed pharmacist to dispense emergency opioid antagonists to a person pursuant to this section.” Kan. Stat. Ann. §65-16,127(b). The protocol appears to be the functional equivalent of a standing order. See https://pharmacy.ks.gov/docs/librariesprovider10/naloxone/naloxone-statewide-protocol---official.pdf?sfvrsn=c709a601_11 (last visited July 1, 2023).
- ¹⁵² 201 Ky. Admin. Regs. 2:360 was amended effective March 9, 2023, to change “naloxone” to “opioid antagonist” throughout and to authorize emergency department dispensing of naloxone under a physician approved protocol. Ky Rev. Stat. Ann. § 217.186 was amended effective July 14, 2022, to change “naloxone” to “opioid antagonist” throughout and include a definition of opioid antagonist resulting in a change in the statute numbering. An additional provision was added at (4)(d) to allow authorized persons to distribute opioid antagonists to trained individuals as part of a harm reduction program.
- ¹⁵³ “A licensed health-care provider who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antagonist to a person or agency who, in the judgment of the health-care provider, is capable of administering the drug for an emergency opioid overdose shall not...be subject to disciplinary or other adverse action.” Ky. Rev. Stat. Ann. § 217.186(2).

- ¹⁵⁴ “A licensed health-care provider who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antagonist to a person or agency who, in the judgment of the health-care provider, is capable of administering the drug for an emergency opioid overdose shall not...be subject to disciplinary or other adverse action.” Ky. Rev. Stat. Ann. § 217.186(2).
- ¹⁵⁵ “A person acting in good faith who administers an opioid antagonist shall be immune from criminal and civil liability for the administration, unless personal injury results from the gross negligence or willful or wanton misconduct of the person administering the drug.” Ky. Rev. Stat. Ann. § 217.186(5).
- ¹⁵⁶ “A person or agency, including a peace officer, jailer, firefighter, paramedic, or emergency medical technician or a school employee authorized to administer medication under KRS 156.502, may...[p]rovide, as part of a harm reduction program, an opioid antagonist to persons who have been trained on the mechanism and circumstances of its administration.” Ky. Rev. Stat. Ann. § 217.186(4). “A person acting in good faith who provides or administers an opioid antagonist received under this section shall be immune from criminal and civil liability for the provision or administration, unless personal injury results from the gross negligence or willful or wanton misconduct of the person providing or administering the drug.” Ky. Rev. Stat. Ann. § 217.186(5).
- ¹⁵⁷ “A prescription for an opioid antagonist may include authorization for administration of the drug to the person for whom it is prescribed by a third party, if the prescribing instructions indicate the need for the third party, upon administering the drug, to immediately notify a local public safety answering point of the situation necessitating the administration. Ky. Rev. Stat. Ann. § 217.186(3). A third party could consist of a person or agency, including “a peace officer, jailer, firefighter, paramedic, or emergency medical technician or a school employee authorized to administer medication.” Ky. Rev. Stat. Ann. § 217.186(3). They can “(a) receive a prescription for an opioid antagonist; (b) possess an opioid antagonist pursuant to this subsection and any equipment needed for its administration; (c) administer an opioid antagonist to an individual suffering from an apparent opiate-related overdose; and (d) provide, as part of a harm reduction program, an opioid antagonist to persons who have been trained on the mechanism and circumstances of its administration” Ky. Rev. Stat. Ann. § 217.186(4)(a)-(d).
- ¹⁵⁸ State law requires the state board of pharmacy to issue a “physician-approved protocol” for opioid antagonist dispensing. Ky. Rev. Stat. Ann. § 217.186(6)(b). This protocol is the functional equivalent of a standing order, available at <https://www.chfs.ky.gov/agencies/dph/dehp/hab/Documents/KYNaloxoneRx.pdf> (last visited July 1, 2023).
- ¹⁵⁹ La. Rev. Stat. Ann. § 40:978.1 provides protections for first responders only, but that is outside the scope of this survey.
- ¹⁶⁰ La. Stat. Ann. § 40:978.2 was effective August 1, 2015, and was modified effective June 6, 2016, to permit pharmacists to dispense naloxone pursuant to a standing order, to permit “a person or organization acting pursuant to a standing order issued by a healthcare professional who is authorized to prescribe naloxone or another opioid antagonist may store naloxone or another opioid antagonist and may dispense naloxone or another opioid antagonist if such activities are performed without charge or compensation,” and to permit “any person” to possess naloxone or another opioid antagonist.
- ¹⁶¹ “A licensed medical practitioner who, in good faith, prescribes or dispenses naloxone or another opioid antagonist pursuant to Subsection A of this Section shall not, as a result of any act or omission, be subject to civil liability, criminal prosecution, or disciplinary or other adverse action under any professional licensing statute.” La. Stat. Ann. § 40:978.2(B).
- ¹⁶² “A licensed medical practitioner who, in good faith, prescribes or dispenses naloxone or another opioid antagonist pursuant to Subsection A of this Section shall not, as a result of any act or omission, be subject to civil liability, criminal prosecution, or disciplinary or other adverse action under any professional licensing statute.” La. Stat. Ann. § 40:978.2(B).
- ¹⁶³ “A person acting in good faith who...receives and administers naloxone or another opioid antagonist to a person reasonably believed to be undergoing an opioid-related drug overdose shall be immune from criminal and civil liability for the administration, unless personal injury results from the gross negligence or willful or wanton misconduct in the administration of the drug.” La. Stat. Ann. § 40:978.2(F).
- ¹⁶⁴ Louisiana also provides immunity to first responders who administer naloxone without a prescription. La. Stat. Ann. § 14:403.11.
- ¹⁶⁵ “Notwithstanding any other provision of law or regulation, a person or organization acting pursuant to a standing order issued by a healthcare professional who is authorized to prescribe naloxone or another opioid antagonist may store naloxone or another opioid antagonist and may dispense naloxone or another opioid antagonist if such activities are performed without charge or compensation.” La. Stat. Ann. § 40:978.2(D).
- ¹⁶⁶ “Notwithstanding any other provision of law or regulation, any person may lawfully possess naloxone or another opioid antagonist.” La. Stat. Ann. § 40:978.2(E).
- ¹⁶⁷ “A licensed medical practitioner may, directly or by standing order, prescribe or dispense the drug naloxone or another opioid antagonist without having examined the individual to whom it may be administered.” La. Stat. Ann. § 40:978.2(A).
- ¹⁶⁸ “A licensed medical practitioner may, directly or by standing order, prescribe or dispense the drug naloxone or another opioid antagonist without having examined the individual to whom it may be administered.” La. Stat. Ann. § 40:978.2(A). The current standing order is available at <https://ldh.la.gov/assets/HealthyLa/Pharmacy/NaloxoneStandingOrder.pdf> (last visited July 1, 2023).
- ¹⁶⁹ Mass. Gen. Laws ch. 94C, § 19B1/2 was added August 9, 2018. Mass. Gen. Laws ch. 94C, § 19B was modified extensively effective August 9, 2018. These changes generally require that a statewide standing order be issued and provide immunity for pharmacists who dispense naloxone pursuant to it, so long as they act without “gross negligence or willful misconduct” as well as adding protection from criminal action. Mass. Gen. Laws Ann. ch. 112 § 12FF was added March 14, 2016.

- 170 “Except for an act of gross negligence or willful misconduct, a pharmacist who, acting in good faith, dispenses an opioid antagonist shall not be subject to any criminal or civil liability or any professional disciplinary action...for the use or administration of an opioid antagonist.” Mass. Gen. Laws Ann. ch. 94C, §§ 19B(c). These immunities also extend to a commissioner, a physician who issues the statewide standing order, and any practitioner, who prescribes or dispenses an opioid antagonist. Mass. Gen. Laws ch. 94C, §§ 19B(f).
- 171 “Except for an act of gross negligence or willful misconduct, a pharmacist who, acting in good faith, dispenses an opioid antagonist shall not be subject to any criminal or civil liability or any professional disciplinary action...for the use or administration of an opioid antagonist.” Mass. Gen. Laws Ann. ch. 94C, § 19B(c). These immunities, which were added effective Aug. 9, 2018, also extend to a commissioner, a physician who issues the statewide standing order, and any practitioner, who prescribes or dispenses an opioid antagonist. Mass. Gen. Laws ch. 94C, §19B(f).
- 172 “A person who, acting in good faith, administers an opioid antagonist to an individual appearing to experience an opioid-related overdose shall not be subject to any criminal or civil liability or any professional disciplinary action.” Mass. Gen. Laws ch. 94C, § 19B(g). “Any person who, in good faith, attempts to render emergency care by administering naloxone or any other opioid antagonist, to a person reasonably believed to be experiencing an opiate-related overdose, shall not be liable for acts or omissions resulting from the attempt to render this emergency care; provided, however, that this section shall not apply to acts of gross negligence or willful or wanton misconduct.” Mass. Gen. Laws ch. 112 § 12FF. Mass. Gen. Laws ch. 112 § 12FF was added effective March 14, 2016; it is not clear what it added to the protections of Mass. Gen. Laws ch. 94C, § 19B(g), which remains good law.
- 173 “Naloxone or other opioid antagonist may lawfully be prescribed and dispensed to a person at risk of experiencing an opiate-related overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose.” Mass. Gen. Laws ch. 94C, § 19(d).
- 174 A licensed pharmacist is permitted to dispense an opioid antagonist “in accordance with written, standardized procedures or protocols developed by an actively practicing physician registered with the commissioner to distribute or dispense a controlled substance” as of July 1, 2014. Mass. Gen. Laws Ann. ch. 94C, § 19B. The statewide order is available at <https://www.mass.gov/doc/naloxone-standing-order-1/download> (last visited July 1, 2023).
- 175 Maryland law previously required that individuals receive a certificate before obtaining naloxone from the Overdose Response Program. That requirement was lifted effective June 1, 2017. Effective July 1, 2022, language throughout Md. Code Ann., Health-Gen. § 13-3101 et seq. was changed from “naloxone” to “an opioid overdose reversal drug approved by the federal Food and Drug Administration” and a requirement was added to section 13-3103 for the Department of Health to purchase opioid overdose reversal drugs and provide them at no cost to providers required to offer them. Another requirement was added to the same section to require entities which are required to offer opioid overdose reversal drugs to provide only those first provided by the Department, and a provision was added to section 13-3108 providing that a cause of action may not arise for a business or business owner that provides an opioid overdose reversal drug and necessary paraphernalia, in good faith, to an employee or patron for administration. Effective July 1, 2023, the department is required to allow overdose response programs to choose the formulation or dosage of naloxone that they would like to be provided, subject to budget limitations. Md. Code Ann., Health-Gen. § 13-3103(d)(3), but this does not change any data in this table.
- 176 A cause of action may not arise against any licensed health care provider or pharmacist when in good faith prescribe or dispense an opioid overdose reversal drug. Md. Code, Health-Gen. § 13-3108(b).
- 177 The Maryland Attorney General’s office released an opinion in 2003, before the naloxone access law was passed, which opined that “if the physician prescribed the drug [naloxone] to a participant with the understanding that the participant would administer it to another individual who was not a patient of the physician, the physician might be subject to criminal prosecution and disciplinary action for aiding the unauthorized practice of medicine and for violation of State laws relating to prescription drugs.” 88 Md. Op. Att’y Gen. 88 (2003). It is not clear whether or how this opinion would apply after the passage of the naloxone access law.
- 178 A licensed health care provider who prescribes naloxone may not be subject to any disciplinary action for the act of prescribing an opioid overdose reversal drug. Md. Code, Health-Gen. § 13-3107(c).
- 179 A cause of action may not arise against any licensed health care provider or pharmacist when in good faith prescribe or dispense an opioid overdose reversal drug. Md. Code, Health-Gen. § 13-3108(b).
- 180 A licensed health care provider who dispenses an opioid overdose reversal drug may not be subject to any disciplinary action for the act of dispensing naloxone. Md. Code, Health-Gen. § 13-3107(c).
- 181 An individual who administers an opioid reversal drug to an individual who is or in good faith is believed to be experiencing an opioid overdose “shall have immunity from liability under §§ 5-603 and 5-629 of the Courts and Judicial Proceedings Article.” Md. Code, Health-Gen. § 13-3108(a). Md. Code, Courts and Judicial Proceedings, § 5-629 provides immunity to individuals who lawfully administer drugs absent gross negligence, or improper or illegal administration.
- 182 “A person who dispenses an opioid reversal drug in accordance with this subtitle is exempt from any laws that require a person to maintain a permit to dispense prescription drugs.” Md. Code, Health-Gen. § 13-3109.

- ¹⁸³ “A licensed health care provider with prescribing authority may prescribe and dispense an opioid overdose reversal drug approved by the federal Food and Drug Administration to an individual who: (1) Is believed by the licensed health care provider to be at risk of experiencing an opioid overdose; or (2) Is in a position to assist an individual at risk of experiencing an opioid overdose.” Md. Code, Health-Gen. § 13-3106(a).
- ¹⁸⁴ “A licensed health care provider with prescribing authority may prescribe and dispense opioid overdose reversal drugs approved by the federal Food and Drug Administration by issuing a standing order.” Md. Code, Health-Gen. § 13-3106(b). Originally effective Oct 1, 2015, as Md. Code, Health-Gen. § 13-3108. The current statewide standing order is available at https://drive.google.com/file/d/1qRRh8f0_sfMA9umccUgQ33ppmK3cQRHY/view (last visited July 1, 2023).
- ¹⁸⁵ “A pharmacist may dispense opioid overdose reversal drugs approved by the federal Food and Drug Administration in accordance with a therapy management contract under Title 12, Subtitle 6A of the Health Occupations Article.” Md. Code, Health-Gen. § 13-3106(c). A therapy management contract under Maryland law is the equivalent of what other states refer to as a collaborative practice agreement.
- ¹⁸⁶ “An authorized private or public entity shall enter into a written agreement with a licensed health care provider with prescribing authority to establish protocols for the prescribing and dispensing of an opioid overdose reversal drug approved by the federal Food and Drug Administration to any individual in accordance with this subtitle.” Md. Code, Health-Gen. § 13-3104. This is the functional equivalent of a standing order.
- ¹⁸⁷ Law has been modified several times. September 2019 change was to require recovery residences to store and dispense naloxone, provide training in administration of naloxone, and require distribute unit-of-use packages of naloxone to recover residences. Me. Stat. tit. 22, § 2353(4-A). Effective June 11, 2021, EMS providers acting under a standing order were permitted to dispense naloxone to “an individual of any age at risk of experiencing an opioid-related drug overdose or to a member of the individual's immediate family, a friend of the individual or another person in a position to assist the individual if the individual is at risk of experiencing an opioid-related drug overdose.” Me. Stat. tit. 22, § 2353(2-A). Effective August 19, 2022, law enforcement agencies, jails, prisons, and correctional facilities are authorized to administer or dispense intranasal naloxone.
- ¹⁸⁸ “A health care professional or a pharmacist, acting in good faith and with reasonable care, is immune from criminal and civil liability and is not subject to professional disciplinary action for storing, dispensing or prescribing naloxone hydrochloride.” Me. Stat. tit. 22, § 2353(5)(A).
- ¹⁸⁹ “A health care professional or a pharmacist, acting in good faith and with reasonable care, is immune from criminal and civil liability and is not subject to professional disciplinary action for storing, dispensing or prescribing naloxone hydrochloride.” Me. Stat. tit. 22, § 2353(5)(A).
- ¹⁹⁰ “A person, acting in good faith and with reasonable care, is immune from criminal and civil liability and is not subject to professional disciplinary action for administering naloxone hydrochloride to an individual whom the person believes in good faith is experiencing an opioid-related drug overdose or for any outcome resulting from such actions.” Me. Stat. tit. 22, § 2353(5)(B).
- ¹⁹¹ “Notwithstanding any other provision of law, an overdose prevention program established under this subsection may store and dispense naloxone hydrochloride without being subject to the provisions of Title 32, chapter 117 as long as these activities are undertaken without charge or compensation.” Me. Stat. tit. 22, § 2353(4)(A).
- ¹⁹² “A health care professional may directly or by standing order prescribe naloxone hydrochloride to a member of an individual's immediate family or a friend of the individual or to another person in a position to assist the individual if the individual is at risk of experiencing an opioid-related drug overdose.” Me. Stat. tit. 22, § 2353(2)(C).
- ¹⁹³ Statute authorizing pharmacists to prescribe naloxone was effective June 24, 2017. Me. Stat. tit. 22, § 2353(2)(A-1); (C-1). “The board by rule shall establish standards for authorizing pharmacists to prescribe and dispense naloxone hydrochloride in accordance with Title 22, section 2353, subsection 2, paragraphs A-1 and C-1. The rules must establish adequate training requirements and protocols for prescribing and dispensing naloxone hydrochloride when there is no prescription drug order, standing order or collaborative practice agreement authorizing naloxone hydrochloride to be dispensed to the intended recipient. Rules adopted under this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A. A pharmacist authorized by the board pursuant to this subsection to prescribe and dispense naloxone hydrochloride may prescribe and dispense naloxone hydrochloride in accordance with Title 22, section 2353, subsection 2, paragraphs A-1 and C-1.” Me. Stat. tit. 32, § 13815. The relevant rules were not adopted until May 23, 2018. 02-392-40 Me. Code R. § 6.
- ¹⁹⁴ “A health care professional may directly or by standing order prescribe naloxone hydrochloride to an individual at risk of experiencing an opioid-related drug overdose.” Me. Stat. tit. 22, § 2353(2)(A). This provision was added effective Oct. 15, 2015. Schools were permitted to “authorize adoption of a collaborative practice agreement for the purposes of stocking, possessing and administering naloxone hydrochloride,” as of Oct. 18, 2021. Me. Rev. Stat. tit. 20-A, § 6307. Maine does not have a statewide standing order.
- ¹⁹⁵ Effective July 21, 2022, the standing order provision in Mich. Comp. Laws § 333.17744e was expanded to allow opioid antagonist distribution by community-based organizations and their staff. Changes effective September 21, 2019, made minor changes to add agencies authorized to purchase, possess, and distribute naloxone to the list of individuals who may receive naloxone.
- ¹⁹⁶ “A prescriber who issues a prescription for or a dispensing prescriber or pharmacist who dispenses an opioid antagonist as authorized under this section is not liable in a civil action for a properly stored and dispensed opioid antagonist that was a proximate cause of injury or death to an individual due to the administration of or failure to administer the opioid antagonist.” Mich. Comp. Laws § 333.17744b(5).

- ¹⁹⁷ “A prescriber who issues a prescription for or a dispensing prescriber or pharmacist who dispenses an opioid antagonist as authorized under this section is not liable in a civil action for a properly stored and dispensed opioid antagonist that was a proximate cause of injury or death to an individual due to the administration of or failure to administer the opioid antagonist.” Mich. Comp. Laws § 333.17744b(5).
- ¹⁹⁸ “An individual who in good faith believes that another individual is suffering the immediate effects of an opioid-related overdose and who administers an opioid antagonist to the other individual is not liable in a civil action for damages resulting from the administration.” Some restrictions apply. Mich. Comp. Laws § 691.1503(1).
- ¹⁹⁹ “A person that administers an opioid antagonist to an individual who he or she believes is suffering an opioid-related overdose and that acts in good faith and with reasonable care is immune from criminal prosecution or sanction under any professional licensing act for that act.” Mich. Comp. Laws § 333.17744c.
- ²⁰⁰ “Notwithstanding any provision of this act to the contrary, a person that is acting in good faith and with reasonable care may possess and dispense an opioid antagonist.” Mich. Comp. Laws § 333.17744b(3). “Notwithstanding any provision of this act to the contrary, the chief medical executive in the office of chief medical executive created within the department of health and human services may issue a standing order that does not identify particular patients at the time it is issued for any of the following purposes: (a) A pharmacist dispensing opioid antagonists to individuals under this section. (b) A community-based organization or a staff member of the community-based organization distributing opioid antagonists to individuals under this section.” Mich. Comp. Laws § 333.17744e(1).
- ²⁰¹ “Notwithstanding any provision of this act to the contrary, a person that is acting in good faith and with reasonable care may possess and dispense an opioid antagonist.” Mich. Comp. Laws § 333.17744b(3).
- ²⁰² “Notwithstanding any provision of this act to the contrary, a prescriber may issue a prescription for and a dispensing prescriber or pharmacist may dispense an opioid antagonist to any of the following:(a) An individual patient at risk of experiencing an opioid-related overdose. (b) A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose. (c) A person other than an individual that meets all of the following requirements.” Mich. Comp. Laws § 333.17744b(1).
- ²⁰³ “Notwithstanding any provision of this act to the contrary, the chief medical executive in the office of chief medical executive created within the department of health and human services may issue a standing order that does not identify particular patients at the time it is issued for any of the following purposes: (a) A pharmacist dispensing opioid antagonists to individuals under this section. (b) A community-based organization or a staff member of the community-based organization distributing opioid antagonists to individuals under this section. Mich. Comp. Laws § 333.17744e(1). This provision was effective July 21, 2022. A sample unsigned standing order is available at https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder25/Folder2/Folder125/Folder1/Folder225/Standing_Order.pdf?rev=507c73f93930410f98cf22c2df16e58f (last visited July 1, 2023).
- ²⁰⁴ Minn. Stat. § 604A.04 was effective on May 10, 2014. Minn. Stat. Ann. § 151.37, which requires a protocol for pharmacy naloxone access, was effective May 20, 2016.
- ²⁰⁵ Minn. Stat. Ann. § 151.37 was amended effective July 1, 2023 to add “transit rider investment program personnel” to the list of laypersons who can administer naloxone and changed some language regarding school medical personnel. Minn. Stat. Ann. § 151.37 Subd. 12(a)(6); (7). Minn. Stat. Ann. § 151.37 was non-substantively amended effective August 1, 2022 due to definition amendments in Minn. Stat. Ann. § 151.01 and effective July 1, 2020 to add pharmacist prescriptive authority.
- ²⁰⁶ Applies only to licensed health care professionals who are permitted by law to prescribe an opiate antagonist. Minn. Stat. § 604A.04 Subd. 3.
- ²⁰⁷ Applies only to licensed health care professionals who are permitted by law to prescribe an opiate antagonist. Minn. Stat. § 604A.04 Subd. 3. Because pharmacists cannot be a prescriber of record, it is unlikely that they are covered by this provision.
- ²⁰⁸ “A person who is not a health care professional who acts in good faith in administering an opiate antagonist to another person whom the person believes in good faith to be suffering a drug overdose is immune from criminal prosecution for the act and is not liable for any civil damages for acts or omissions resulting from the act.” Minn. Stat. § 604A.0 Subd. 2(b).
- ²⁰⁹ While the law does not explicitly permit third party prescribing, Minn. Stat. § 604A.04 does not explicitly limit the person to which naloxone may be prescribed to any one category of persons. Additionally, 151.37 Subd. 12 allows prescribers to “authorize” the administration of naloxone by certain groups of people, including certain laypersons. Further, the Minnesota Department of Health’s website states that, “[p]harmacists, in collaboration with a registered practitioner, may enter into a written protocol to provide naloxone to persons at risk for, or know of someone at risk for, opioid overdose.” <https://www.health.state.mn.us/communities/opioids/mnresponse/naloxoneaccess.html>.
- ²¹⁰ Per amendments effective July 1, 2020, “(a) A pharmacist is authorized to prescribe opiate antagonists for the treatment of an acute opiate overdose. By January 1, 2021, the board shall develop a standardized protocol for the pharmacist to follow in prescribing an opiate antagonist. In developing the protocol, the board shall consult with the Minnesota Board of Medical Practice; the Minnesota Board of Nursing; the commissioner of health; professional pharmacy associations; and professional associations of physicians, physician assistants, and advanced practice registered nurses.” The protocol was approved on December 30, 2020, and is available at https://mn.gov/boards/assets/Minnesota%20Board%20of%20Pharmacy%20Opioid%20Antagonist%20Protocol%20for%20Independent%20Prescribing%20Approved_tcm21-463726.pdf.

- 211 “A licensed health care professional who is permitted by law to prescribe an opiate antagonist, if acting in good faith, may directly or by standing order prescribe, dispense, distribute, or administer an opiate antagonist.” Minn. Stat. § 604A.04 Subd. 3.
- 212 “The board shall develop an opiate antagonist protocol. When developing the protocol, the board shall consult with the Board of Medical Practice, the Board of Nursing, the commissioner of health, and professional associations of pharmacists, physicians, physician assistants, and advanced practice registered nurses.” Minn. Stat. § 151.37 subd. 13. The protocol acts similarly to a standing order and available at <https://www.health.state.mn.us/communities/injury/pubs/documents/OpiateAntagonistProtocolRevision09302016.pdf> (last visited July 1, 2023).
- 213 Mo. Rev. Stat. § 195.206 was modified effective Aug. 28, 2017, to permit the director of the Department of Health and Senior Services or, if that person is not a physician, their designee, to issue a statewide standing order for pharmacy naloxone distribution, to permit pharmacists to dispense naloxone under that order, and to provide civil, criminal, and disciplinary immunity to the issuer of the order. Amendments effective August 28, 2022, added “[a]ddiction mitigation medication” in the form of naltrexone hydrochloride as a medication subject to the same privileges and immunities as naloxone. Mo. Rev. Stat. § 195.206(1).
- 214 Prescriber immunity (criminal, civil, and disciplinary) in Missouri is limited to “protocol physician,” the physician who signs a standing order or protocol for naloxone dispensing. Mo. Rev. Stat. § 195.206(4).
- 215 “A licensed pharmacist who, acting in good faith and with reasonable care, sells or dispenses an opioid antagonist or an addiction mitigation medication and appropriate device to administer the drug, and the protocol physician, shall not be subject to any criminal or civil liability or any professional disciplinary action for prescribing or dispensing the opioid antagonist or an addiction mitigation medication or any outcome resulting from the administration of the opioid antagonist.” Mo. Rev. Stat. § 195.206(4).
- 216 “Any person who administers an opioid antagonist to another person shall, immediately after administering the drug, contact emergency personnel. Any person who, acting in good faith and with reasonable care, administers an opioid antagonist to another person whom the person believes to be suffering an opioid-related overdose shall be immune from criminal prosecution, disciplinary actions from his or her professional licensing board, and civil liability due to the administration of the opioid antagonist.” Mo. Rev. Stat. § 195.206(6).
- 217 “Notwithstanding any other law or regulation to the contrary, any person or organization acting under a standing order issued by a health care professional who is otherwise authorized to prescribe an opioid antagonist may store an opioid antagonist without being subject to the licensing and permitting requirements of this chapter and may dispense an opioid antagonist if the person does not collect a fee or compensation for dispensing the opioid antagonist.” Mo. Rev. Stat. § 338.205.
- 218 “Notwithstanding any other law or regulation to the contrary, it shall be permissible for any person to possess an opioid antagonist or an addiction mitigation medication.” Mo. Rev. Stat. § 195.206(5).
- 219 Missouri law does not clearly permit third party prescribing, but, per its terms, “any licensed pharmacist in Missouri may sell and dispense an opioid antagonist or an addiction mitigation medication under physician protocol,” and permits “any person to possess an opioid antagonist.” Mo. Rev. Stat. § 195.206. It also permits “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 and dispense an opioid antagonist. Mo. Rev. Stat. § 338.205.
- 220 “Notwithstanding any other law or regulation to the contrary, any licensed pharmacist in Missouri may sell and dispense an opioid antagonist or an addiction mitigation medication under physician protocol or under a statewide standing order issued under subsection 2 of this section.” Mo. Rev. Stat. § 195.206(3).
- 221 Technical amendments effective July 1, 2017 clarified that a practitioner may issue a standing order to “one or more individual pharmacies” to dispense naloxone. The law permits pharmacists to dispense under the standing order, provided they have completed a training program approved by the State Board of Pharmacy. Also permits firefighters and law enforcement, in addition to EMTs, to administer naloxone, and provides civil and criminal immunity for doing so. Effective July 1, 2023, education employees are, permitted to distribute, store, and administer naloxone, and individuals who receive naloxone from an education employee are authorized to administer that naloxone..
- 222 “The following individuals are immune from any civil or criminal liability or professional licensing sanctions for the following actions authorized by this section...[a]ny practitioner who prescribes or issues a standing order for an opioid antagonist in accordance with subsection (3) of this section.” Miss. Code Ann. § 41-29-319(7)(a).
- 223 “The following individuals are immune from any civil or criminal liability or professional licensing sanctions for the following actions authorized by this section...[a]ny practitioner or pharmacist acting in good faith and in compliance with the standard of care applicable to that practitioner or pharmacist who dispenses an opioid antagonist under a prescription or standing order issued in accordance with subsection (3) of this section.” Miss. Code Ann. § 41-29-319(7)(b).
- 224 “The following individuals are immune from any civil or criminal liability or professional licensing sanctions for the following actions authorized by this section...[a]ny person other than a practitioner who administers an opioid antagonist in accordance with subsection (5) of this section; and (d) Any emergency medical technician, firefighters and law enforcement officers who administers an opioid antagonist in accordance with subsection (6) of this section.” Miss. Code Ann. § 41-29-319(7)(c).
- 225 Amendments effective July 1, 2023, appear to authorize lay distribution from education employees only. Miss. Code Ann. § 41-29-319(7)(a).
- 226 Amendments effective July 1, 2023, appear to authorize the administration and storage of naloxone distributed by an education employee. Miss. Code Ann. § 41-29-319(5)(b); 7)(d).

- 227 “A practitioner acting in good faith and in compliance with the standard of care applicable to that practitioner may directly or by standing order prescribe an opioid antagonist to a person at risk of experiencing an opioid-related overdose or to a registered pain management clinic, family member, friend or other person in a position to assist such person at risk of experiencing an opioid-related overdose.” Miss. Code Ann. § 41-29-319(3)(a). “A practitioner acting in good faith and in compliance with the standard of care applicable to that practitioner may issue a standing order to one or more individual pharmacies that authorizes the pharmacy to dispense an opioid antagonist to a person at risk of experiencing an opioid-related overdose or to a family member, friend or other person in a position to assist such person at risk of experiencing an opioid-related overdose, without the person to whom the opioid antagonist is dispensed needing to have an individual prescription.” Miss. Code Ann. § 41-29-319(3)(b).
- 228 Effective July 1, 2017, pharmacists are required to “complete a training program approved by the State Board of Pharmacy on opioid antagonists” before dispensing under a standing order. Miss. Code Ann. § 41-29-319(4). Missouri’s standing order is available at <https://health.mo.gov/data/opioids/pdf/naloxone-standing-order.pdf>. (last visited July 1, 2023).
- 229 Mont. Code Ann. § 50-32-609 was amended effective October 1, 2021, to provide protections in other areas of the law unrelated to opioid antagonists. Mont. Code Ann. § 50-32-609(3).
- 230 “Except for injury or damages arising from gross negligence, willful or wanton misconduct, or an intentional tort: (a) a medical practitioner or licensed pharmacist may not be subject to disciplinary action or civil or criminal liability for injury resulting from the prescribing or dispensing of an opioid antagonist pursuant to 50-32-604 through 50-32-606 to an eligible recipient.” Mont. Code Ann. § 50-32-608.
- 231 “Except for injury or damages arising from gross negligence, willful or wanton misconduct, or an intentional tort: (a) a medical practitioner or licensed pharmacist may not be subject to disciplinary action or civil or criminal liability for injury resulting from the prescribing or dispensing of an opioid antagonist pursuant to 50-32-604 through 50-32-606 to an eligible recipient.” Mont. Code Ann. § 50-32-608(2).
- 232 “A medical practitioner, eligible recipient, emergency care provider, or other person is not liable and may not be subject to disciplinary action as a result of any injury arising from the administration of an opioid antagonist to another person whom the medical practitioner, eligible recipient, emergency care provider, or other person believes in good faith to be suffering from an opioid-related drug overdose, unless the injury arises from an act or omission that is the result of gross negligence, willful or wanton misconduct, or an intentional tort.” Mont. Code Ann. § 50-32-608(3).
- 233 “A medical practitioner, eligible recipient, emergency care provider, or other person is not liable and may not be subject to disciplinary action as a result of any injury arising from the administration of an opioid antagonist to another person whom the medical practitioner, eligible recipient, emergency care provider, or other person believes in good faith to be suffering from an opioid-related drug overdose, unless the injury arises from an act or omission that is the result of gross negligence, willful or wanton misconduct, or an intentional tort.” Mont. Code Ann. § 50-32-608(3). Mont. Code Ann. § 20-5-426(1)(g) also provides that “[a] school district or nonpublic school and its employees and agents are not liable as a result of any injury arising from the administration of an opioid antagonist to a student or nonstudent unless an act or omission is the result of gross negligence, willful or wanton misconduct, or an intentional tort.”
- 234 “An eligible recipient to whom an opioid antagonist is prescribed, dispensed, or distributed pursuant to 50-32-604 through 50-32-606 and who has received the instruction and information provided for in 50-32-606 may do any of the following: (a) possess and store the opioid antagonist. The storage of an opioid antagonist is not subject to pharmacy practice laws or other requirements that apply to the storage of drugs or medications.(b) in good faith, administer or direct another person to administer the opioid antagonist to a person who is experiencing an actual or reasonably perceived opioid-related drug overdose; or(c) distribute the opioid antagonist to a person who is an eligible recipient under 50-32-603(5)(a) or (5)(b).” Mont. Code Ann. § 50-32-607; “[A]n eligible recipient may not be subject to disciplinary action or civil or criminal liability for injury resulting from distributing an opioid antagonist pursuant to 50-32-606 and 50-32-607(b).” Mont. Code Ann. § 50-32-608 (2)(b).
- 235 “‘Eligible recipient’ means: (a) a person who is at risk of experiencing an opioid-related drug overdose; (b) a family member, friend, or other person who is in a position to assist a person who is at risk of experiencing an opioid-related drug overdose; (c) a first responder or a first responder entity; (d) a harm reduction organization or its representative; (e) the Montana state crime laboratory or its representative; (f) a person who, on behalf of or at the direction of a law enforcement agency or officer, may process, store, handle, test, transport, or possess a suspected or confirmed opioid; (g) a probation, parole, or detention officer; (h) a county or other local public health department or its representative; or (i) a veterans’ organization or its representative.” Mont. Code Ann. § 50-32-603(5).
- 236 “A medical practitioner may prescribe, directly, by a standing order, or by a collaborative practice agreement, or dispense, as permitted under 37-2-104, an opioid antagonist to an eligible recipient.” Mont. Code Ann. § 50-32-605. Montana’s statewide standing order is available at <https://dphhs.mt.gov/assets/publichealth/EMSTS/opioids/MontanaStandingOrderforNaloxoneOpioidAntagonists.pdf> (last visited July 1, 2023).
- 237 Law was modified effective July 1, 2017, to permit naloxone to be prescribed to a variety of organizations, and for those organizations to distribute naloxone obtained pursuant to a standing order. Those organizations were added to the list of parties that receive immunity. Effective May 19, 2023, the definition of “opioid antagonist” was changed from “naloxone hydrochloride” to “an opioid antagonist” approved by the FDA. N.C. Gen. Stat. § 90-12.7(a). Amendments adding protections for distributing and administering naloxone that was acquired over-the-counter will be effective “when it becomes law.” It was signed by the Governor on June 29, 2023, but does not appear to be effective until September 30, 2023.

- 238 “All of the following individuals are immune from any civil or criminal liability for actions authorized by this section...[a]ny practitioner who prescribes an opioid antagonist pursuant to subsection (b) of this section.” N.C. Gen. Stat. § 90-12.7(e)(1).
- 239 “All of the following individuals are immune from any civil or criminal liability for actions authorized by this section...[a]ny pharmacist who dispenses an opioid antagonist pursuant to subsection (c) of this section.” N.C. Gen. Stat. § 90-12.7(e)(2).
- 240 “All of the following individuals are immune from any civil or criminal liability for actions authorized by this section...[a]ny person who administers an opioid antagonist pursuant to subsection (d) of this section...[t]he State Health Director acting pursuant to subsection (b) of this section...[a]ny organization, or agent of the organization, that distributes an opioid antagonist pursuant to subsection (c1) of this section.” N.C. Gen. Stat. § 90-12.7(e)(3—5).
- 241 “A governmental or nongovernmental organization, including a local health department, a law enforcement agency, or an organization that promotes scientifically proven ways of mitigating health risks associated with substance use disorders and other high-risk behaviors may, through its agents, distribute an opioid antagonist obtained pursuant to a prescription. An organization, through its agents, shall include with any distribution of an opioid antagonist pursuant to this subsection basic instruction and information on how to administer the opioid antagonist.” N.C. Gen. Stat. § 90-12.7(c1).
- 242 “A governmental or nongovernmental organization, including a local health department, a law enforcement agency, or an organization that promotes scientifically proven ways of mitigating health risks associated with substance use disorders and other high-risk behaviors may, through its agents, distribute an opioid antagonist obtained pursuant to a prescription issued in accordance with subdivision (3) of subsection (b) of this section to (i) a person at risk of experiencing an opiate-related overdose or (ii) a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose. An organization, through its agents, shall include with any distribution of an opioid antagonist pursuant to this subsection basic instruction and information on how to administer the opioid antagonist.” N.C. Gen. Stat. § 90-12.7(c1).
- 243 “A practitioner acting in good faith and exercising reasonable care may directly or by standing order prescribe an opioid antagonist.” N.C. Gen. Stat. § 90-12.7(b)(1). The statewide standing order is available at <https://www.dph.ncdhhs.gov/docs/NCNaloxoneStandingOrderforPharmacistsMarch2022.pdf> (July 1, 2023).
- 244 N.D. Cent. Code § 23-01-42 was amended effective January 1, 2023, for a minor change to language in subsection (1)(b)(1) resulting from the merging of the state’s department of health and department of human services. It was modified again May 1, 2023, to remove restrictions on who naloxone may be prescribed, distributed, or dispensed to, and to remove a training requirement.
- 245 “An individual who prescribes, distributes, dispenses, receives, possesses, or administers an opioid antagonist as authorized under this section is immune from civil and criminal liability for such action. A health care professional who prescribes, distributes, or dispenses an opioid antagonist as authorized under this section is not subject to professional discipline for such action.” N.D. Cent. Code §§ 23-01-42(5).
- 246 “An individual who prescribes, distributes, dispenses, receives, possesses, or administers an opioid antagonist as authorized under this section is immune from civil and criminal liability for such action. A health care professional who prescribes, distributes, or dispenses an opioid antagonist as authorized under this section is not subject to professional discipline for such action.” N.D. Cent. Code §§ 23-01-42(5).
- 247 “An individual who prescribes, distributes, dispenses, receives, possesses, or administers an opioid antagonist as authorized under this section is immune from civil and criminal liability for such action. A health care professional who prescribes, distributes, or dispenses an opioid antagonist as authorized under this section is not subject to professional discipline for such action.” N.D. Cent. Code §§ 23-01-42(5).
- 248 While N.D. Cent. Code Ann. § 23-01-42 does not clearly allow for lay distribution, the protections for receiving naloxone are fairly broad. “An individual may receive, possess, or administer an opioid antagonist under subsection 3 or 4, regardless of whether the individual is the individual for or to whom the opioid antagonist is prescribed, distributed, or dispensed.” N.D. Cent. Code § 23-01-42 (4). “An individual who prescribes, distributes, dispenses, receives, possesses, or administers an opioid antagonist as authorized under this section is immune from civil and criminal liability for such action.” N.D. Cent. Code §§ 23-01-42 (5).
- 249 “An individual may receive, possess, or administer an opioid antagonist under subsection 3 or 4, regardless of whether the individual is the individual for or to whom the opioid antagonist is prescribed, distributed, or dispensed.” N.D. Cent. Code § 23-01-42(4).
- 250 “An individual may receive, possess, or administer an opioid antagonist under subsection 3 or 4, regardless of whether the individual is the individual for or to whom the opioid antagonist is prescribed, distributed, or dispensed.” N.D. Cent. Code § 23-01-42(4).
- 251 “To establish limited prescriptive authority for individuals to distribute opioid antagonist kits, also known as ‘Naloxone rescue kits.’ If the board establishes limited prescriptive authority under this subsection, the board shall adopt rules to establish standards that may include training, certification, and continuing education requirements.” N.D. Cent. Code § 45-15-10(23), effective August 1, 2015. Effective April 1, 2016, “[p]harmacists are authorized to furnish naloxone drug therapy solely in accordance with the written protocol for naloxone drug therapy approved by the board...[a]ny pharmacist exercising prescriptive authority for naloxone drug therapy shall maintain a current copy of the written protocol for naloxone drug therapy approved by the board.” N.D. Admin. Code 61-04-12-02(1)(a).
- 252 “A health care professional acting in good faith may directly or by standing order prescribe, distribute, or dispense an opioid antagonist.” N.D. Cent. Code § 23-01-42(2). North Dakota’s standing order is available at

<https://www.hhs.nd.gov/sites/www/files/documents/BH/Shared%20Community%20Materials/Naloxone%20Disbtirbution%20and%20Administration%20Standing%20Order%20-%20GFPD.pdf> (last visited July 1, 2023).

- ²⁵³ Minor changes to add “law enforcement employee” to the list of individuals provided immunity; previously, this was limited to “peace officer.”
- ²⁵⁴ “A health professional who is authorized to prescribe or dispense naloxone, if acting with reasonable care, may prescribe, administer, or dispense naloxone to any of the following persons without being subject to administrative action or criminal prosecution: (a) A person who is apparently experiencing or who is likely to experience an opioid-related overdose; or (b) A family member, friend, or other person in a position to assist a person who is apparently experiencing or who is likely to experience an opioid-related overdose.” Neb. Rev. Stat. § 28-470(1).
- ²⁵⁵ “A health professional who is authorized to prescribe or dispense naloxone, if acting with reasonable care, may prescribe, administer, or dispense naloxone to any of the following persons without being subject to administrative action or criminal prosecution: (a) A person who is apparently experiencing or who is likely to experience an opioid-related overdose; or (b) A family member, friend, or other person in a position to assist a person who is apparently experiencing or who is likely to experience an opioid-related overdose.” Neb. Rev. Stat. § 28-470(1).
- ²⁵⁶ Emergency responders and law enforcement officers are immune from criminal, civil, and administrative liability for administering naloxone, but there does not appear to be a broader civil immunity protection for lay persons. Neb. Rev. Stat. § 28-470(3); (4).
- ²⁵⁷ Lay administrators are immune from criminal liability if the person “obtains naloxone from a health professional or a prescription for naloxone from a health professional and administers the naloxone obtained from the health professional or acquired pursuant to the prescription to a person who is apparently experiencing an opioid-related overdose.” Neb. Rev. Stat. § 28-470(2).
- ²⁵⁸ “A health professional who is authorized to prescribe or dispense naloxone, if acting with reasonable care, may prescribe, administer, or dispense naloxone to any of the following persons without being subject to administrative action or criminal prosecution: (a) A person who is apparently experiencing or who is likely to experience an opioid-related overdose; or (b) A family member, friend, or other person in a position to assist a person who is apparently experiencing or who is likely to experience an opioid-related overdose.” Neb. Rev. Stat. § 28-470(1).
- ²⁵⁹ While the law does not appear to clearly permit standing orders, a statewide standing order has been issued and, as of March 2023, expires August 10, 2023. <https://dhhs.ne.gov/DOP%20document%20library/Naloxone%20standing%20order.pdf> (last visited July 1, 2023).
- ²⁶⁰ “No health care professional who, acting in good faith and with reasonable care, prescribes, dispenses, or distributes an opioid antagonist directly or by standing order and no person who, acting in good faith and with reasonable care, stores, dispenses, or distributes an opioid antagonist or administers an opioid antagonist to another person who the person believes is suffering an opioid-related drug overdose shall be subject to any criminal or civil liability, or any professional disciplinary action, for any action authorized by this paragraph or any outcome resulting from an action authorized by this paragraph.” N.H. Rev. Stat. Ann. § 318-B:15(IV)(c).
- ²⁶¹ “No health care professional who, acting in good faith and with reasonable care, prescribes, dispenses, or distributes an opioid antagonist directly or by standing order and no person who, acting in good faith and with reasonable care, stores, dispenses, or distributes an opioid antagonist or administers an opioid antagonist to another person who the person believes is suffering an opioid-related drug overdose shall be subject to any criminal or civil liability, or any professional disciplinary action, for any action authorized by this paragraph or any outcome resulting from an action authorized by this paragraph.” N.H. Rev. Stat. Ann. § 318-B:15(IV)(c).
- ²⁶² “[N]o person who, acting in good faith and with reasonable care, stores, dispenses, or distributes an opioid antagonist or administers an opioid antagonist to another person who the person believes is suffering an opioid-related drug overdose shall be subject to any criminal or civil liability, or any professional disciplinary action, for any action authorized by this paragraph or any outcome resulting from an action authorized by this paragraph.” N.H. Rev. Stat. Ann. § 318-B:15(IV)(c).
- ²⁶³ “A person or organization may, if acting pursuant to the provisions of subparagraph (a), store and possess an opioid antagonist, dispense or distribute an opioid antagonist, and administer an opioid antagonist to another person who the person believes is suffering an opioid-related overdose.” N.H. Rev. Stat. Ann. § 318-B:15(IV)(b).
- ²⁶⁴ “A health care professional authorized to prescribe an opioid antagonist may prescribe, dispense, or distribute, directly or by standing order, an opioid antagonist to a person at risk of experiencing an opioid-related overdose or a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose.” N.H. Rev. Stat. Ann. § 318-B:15(IV)(a).
- ²⁶⁵ Template for pharmacy standing order is available at <https://www.oplc.nh.gov/sites/g/files/ehbemt441/files/inline-documents/sonh/nh-dhhs-naloxone-standing-order-template.pdf> (last visited July 1, 2023). The state provides a map showing locations of pharmacies that dispense naloxone under standing orders, <https://www.thedoorway.nh.gov/find-pharmacy>.
- ²⁶⁶ Modified effective August 31, 2021, for clarity and to provide broader access to recipients and specific language around possession. Amended December 1, 2018, to permit naloxone to be administered in schools via standing order, and to provide immunity for such administration.
- ²⁶⁷ “Any prescriber or other health care practitioner who prescribes or dispenses an opioid antidote in good faith, and in accordance with the provisions of this subsection, shall not, as a result of the practitioner’s acts or omissions, be subject to any criminal or civil liability, or any professional disciplinary action under Title 45 of the Revised Statutes for prescribing or dispensing the opioid antidote.” N.J. Rev. Stat. § 24:6J-4(c)(1).

- ²⁶⁸ “Any prescriber or other health care practitioner who prescribes or dispenses an opioid antidote in good faith, and in accordance with the provisions of this subsection, shall not, as a result of the practitioner’s acts or omissions, be subject to any criminal or civil liability, or any professional disciplinary action under Title 45 of the Revised Statutes for prescribing or dispensing the opioid antidote.” N.J. Rev. Stat. § 24:6J-4(c)(1).
- ²⁶⁹ “A recipient who administers or distributes an opioid antidote in good faith as provided in subsection b. of this section shall not, as a result of any of the recipient’s acts or omissions, be subject to any criminal or civil liability, or any professional disciplinary action, for administering or distributing the opioid antidote.” N.J. Rev. Stat. § 24:6J-4(c)(2).
- ²⁷⁰ “A recipient in possession of an opioid antidote may distribute the opioid antidote, without fee, to any other person who the recipient reasonably believes to be at risk of experiencing an opioid overdose or who the recipient reasonably believes will be in a position to administer the opioid antidote to a person experiencing an opioid overdose. A recipient distributing an opioid antidote to another person pursuant to this paragraph shall make reasonable efforts to furnish the person with the overdose prevention information described in section 5 of P.L.2013, c. 46 (C.24:6J-5).” N.J. Stat. Ann. § 24:6J-4(b)(2).
- ²⁷¹ “A recipient in possession of an opioid antidote may administer the opioid antidote to any other person, without fee, in any situation in which the recipient reasonably believes the other person to be experiencing an opioid overdose.” N.J. Stat. Ann. § 24:6J-4(b)(1). “A recipient who administers or distributes an opioid antidote in good faith as provided in subsection b. of this section shall not, as a result of any of the recipient’s acts or omissions, be subject to any criminal or civil liability, or any professional disciplinary action, for administering or distributing the opioid antidote.” N.J. Stat. Ann. § 24:6J-4(c)(2).
- ²⁷² “A prescriber or other health care practitioner, as appropriate, may prescribe or dispense an opioid antidote directly or through a standing order, to any person or entity. Any person or entity may be dispensed an opioid antidote pursuant to an individual prescription or a standing order issued by a prescriber, and any person or entity may be dispensed an opioid antidote by a pharmacy as provided in section 1 of P.L.2017, c. 88 (C.45:14-67.2).” N.J. Rev. Stat. § 24:6J-4(a)(1).
- ²⁷³ “A prescriber or other health care practitioner, as appropriate, may prescribe or dispense an opioid antidote directly or through a standing order, to any person or entity. Any person or entity may be dispensed an opioid antidote pursuant to an individual prescription or a standing order issued by a prescriber, and any person or entity may be dispensed an opioid antidote by a pharmacy as provided in section 1 of P.L.2017, c. 88 (C.45:14-67.2).” N.J. Rev. Stat. § 24:6J-4(a)(1). “Notwithstanding any other law or regulation to the contrary, a pharmacist may dispense an opioid antidote to any person or entity, regardless of whether the person or entity holds an individual prescription for the opioid antidote, pursuant to a standing order issued by a prescriber or pursuant to the standing order issued pursuant to subsection b. of this section.” N.J. Stat. Ann. § 45:14-67.2(a). The statewide standing order is available at https://www.nj.gov/health/integratedhealth/documents/STANDING%20ORDER%20TO%20DISPENSE%20OPIOID%20ANTIDOTE%20FOR%20OVERDOSE%20PREVENTI%20ON_pharmacists.pdf (last visited July 1, 2023).
- ²⁷⁴ Nearly all the current provisions, including authority to issue standing orders, were effective March 4, 2016. N.M. Code R. 16.19.26.13 was renumbered to N.M. Code R. 16.19.26.12 effective May 31, 2021.
- ²⁷⁵ “A person who possesses or who administers, dispenses or distributes an opioid antagonist to another person pursuant to this section shall not be subject to civil liability, criminal prosecution or professional disciplinary action as a result of the possession, administration, distribution or dispensing of the opioid antagonist; provided that actions are taken with reasonable care and without willful, wanton or reckless behavior.” N.M. Stat. § 24-23-1(H).
- ²⁷⁶ “A person who possesses or who administers, dispenses or distributes an opioid antagonist to another person pursuant to this section shall not be subject to civil liability, criminal prosecution or professional disciplinary action as a result of the possession, administration, distribution or dispensing of the opioid antagonist; provided that actions are taken with reasonable care and without willful, wanton or reckless behavior.” N.M. Stat. § 24-23-1(H).
- ²⁷⁷ “Any person acting under a standing order issued by a licensed prescriber may store or distribute an opioid antagonist.” N.M. Stat. § 24-23-1(B).
- ²⁷⁸ “A person may possess an opioid antagonist, regardless of whether the person holds a prescription for the opioid antagonist.” N.M. Stat. § 24-23-1(A).
- ²⁷⁹ “Pursuant to a valid prescription, a pharmacist may 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.” N.M. Stat. § 24-23-1(C).
- ²⁸⁰ “Prescriptive authority shall be limited to naloxone and shall include any device(s) approved for the administration of naloxone. Prescriptive authority for naloxone drug therapy shall be limited to naloxone as delineated in the written protocol for naloxone drug therapy approved by the board.” N.M. Code R. 16.19.26.12. This authority became effective March 14, 2014, as N.M. Code R. 16.19.26.13 and renumbered to N.M. Code R. 16.19.26.12 effective May 31, 2021.
- ²⁸¹ “A licensed prescriber may directly or by standing order prescribe, dispense or distribute an opioid antagonist.” N.M. Stat. § 24-23-1(F). New Mexico’s standing order is available at <https://www.nmhealth.org/publication/view/general/7174/> (last visited July 1, 2023).
- ²⁸² Authority for pharmacists to dispense via protocol was added effective July 1, 2017. Nev. Rev. Stat. § 453C.105 was added effective July 1, 2021, to provide that “a health care professional authorized to prescribe an opioid antagonist may issue to a public school or private school an order to allow the school to obtain and maintain an opioid antagonist at the school, regardless of whether any person at the school has been diagnosed with a condition which may cause the person to require such medication for the treatment of an opioid-related drug overdose.” Nev. Rev. Stat. Ann. § 453C.105.

- ²⁸³ “A person who, acting in good faith and with reasonable care, prescribes or dispenses an opioid antagonist pursuant to subsection 1, is not subject to any criminal or civil liability or any professional disciplinary action for: (a) Such prescribing or dispensing; or (b) Any outcomes that result from the eventual administration of the opioid antagonist.” Nev. Rev. Stat. § 453C.100(2).
- ²⁸⁴ “A person who, acting in good faith and with reasonable care, prescribes or dispenses an opioid antagonist pursuant to subsection 1, is not subject to any criminal or civil liability or any professional disciplinary action for: (a) Such prescribing or dispensing; or (b) Any outcomes that result from the eventual administration of the opioid antagonist.” Nev. Rev. Stat. § 453C.100(2).
- ²⁸⁵ “A person who, acting in good faith and with reasonable care, administers an opioid antagonist to another person whom the person believes to be experiencing an opioid-related drug overdose is immune from criminal prosecution, sanction under any professional licensing statute and civil liability for such act.” Nev. Rev. Stat. § 453C.100(4).
- ²⁸⁶ “Notwithstanding any other provision of law, a person acting under a standing order issued by a health care professional who is otherwise authorized to prescribe an opioid antagonist may store an opioid antagonist without being subject to the registration and licensing provisions of chapter 639 of NRS and may dispense an opioid antagonist if those activities are undertaken without charge or compensation.” Nev. Rev. Stat. § 453C.110.
- ²⁸⁷ Any person, including, without limitation, a law enforcement officer, acting in good faith, may possess and administer an opioid antagonist to another person whom he or she reasonably believes to be experiencing an opioid-related drug overdose. Nev. Rev. Stat. § 453C.100(3)(a).
- ²⁸⁸ “Notwithstanding any other provision of law, a health care professional otherwise authorized to prescribe an opioid antagonist may, directly or by standing order, prescribe and dispense an opioid antagonist to a person at risk of experiencing an opioid-related drug overdose or to a family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose.” Nev. Rev. Stat. § 453C.100(1).
- ²⁸⁹ “Notwithstanding any other provision of law, a health care professional otherwise authorized to prescribe an opioid antagonist may, directly or by standing order, prescribe and dispense an opioid antagonist to a person at risk of experiencing an opioid-related drug overdose or to a family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose.” Nev. Rev. Stat. § 453C.100(1). Nevada does not have a statewide standing order but naloxone is available without a prescription at locations tracked on this website: <https://nvopioidresponse.org/harm-reduction/overdose-reversal-medication/finder/>.
- ²⁹⁰ “Notwithstanding any other provision of law, a registered pharmacist may, with or without a prescription from a health care professional authorized to prescribe an opioid antagonist, furnish an opioid antagonist in accordance with standardized procedures or protocols developed and approved by the State Board of Pharmacy pursuant to this section.” Nev. Rev. Stat. § 453C.120. Effective July 1, 2017.
- ²⁹¹ Effective August 24, 2020, the definition of “recipient” was expanded to include any person or entity. N.Y. Pub. Health Law § 3309(3)(a)(iv). Effective April 22, 2023, the commissioner is required to “establish guidelines for onsite opioid overdose response capacity in nightlife establishments.” N.Y. Pub. Health Law § 3309(8).
- ²⁹² “A recipient, opioid overdose prevention program, person or entity, or any person employed by the person or entity, acting reasonably and in good faith in compliance with this section, shall not be subject to criminal, civil or administrative liability solely by reason of such action.” N.Y. Pub. Health Law § 3309(4)(b).
- ²⁹³ “A recipient, opioid overdose prevention program, person or entity, or any person employed by the person or entity, acting reasonably and in good faith in compliance with this section, shall not be subject to criminal, civil or administrative liability solely by reason of such action.” N.Y. Pub. Health Law § 3309(4)(b).
- ²⁹⁴ “A recipient, opioid overdose prevention program, person or entity, or any person employed by the person or entity, acting reasonably and in good faith in compliance with this section, shall not be subject to criminal, civil or administrative liability solely by reason of such action.” N.Y. Pub. Health Law § 3309(4)(b).
- ²⁹⁵ In addition to the immunity afforded to lay administrators, healthcare providers that do not normally have prescribing or administering authority are provided disciplinary immunity when administering naloxone in emergency situations. See N.Y. Educ. Law § 6509-d.
- ²⁹⁶ “An opioid antagonist recipient may possess an opioid antagonist obtained pursuant to this paragraph, may distribute such opioid antagonist to a recipient, and may administer such opioid antagonist to a person the recipient reasonably believes is experiencing an opioid overdose.” N.Y. Pub. Health Law § 3309(3)(b)(iii).
- ²⁹⁷ “A health care professional may prescribe by a patient-specific or non-patient-specific prescription, dispense or distribute, directly or indirectly, an opioid antagonist to an opioid antagonist recipient. N.Y. Pub. Health Law § 3309(3)(b)(i). “A pharmacist may dispense an opioid antagonist, through a patient-specific or non-patient-specific prescription pursuant to this paragraph, to an opioid antagonist recipient.” N.Y. Pub. Health Law § 3309(3)(b)(ii). “Opioid antagonist recipient” or “recipient” means a person at risk of experiencing an opioid-related overdose, or a family member, friend or other person in a position to assist a person experiencing or at risk of experiencing an opioid-related overdose, or an organization registered as an opioid overdose prevention program pursuant to this section or any person or entity or any person employed by the person or entity. N.Y. Pub. Health Law § 3309(3)(b)(iv) “As used in this section, “entity” includes, but is not limited to, a school district, public library, board of cooperative educational services, county vocational education and extension board, charter school, non-public elementary or secondary school, restaurant, bar, retail store, shopping mall, barber shop, beauty parlor, theater, sporting or event center, inn, hotel or motel.” N.Y. Pub. Health Law § 3309(3)(b)(v).
- ²⁹⁸ “A health care professional may prescribe by a patient-specific or non-patient-specific prescription, dispense or distribute, directly or indirectly, an opioid antagonist to an opioid antagonist recipient.” N.Y. Pub. Health Law § 3309(3)(b)(i). Effective June 24, 2014. The standing order is available at https://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/docs/naloxone_standing_order_pharmacies.pdf (last visited July 1, 2023).

- ²⁹⁹Effective April 6, 2023, Ohio Rev. Code §§ 4731.94; 4731.941; 2925.61 are repealed and Ohio Rev. Code § 4729.44 is amended and recodified at Ohio Rev. Code § 3715.502. Additional code sections covering the repealed code sections are now located at Ohio Rev. Code §§ 3715.50, 3715.501, 3715.503; 3715.504; and 3715.505. Effective September 23, 2022, “naloxone” was replaced by “overdose reversal drugs.” Ohio Rev. Code §§ 4731.94; 2925.61; 4731.941. Amendments effective April 6, 2017, added immunity from criminal prosecutions for administering naloxone in addition to other changes and amendments effective December 16, 2020, added civil immunity. Ohio Rev. Code § 2925.61. July 16, 2015, amendments removed the restriction to autoinjector or nasal naloxone only. Ohio Rev. Code §§ 4731.94; 2925.61. Other changes to these laws have not been substantive.
- ³⁰⁰ “A physician, physician assistant, or advanced practice registered nurse who in good faith exercises the authority conferred by division (A)(1) of this section is not liable for or subject to any of the following for any act or omission of the individual to whom a prescription for an overdose reversal drug is issued or the supply of such a drug is furnished: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action.” Ohio Rev. Code § 3715.501(B)(1).
- ³⁰¹ A physician, physician assistant, or advanced practice registered nurse may personally furnish a supply of naloxone. “A physician, physician assistant, or advanced practice registered nurse who in good faith exercises the authority conferred by division (A)(1) of this section is not liable for or subject to any of the following for any act or omission of the individual to whom a prescription for an overdose reversal drug is issued or the supply of such a drug is furnished: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action.” Ohio Rev. Code § 3715.501(b)(1). A pharmacist or pharmacy intern may fill a prescription for naloxone that does not include the name of the person to whom the drug may be administered. “A pharmacist or pharmacy intern who in good faith exercises the authority conferred by division (A)(2) of this section is not liable for or subject to any of the following: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action. Ohio Rev. Code Ann. § 3715.501(B)(2). “A pharmacist or pharmacy intern authorized under this section to dispense overdose reversal drugs without a prescription who does so in good faith is not liable for or subject to any of the following for any act or omission of the individual to whom the drugs are dispensed: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action.” Ohio Rev. Code Ann. § 3715.502(E).
- ³⁰² “[A]ny individual who is in a position to assist another individual who is apparently experiencing an opioid-related overdose” is authorized to administer naloxone. Ohio Rev. Code § 3715.504(A). An individual administering naloxone has civil, criminal, and administrative immunity if they legally obtained the naloxone and they attempt to summon EMS. Ohio Rev. Code § 3715.504(B).
- ³⁰³ “Notwithstanding any conflicting provision of the Revised Code, any person or government entity may purchase, possess, distribute, dispense, personally furnish, sell, or otherwise obtain or provide an overdose reversal drug, which includes any instrument or device used to administer the drug, if all of the following conditions are met: (1) The overdose reversal drug is in its original manufacturer’s packaging. (2) The overdose reversal drug’s packaging contains the manufacturer’s instructions for use. (3) The overdose reversal drug is stored in accordance with the manufacturer’s or distributor’s instructions.” Ohio Rev. Code § 3715.50(B). “If the authority granted by division (B) or (C) of this section is exercised in good faith, the following immunities apply: (1) The person or government entity exercising the authority is not subject to administrative action or criminal prosecution and is not liable for damages in a civil action for injury, death, or loss to person or property for an act or omission that arises from exercising that authority. (2) After an overdose reversal drug has been dispensed or personally furnished, the person or government entity is not liable for or subject to any of the following for any act or omission of the individual to whom the drug is dispensed or personally furnished: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action.” Ohio Rev. Code § 3715.50(D).
- ³⁰⁴ “Notwithstanding any conflicting provision of the Revised Code, any person or government entity may purchase, possess, distribute, dispense, personally furnish, sell, or otherwise obtain or provide an overdose reversal drug, which includes any instrument or device used to administer the drug, if all of the following conditions are met: (1) The overdose reversal drug is in its original manufacturer’s packaging. (2) The overdose reversal drug’s packaging contains the manufacturer’s instructions for use. (3) The overdose reversal drug is stored in accordance with the manufacturer’s or distributor’s instructions.” Ohio Rev. Code § 3715.50(B).
- ³⁰⁵ “A physician, physician assistant, or advanced practice registered nurse may issue a prescription for an overdose reversal drug, or personally furnish a supply of the drug, without having examined the individual to whom it may be administered.” Ohio Rev. Code Ann. § 3715.501(A)(1).
- ³⁰⁶ Ohio law permits anyone to dispense naloxone under a protocol established by a physician, physician assistant, or advanced practice registered nurse. This protocol appears to be the functional equivalent of a standing order. Ohio Rev. Code §§ 3715.502; 503. A sample protocol is available at <https://www.pharmacy.ohio.gov/Documents/Pubs/Naloxone/Pharmacist/Sample%20Naloxone%20Dispensing%20Protocol%20for%20Pharmacies.pdf> (last visited July 1, 2023).
- ³⁰⁷ Immunity, to the extent that it is provided, was added effective Nov. 1, 2018.
- ³⁰⁸ While naloxone law does not provide immunity directly, it provides that a “provider prescribing or administering an opiate antagonist in a manner consistent with addressing opiate overdose shall be covered under the Good Samaritan Act.” Okla. Stat. tit. 63, § 1-2506.2(C).
- ³⁰⁹ While naloxone law does not provide immunity directly, it provides that any “family member administering an opiate antagonist in a manner consistent with addressing opiate overdose shall be covered under the Good Samaritan Act.” Okla. Stat. tit. 63, § 1-2506.2(D). Schools and their employees specifically have civil immunity “in relation to the administration of an opioid antagonist in the event of a suspected overdose.” Okla. Stat. tit. 70, § 1210.242(C).

- ³¹⁰ Oklahoma law permits naloxone to be prescribed to an individual for use by that individual “when encountering a family member exhibiting signs of an opiate overdose” if certain information is provided. Okla. Stat. tit. 63, § 1-2506.2.
- ³¹¹ Effective Nov. 1, 2014, Oklahoma law provided that, “[n]aloxone, also known as Narcan, or any of its generic equivalents may be dispensed or sold by a pharmacy without a prescription; provided, however, it shall be dispensed or sold only by, or under the supervision of, a licensed pharmacist.” Okla. Stat. tit. 63 § 2-312.2. Effective Nov. 1, 2017, that language was changed to read, “[n]aloxone, also known as Narcan, or any of its generic equivalents may be dispensed or sold by a pharmacy without a prescription; provided, however, it shall be dispensed or sold only by, or under the supervision of, a licensed pharmacist. Naloxone may be prescribed and dispensed by a licensed pharmacist; provided, however, it shall be dispensed only by, or under the supervision of, a licensed pharmacist. No dispensing protocol shall be required.” Per Okla. Admin. Code § 535:10-9-15(c), “[a] Pharmacist may prescribe and dispense Naloxone without a protocol or prescription to any person at risk of experiencing an opioid-related drug overdose, family or friend of an at-risk person, or first responder. Naloxone may only be dispensed by, or under the supervision of, a licensed pharmacist.” That section was effective Sept. 14, 2018. It was amended effective September 11, 2020, to correct the title section referenced.
- ³¹² The following language was added effective Sept. 29, 2019: “The pharmacy, health care professional or pharmacist may also distribute multiple kits to social service agencies under ORS 689.684 or to other persons who work with individuals who have experienced an opiate overdose. The social services agencies or other persons may redistribute the kits to individuals likely to experience an opiate overdose or to family members of the individuals.” Or. Rev. Stat. § 689.681(2).
- ³¹³ “A person acting in good faith, if the act does not constitute wanton misconduct, is immune from civil liability for any act or omission of an act committed during the course of distributing and administering naloxone and distributing the necessary medical supplies to administer the naloxone under this section.” Or. Rev. Stat. Ann. § 689.681(3).
- ³¹⁴ “A person acting in good faith, if the act does not constitute wanton misconduct, is immune from civil liability for any act or omission of an act committed during the course of distributing and administering naloxone and distributing the necessary medical supplies to administer the naloxone under this section.” Or. Rev. Stat. Ann. § 689.681(3).
- ³¹⁵ Oregon law permits “any other person designated by the State Board of Pharmacy by rule” to distribute naloxone and necessary medical supplies. Or. Rev. Stat. § 689.681(2). While regulations issued by the Oregon Public Health Authority permit a variety of organizations to conduct overdose prevention training, it does not appear that the Board of Pharmacy has promulgated regulations permitting such organizations to dispense or distribute naloxone. See Or. Admin. R. § 855-019-0460. Nevertheless, the Oregon Health Authority website says that “If you are actively using opioids, you can get naloxone and other harm reduction materials such as fentanyl test strips at no cost through syringe service programs” and encourages starting naloxone distribution programs. <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/naloxone.aspx>
- ³¹⁶ “Notwithstanding any other provision of law, a pharmacy, a health care professional or a pharmacist with prescription and dispensing privileges or any other person designated by the State Board of Pharmacy by rule may distribute and administer naloxone and distribute the necessary medical supplies to administer the naloxone. The pharmacy, health care professional or pharmacist may also distribute multiple kits to social service agencies under ORS 689.684 or to other persons who work with individuals who have experienced an opiate overdose. The social services agencies or other persons may redistribute the kits to individuals likely to experience an opiate overdose or to family members of the individuals.” Or. Rev. Stat. Ann. § 689.681(2).
- ³¹⁷ Pharmacists have been permitted to prescribe since April 4, 2016. Or. Rev. Stat. § 689.682. See also Or. Admin. R. § 855-019-0460 (rules regulating pharmacist naloxone prescription).
- ³¹⁸ Oregon law permits “any other person designated by the State Board of Pharmacy by rule” to distribute naloxone and necessary medical supplies. Or. Rev. Stat. § 689.681(2). In practice, since pharmacists may prescribe naloxone, it appears that the pharmacist generally does so. The Oregon Health Authority maintains a list of pharmacies at which naloxone is available without prior prescription at <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Documents/pharmacies-distributing-naloxone.pdf>.
- ³¹⁹ 35 Pa. Stat. and Cons. Stat. Ann. § 780-113.8 was amended effective January 2, 2023, to change “naloxone” to “opioid antagonist” and add a definition of “opioid antagonist.”
- ³²⁰ “A licensed health care professional who, acting in good faith, prescribes or dispenses an opioid antagonist shall not be subject to any criminal or civil liability or any professional disciplinary action for: (i) such prescribing or dispensing; or (ii) any outcomes resulting from the eventual administration of the opioid antagonist.(2) The immunity under paragraph (1) shall not apply to a health professional who acts with intent to harm or with reckless indifference to a substantial risk of harm.” 35 Pa. Stat. and Cons. Stat. §§ 780-113.8(e)(1); (2).
- ³²¹ “A licensed health care professional who, acting in good faith, prescribes or dispenses an opioid antagonist shall not be subject to any criminal or civil liability or any professional disciplinary action for: (i) such prescribing or dispensing; or (ii) any outcomes resulting from the eventual administration of the opioid antagonist.(2) The immunity under paragraph (1) shall not apply to a health professional who acts with intent to harm or with reckless indifference to a substantial risk of harm.” 35 Pa. Stat. and Cons. Stat. §§ 780-113.8(e)(1); (2).
- ³²² “A person, law enforcement agency, fire department or fire company under subsection (b)(2) or (c) 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:(i) Shall be immune from criminal prosecution, sanction under any

professional licensing statute and civil liability for such act.(ii) Shall not be subject to professional review for such act.(iii) Shall not be liable for any civil damages for acts or omissions resulting from such act.” 35 Pa. Stat. and Cons. Stat. § 780-113.8(f)(1).

³²³ A “person or organization acting at the direction of a health care professional authorized to prescribe an opioid antagonist” is exempt from all provisions of the state Pharmacy Act, so long as they act without charge or compensation. 35 Pa. Cons. Stat. § 780-113.8(d).

³²⁴ “Notwithstanding any other law to the contrary, a health care professional otherwise authorized to prescribe an opioid antagonist may dispense, prescribe or distribute an opioid antagonist directly or by a standing order to an authorized law enforcement officer or firefighter in accordance with an agreement under subsection (b) or to a person at risk of experiencing an opioid-related overdose or family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related overdose.” 35 Pa. Stat. and Cons. Stat. § 780-113.8(c).

³²⁵ “Notwithstanding any other law to the contrary, a health care professional otherwise authorized to prescribe an opioid antagonist may dispense, prescribe or distribute an opioid antagonist directly or by a standing order to an authorized law enforcement officer or firefighter in accordance with an agreement under subsection (b) or to a person at risk of experiencing an opioid-related overdose or family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related overdose.” 35 Pa. Stat. and Cons. Stat. § 780-113.8(c). The current standing order is available at <https://www.health.pa.gov/topics/Documents/Opioids/General%20Public%20Standing%20Order.pdf> (last visited July 1, 2023).

³²⁶ Rhode Island’s overdose Good Samaritan law was initially enacted on June 18, 2012, and automatically sunset on July 1, 2015. A portion of that law permitted a person to administer an opioid antagonist to another person if they believed, in good faith, that the person was experiencing an overdose and they acted with reasonable care in administering the antagonist. They were provided with civil and criminal immunity for doing so. R.I. Gen. Laws § 21-28.8-3.

³²⁷ R.I. Gen. Laws 21-28.9-3 was amended July 2, 2018, to allow EMS to provide naloxone to individuals at risk of overdose or their family, friends, or other persons, and on July 14, 2019, to provide immunity to law enforcement and EMS who administer naloxone. R.I. Gen. Laws § 21-28.9-3(b—d). 216 R.I. Code Reg. 20-20-5 was amended and restructured effective July 26, 2022. The changes include a language change throughout from Naloxone (Narcan) to “opioid antagonist”, a new definition of “person at risk of experiencing an opioid-related drug overdose” as well as data collection and reporting requirements.

³²⁸ “The administering, dispensing, prescribing, purchasing, acquisition, possession, or use of an opioid antagonist by a healthcare professional shall not constitute unprofessional conduct or a violation of any statute or Regulation otherwise enforceable by the Department, provided that the healthcare professional’s actions upon which the alleged unprofessional conduct or violation are based were made with reasonable care and based on a good faith effort to assist: 1. A person experiencing, or suspected to be experiencing, an opioid-related drug overdose; or 2. Any person or persons, such as a family member or friend of a person at risk of experiencing an opioid-related overdose, who is in a position to respond to such person experiencing, or suspected to be experiencing, an opioid-related drug overdose.” 216 R.I. Code R. 20-20-5.3.1(C). “A healthcare professional who prescribes or dispenses an opioid antagonist shall not be subject to any professional disciplinary action for: 1. Prescribing or dispensing in accordance with this Part, or 2. Any outcomes resulting from the administration of an opioid antagonist in accordance with this Part.” 216 R.I. Code R. 20-20-5.3.1(D)

³²⁹ “The administering, dispensing, prescribing, purchasing, acquisition, possession, or use of an opioid antagonist by a healthcare professional shall not constitute unprofessional conduct or a violation of any statute or Regulation otherwise enforceable by the Department, provided that the healthcare professional’s actions upon which the alleged unprofessional conduct or violation are based were made with reasonable care and based on a good faith effort to assist: 1. A person experiencing, or suspected to be experiencing, an opioid-related drug overdose; or 2. Any person or persons, such as a family member or friend of a person at risk of experiencing an opioid-related overdose, who is in a position to respond to such person experiencing, or suspected to be experiencing, an opioid-related drug overdose.” 216 R.I. Code R. 20-20-5.3.1(C). “A healthcare professional who prescribes or dispenses an opioid antagonist shall not be subject to any professional disciplinary action for: 1. Prescribing or dispensing in accordance with this Part, or 2. Any outcomes resulting from the administration of an opioid antagonist in accordance with this Part.” 216 R.I. Code R. 20-20-5.3.1(D)

³³⁰ “Any person, including law enforcement personnel and emergency medical personnel, who administers an opioid antagonist to another person pursuant to this section shall not be subject to civil liability or criminal prosecution as a result of the administration of the drug. 21 R.I. Gen. Laws Ann. § 21-28.9-3(b).

³³¹ Law enforcement and emergency medical personnel are permitted to “provide and transfer an opioid antagonist to an individual or to his or her family member.” R.I. Gen. Laws Ann. § 21-28.9-3(c)(1). However, it is not clear whether lay distribution is otherwise permitted. Pursuant to regulations issued by the Rhode Island Department of Health, “[p]rescribing and dispensing healthcare professionals shall ensure that all persons prescribed and/or dispensed opioid antagonists receive the patient information specified in § 5.2(A)(9) of this Part. Provision of the patient information shall be appropriately documented. Patient information may be provided by: 1. Prescribing and dispensing healthcare professionals; 2. Community-based organizations; 3. BHDDH licensed or certified community programs offering support to individuals with a substance use diagnosis; or 4. Any other organization that has a written agreement with a healthcare professional, which agreement must include descriptions of: a. How the organization will provide patient information about overdose response and use of an opioid antagonist; b. How employees or volunteers providing patient information are trained; and c. How patient information is documented.” 216 R.I. Code R. 20-20-5.3.1(B).

³³² “Notwithstanding any other law or regulation, any person may lawfully possess opioid antagonists.” 216 R.I. Code R. 20-20-5.3(B).

- ³³³ “Notwithstanding any other law or Regulation, any healthcare professional may dispense opioid antagonists, consistent with the provisions of this Part.” 216 R.I. Code R. 20-20-5.3(A). “Opioid antagonists may lawfully be prescribed and dispensed to: 1. Any person at risk of experiencing an opioid-related overdose; and 2. Any person or persons, such as a family member or friend of a person at risk of experiencing an opioid-related overdose, who is reasonably expected by the prescriber to be in a position to respond to such person at risk of experiencing an opioid-related overdose.” 216 R.I. Code R. 20-20-5.3.1(A).
- ³³⁴ Language related to standing orders was removed in the July 26, 2022, amendments. References to standing orders for naloxone are now limited to the school setting; “School physicians shall prepare standing orders for the procedures to be followed in dealing with a suspected opioid overdose in a school setting. The standing orders shall not require any school nurse-teacher to administer an opioid antagonist.” 21 R.I. Gen. Laws Ann. 16-21-35.
- ³³⁵ S.C. Code Ann. § 44-130-90 was added effective May 19, 2023, to include protections for coroners who administer naloxone, but that does not affect any data in this table. Section 44-130-75 was added effective May 23, 2022, providing that “[a] hospital, by and through a health care provider employed by the hospital, may distribute an opioid antidote to: (1) a person at risk of experiencing an opiate-related overdose; or (2) a caregiver of a person at risk of experiencing an opiate-related overdose. (B) A hospital that distributes an opioid antidote in accordance with the provisions of this section is not, as a result of an act or omission, subject to civil or criminal liability. A health care provider employed by a hospital that distributes an opioid antidote for the hospital in accordance with the provisions of this section is not, as a result of an act or omission, subject to civil or criminal liability or subject to disciplinary action by the health care provider’s licensing board.” S.C. Code Ann. § 44-130-75(A). Section 44-120-80 was added effective January 1, 2021, requiring reporting of opioid antidote administration in certain circumstances. S.C. Code Ann. § 44-130-80. Effective May 3, 2018, “[a] prescriber acting in good faith and exercising reasonable care may directly or by standing order prescribe an opioid antidote to a community distributor for the purpose of distributing the opioid antidote to:(1) a person at risk of experiencing an opiate-related overdose; or(2) a caregiver of a person at risk of experiencing an opiate-related overdose. S.C. Code Ann. § 44-130-70. Effective June 5, 2016, “[a] pharmacist acting in good faith and exercising reasonable care as a pharmacist may dispense an opioid antidote pursuant to a written prescription or standing order by a prescriber. A pharmacist acting in good faith and exercising reasonable care as a pharmacist may dispense an opioid antidote pursuant to a written joint protocol issued by the Board of Medical Examiners and the Board of Pharmacy.” S.C. Code Ann. § 44-130-40(A-B).
- ³³⁶ “A prescriber who issues a written prescription or a standing order for an opioid antidote in accordance with the provisions of this section is not as a result of an act or omission subject to civil or criminal liability or to professional disciplinary action.” S.C. Code Ann. § 44-130-30(D).
- ³³⁷ “A pharmacist dispensing an opioid antidote in accordance with the provisions of this section is not as a result of an act or omission subject to civil or criminal liability or to professional disciplinary action.” S.C. Code Ann. § 44-130-40(C).
- ³³⁸ “A caregiver who administers an opioid antidote in accordance with the provisions of this section is not subject to civil or criminal liability.” S.C. Code Ann. § 44-130-50(B). “A first responder who administers an opioid antidote in accordance with the provisions of this section to a person whom the first responder believes in good faith is experiencing an opioid overdose is not by an act or omission subject to civil or criminal liability or to professional disciplinary action.” S.C. Code Ann. § 44-130-60(C).
- ³³⁹ “A prescriber acting in good faith and exercising reasonable care may directly or by standing order prescribe an opioid antidote to a community distributor for the purpose of distributing the opioid antidote to:(1) a person at risk of experiencing an opiate-related overdose; or (2) a caregiver of a person at risk of experiencing an opiate-related overdose. S.C. Code Ann. § 44-130-70(A). This section was enacted May 3, 2018.
- ³⁴⁰ “A prescriber acting in good faith and exercising reasonable care as a prescriber may issue a written prescription for an opioid antidote to: (1) a person who is at risk of experiencing an opioid-related overdose; or (2) a caregiver for a person who is at risk of experiencing an opioid overdose whom the prescriber has not personally examined. S.C. Code Ann. § 44-130-30(A).
- ³⁴¹ Effective June 5, 2016, “[a] pharmacist acting in good faith and exercising reasonable care as a pharmacist may dispense an opioid antidote pursuant to a written prescription or standing order by a prescriber. A pharmacist acting in good faith and exercising reasonable care as a pharmacist may dispense an opioid antidote pursuant to a written joint protocol issued by the Board of Medical Examiners and the Board of Pharmacy.” S.C. Code Ann. § 44-130-40(A-B). The joint protocol acts as a standing order and is available at https://llr.sc.gov/bop/PFORMS/Joint_Naloxone_Protocol.pdf (last visited July 1, 2023).
- ³⁴² Effective July 1, 2023, S.D. Codified Laws § 34-20A-106 provides that a “licensed health care professional may, directly or by standing order, dispense or distribute an opioid antagonist to an employer or a person whom the health care professional reasonably believes may be in a position to assist or administer the opioid antagonist to a person at risk for an opioid-related drug overdose.” Further, “[a]n employer may acquire and make available on the employer’s premises an opioid antagonist that is dispensed or distributed by a licensed health care professional, in accordance with this section, if the employer: (1) Develops a protocol for the transport, storage, maintenance, and location of the opioid antagonist; (2) Provides training and instruction, developed by the Department of Health and made available on the Department of Health website, to employees or personnel authorized to administer an opioid antagonist on the employer’s premises; and (3) Prominently posts instructions on the administration of an opioid antagonist and post-administration protocol, if the employer makes it accessible to the public. An employer, employee, or other authorized personnel of an employer may not be held liable for any death, injury, or damage that arises out of the administration of, the self-administration of, or the failure to administer an opioid antagonist, if such action or inaction constitutes ordinary negligence.” S.D. Codified Laws § 34-20A-105.1.

- 343 “A health care professional who is authorized to prescribe or dispense an opioid antagonist is not subject to any disciplinary action or civil or criminal liability for the prescribing or dispensing of an opioid antagonist to an employer or person whom the health care professional reasonably believes may be in a position to assist or administer the opioid antagonist to a person at risk for an opioid-related drug overdose.” S.D. Codified Laws § 34-20A-106.
- 344 “A health care professional who is authorized to prescribe or dispense an opioid antagonist is not subject to any disciplinary action or civil or criminal liability for the prescribing or dispensing of an opioid antagonist to an employer or person whom the health care professional reasonably believes may be in a position to assist or administer the opioid antagonist to a person at risk for an opioid-related drug overdose.” S.D. Codified Laws § 34-20A-106.
- 345 “A health care professional who is authorized to prescribe or dispense an opioid antagonist is not subject to any disciplinary action or civil or criminal liability for the prescribing or dispensing of an opioid antagonist to an employer or person whom the health care professional reasonably believes may be in a position to assist or administer the opioid antagonist to a person at risk for an opioid-related drug overdose.” S.D. Codified Laws § 34-20A-106.
- 346 “A health care professional who is authorized to prescribe or dispense an opioid antagonist is not subject to any disciplinary action or civil or criminal liability for the prescribing or dispensing of an opioid antagonist to an employer or person whom the health care professional reasonably believes may be in a position to assist or administer the opioid antagonist to a person at risk for an opioid-related drug overdose.” S.D. Codified Laws § 34-20A-106. “For the purpose of §§ 34-20A-104 to 34-20A-108, inclusive, any prescription issued pursuant to §§ 34-20A-104 to 34-20A-108, inclusive, is deemed to be issued for a legitimate medical purpose in the usual course of professional practice.” S.D. Codified Laws § 34-20A-107.
- 347 Immunity is provided for first responders and their employers. “[A] first responder acting under a standing order who administers an opioid antagonist in good faith compliance with the protocols for administering an opioid antagonist, and the first responder’s employer, are not civilly liable for injuries, and may not be held to pay damages to any person, or the person’s parents, siblings, children, estate, heirs, or devisees, for injuries or death associated with the administration of an opioid antagonist.” S.D. Codified Laws § 34-20A-103. Effective July 1, 2023, the immunity is also extended to employers and their employees. S.D. Codified Laws § 34-20A-106.
- 348 “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.” S.D. Codified Laws § 34-20A-104.
- 349 “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.” S.D. Codified Laws §§ 34-20a-105.
- 350 “A person who is a family member, friend, or other close third party to a person at risk for an opioid-related drug overdose may be prescribed, possess, distribute, or administer an opioid antagonist that is prescribed, dispensed, or distributed by a licensed health care professional directly or by standing order pursuant to §§ 34-20A-104 to 34-20A-108, inclusive.” S.D. Codified Laws §§ 34-20a-104. The current statewide standing order is available at <https://www.avoidopioidsd.com/wp-content/uploads/2022/09/2022-South-Dakota-Statewide-Standing-Order.pdf> (last visited July 1, 2023).
- 351 The amendments to Tenn. Code Ann. § 63-1-157 effective July 1, 2022, changed the definition of an opioid antagonist to “a formulation of naloxone hydrochloride or another similarly acting and equally safe drug approved by the United States food and drug administration for the treatment of a drug-related overdose.” The amendments to Tenn. Code Ann. § 63-1-152 effective July 1, 2022, made the same definition change, removed language directly relating to opioid overdose, generalizing to “drug-related overdose,” added to the list of who could be prescribed an opioid antagonist, and removed evidence of good faith and reasonable care requirements for licensed healthcare practitioners. The following was added effective July 1, 2017: “Any person treated for a drug-related overdose with an opioid antagonist by a first responder shall be taken to a medical facility by emergency medical services for evaluation, unless the person is competent to refuse medical treatment and chooses to refuse treatment.” Tenn. Code Ann. 63-1-152(j).
- 352 “The following individuals and entities are immune from civil liability in the absence of gross negligence or willful misconduct for actions authorized by this section: (1) a licensed healthcare practitioner who prescribes, dispenses, or issues a standing order for an opioid antagonist pursuant to subsection (b); (2) an individual or entity that provides an opioid antagonist pursuant to subsection (c); and (3) a licensed healthcare practitioner or other individual who administers an opioid antagonist pursuant to subsection (d).” Tenn. Code Ann. § 63-1-152(f).
- 353 “A licensed healthcare practitioner is immune from disciplinary or adverse administrative action under this title in the absence of gross negligence or willful misconduct for an act or omission during the administration of, prescription of, issuance of a standing order for, or dispensing of an opioid antagonist.” Tenn. Code Ann. § 63-1-152(g).
- 354 “The following individuals and entities are immune from civil liability in the absence of gross negligence or willful misconduct for actions authorized by this section: (1) a licensed healthcare practitioner who prescribes, dispenses, or issues a standing order for an opioid antagonist pursuant to subsection (b); (2) an individual or entity that provides an opioid antagonist pursuant to subsection (c); and (3) a licensed healthcare practitioner or other individual who administers an opioid antagonist pursuant to subsection (d).” Tenn. Code Ann. § 63-1-152(f).

- ³⁵⁵ “A licensed healthcare practitioner is immune from disciplinary or adverse administrative action under this title in the absence of gross negligence or willful misconduct for an act or omission during the administration of, prescription of, issuance of a standing order for, or dispensing of an opioid antagonist.” Tenn. Code Ann. § 63-1-152(g).
- ³⁵⁶ “The following individuals and entities are immune from civil liability in the absence of gross negligence or willful misconduct for actions authorized by this section...A licensed healthcare practitioner or other individual who administers an opioid antagonist pursuant to subsection (c).” Tenn. Code Ann. § 63-1-152(f)(3).
- ³⁵⁷ “The following individuals and entities are immune from civil liability in the absence of gross negligence or willful misconduct for actions authorized by this section...An individual or entity that provides an opioid antagonist pursuant to subsection (c).” Tenn. Code Ann. § 63-1-152(f)(2). “Notwithstanding another law or rule, an individual or entity acting under a standing order may: (1) Receive and store an opioid antagonist; and (2) Provide the opioid antagonist, directly or indirectly, and at no cost to the recipient, to an individual described in subdivision (b)(1) or (b)(2).” Tenn. Code Ann. § 63-1-152(c).
- ³⁵⁸ Notwithstanding another law or rule, an individual or entity acting under a standing order may:(1) Receive and store an opioid antagonist; and(2) Provide the opioid antagonist, directly or indirectly, and at no cost to the recipient, to an individual described in subdivision (b)(1) or (b)(2). Tenn. Code Ann. § 63-1-152(c).
- ³⁵⁹ “A licensed healthcare practitioner otherwise authorized to prescribe an opioid antagonist acting in good faith and exercising reasonable care may, directly or by standing order, prescribe an opioid antagonist to the following persons: (1) An individual at risk of experiencing a drug-related overdose; (2) A family member, friend, or other individual in a position to assist an individual at risk of experiencing a drug-related overdose; or (3) An organization, municipal or county entity, including, but not limited to, a center, recovery organization, hospital, school, harm reduction organization, homeless services organization, county jail, shelter, AIDS service organization, federally qualified health center, rural health clinic, health department, or treatment resource, for the purpose of providing an opioid antagonist to an individual who meets the criteria of subdivision (b)(1) or (b)(2).” Tenn. Code Ann. 63-1-152(b).
- ³⁶⁰ “A licensed healthcare practitioner otherwise authorized to prescribe an opioid antagonist acting in good faith and exercising reasonable care may, directly or by standing order, prescribe an opioid antagonist to the following persons.” Tenn. Code Ann. 63-1-152(b). Tennessee law also authorizes the state’s Chief Medical Officer to enter into collaborative practice agreements for naloxone dispensing “with any pharmacist licensed in, and practicing in, this state.” Tenn. Code Ann. 63-1-157(b)(1). The CPA is available at https://www.tn.gov/content/dam/tn/health/documents/opioid_response/TDH_Naloxone_Collaborative_practice.pdf.
- ³⁶¹ “A prescriber who, acting in good faith with reasonable care, prescribes or does not prescribe an opioid antagonist is not subject to any criminal or civil liability or any professional disciplinary action for: (1) prescribing or failing to prescribe the opioid antagonist; or (2) if the prescriber chooses to prescribe an opioid antagonist, any outcome resulting from the eventual administration of the opioid antagonist.” Tex. Health & Safety Code § 483.102(c).
- ³⁶² “A pharmacist who, acting in good faith and with reasonable care, dispenses or does not dispense an opioid antagonist under a valid prescription is not subject to any criminal or civil liability or any professional disciplinary action for: (1) dispensing or failing to dispense the opioid antagonist; or (2) if the pharmacist chooses to dispense an opioid antagonist, any outcome resulting from the eventual administration of the opioid antagonist.” Tex. Health & Safety Code § 483.103(c).
- ³⁶³ “A person who, acting in good faith and with reasonable care, administers or does not administer an opioid antagonist to another person whom the person believes is suffering an opioid-related drug overdose is not subject to criminal prosecution, sanction under any professional licensing statute, or civil liability, for an act or omission resulting from the administration of or failure to administer the opioid antagonist.” Tex. Health & Safety Code § 483.106(a).
- ³⁶⁴ “A person or organization acting under a standing order issued by a prescriber may store an opioid antagonist and may distribute an opioid antagonist, provided the person or organization does not request or receive compensation for storage or distribution.” Tex. Health & Safety Code § 483.104.
- ³⁶⁵ “Any person may possess an opioid antagonist, regardless of whether the person holds a prescription for the opioid antagonist.” Tex. Health & Safety Code § 483.105.
- ³⁶⁶ “A prescriber may, directly or by standing order, prescribe an opioid antagonist to: (1) a person at risk of experiencing an opioid-related drug overdose; or (2) a family member, friend, or other person in a position to assist a person described by Subdivision (1).” Tex. Health & Safety Code § 483.102(a).
- ³⁶⁷ “A prescriber may, directly or by standing order, prescribe an opioid antagonist to: (1) a person at risk of experiencing an opioid-related drug overdose; or (2) a family member, friend, or other person in a position to assist a person described by Subdivision (1).” Tex. Health & Safety Code § 483.102(a). Texas issues statewide standing orders on request. <https://www.texaspharmacy.org/page/TXPHARMNALOX>.
- ³⁶⁸ Statute previously found at Utah Code Ann. § 26-55-101 et. seq. was renumbered effective May 3, 2023 but no substantive changes were made. Effective May 9, 2017, law was modified to permit naloxone to be furnished to an overdose outreach provider in addition to family members, friends, and others in a position to assist. Non-substantive amendments were made effective May 4, 2022.
- ³⁶⁹ “[A] health care provider who is licensed to prescribe an opiate antagonist may prescribe, including by a standing prescription drug order ... or dispense an opiate antagonist...without liability for any civil damages for acts or omissions made as a result of prescribing or dispensing the opiate antagonist in good faith.” Utah Code § 26B-4-509(2)(c).
- ³⁷⁰ Only applies to physicians, advanced practice registered nurses, physician assistants, and individuals licensed to engage in the practice of dentistry. See Utah Code § 26B-4-501 (10).

- ³⁷¹ “[T]he following persons are not liable for any civil damages for acts or omissions made as a result of administering an opiate antagonist when the person acts in good faith to administer the opiate antagonist to an individual whom the person believes to be experiencing an opiate-related drug overdose event: (A) an overdose outreach provider; or (B) a person other than a health care facility or health care provider.” Utah Code § 26B-4-509 (1)(a)(ii).
- ³⁷² Only appears to apply to “overdose outreach providers.” Utah Code § 26B-4-511.
- ³⁷³ “[A] health care provider who is licensed to prescribe an opiate antagonist may prescribe, including by a standing prescription drug order ... or dispense an opiate antagonist: (a)(i) to an individual who is at increased risk of experiencing an opiate-related drug overdose event; (ii) for an individual described in Subsection (2)(a)(i), to a family member, friend, or other person...that is in a position to assist the individual; or (iii) to an overdose outreach provider for: (A) furnishing the opiate antagonist to an individual described in Subsection (2)(a)(i) or (ii), or (B) administering to an individual experiencing an opiate-related drug overdose event; (b) without a prescriber-patient relationship; and (c) without liability for any civil damages for acts or omissions made as a result of prescribing or dispensing the opiate antagonist in good faith.” Utah Code § 26B-4-509(2).
- ³⁷⁴ “Notwithstanding Title 58, Chapter 17b, Pharmacy Practice Act, a person licensed under Title 58, Chapter 17b, Pharmacy Practice Act, to dispense an opiate antagonist may dispense the opiate antagonist:(a) pursuant to a standing prescription drug order made in accordance with Subsection (2); and (b) without any other prescription drug order from a person licensed to prescribe an opiate antagonist.” Utah Code § 26B-4-510(1). The most recent standing order online is available at <https://dopl.utah.gov/wp-content/uploads/2022/10/naloxone-standing-order.pdf> (last visited July 1, 2023).
- ³⁷⁵ Law has been modified many times over the years. Effective July 1, 2023, minor changes to phrasing related to the Department of Corrections in paragraph (X) added authorization to additional employees of the Department to possess and administer naloxone. Va. Code Ann. § 54.1-3408. July 1, 2023, changes to Va. Code Ann. § 8.01-225(23) did not affect this chart.
- ³⁷⁶ A person who “[i]n good faith prescribes, dispenses, or administers naloxone or other opioid antagonist used for overdose reversal in an emergency to an individual who is believed to be experiencing or about to experience a life-threatening opiate overdose shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if acting in accordance with the provisions of subsection X or Y of § 54.1-3408 or in his role as a member of an emergency medical services agency.” Va. Code Ann. § 8.01-225(20).
- ³⁷⁷ A person who “[i]n good faith prescribes, dispenses, or administers naloxone or other opioid antagonist used for overdose reversal in an emergency to an individual who is believed to be experiencing or about to experience a life-threatening opiate overdose shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if acting in accordance with the provisions of subsection X or Y of § 54.1-3408 or in his role as a member of an emergency medical services agency.” Va. Code Ann. § 8.01-225(20).
- ³⁷⁸ A person who “[i]n good faith administers naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose in accordance with the provisions of subsection Z of § 54.1-3408 shall not be liable for any civil damages for any personal injury that results from any act or omission in the administration of naloxone or other opioid antagonist used for overdose reversal, unless such act or omission was the result of gross negligence or willful and wanton misconduct.” Va. Code Ann. § 8.01-225(21).
- ³⁷⁹ “A person who is not otherwise authorized to administer naloxone or other opioid antagonist used for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.” Va. Code Ann. § 54.1-3408(Z).
- ³⁸⁰ “Notwithstanding any other law or regulation to the contrary, a person who is acting on behalf of an organization that provides services to individuals at risk of experiencing an opioid overdose or training in the administration of naloxone for overdose reversal may dispense naloxone to a person who has received instruction on the administration of naloxone for opioid overdose reversal.” Va. Code Ann. § 54.1-3408(Y).
- ³⁸¹ Va. Code Ann. § 54.1-3408 (X); (Y).
- ³⁸² The pharmacist dispensing under a standing order is required to act in accordance with protocols developed by the state board of pharmacy. The protocol is available at <https://www.dhp.virginia.gov/pharmacy/guidelines/110-44.pdf> (last visited July 1, 2023).
- ³⁸³ Amendments effective May 25, 2023, made several language changes and expanded the Department’s mandate to implement a prevention, intervention, and response strategy to include distribution of opioid antagonists and establish kiosks to distribute opioid antagonists. These amendments further removed a requirement to be trained in naloxone administration in order to obtain it and a requirement to call 911 after administration of naloxone. Previous amendments only modified language to add pharmacists to the list of health care professionals.
- ³⁸⁴ “A health care professional who prescribes, dispenses, or distributes an opioid antagonist in accordance with subdivision (1) of this subsection shall be immune from civil or criminal liability with regard to the subsequent use of the opioid antagonist, unless the health professional’s actions with regard to prescribing, dispensing, or distributing the opioid antagonist constituted recklessness, gross negligence, or intentional misconduct. The immunity granted in this subdivision shall apply whether or not the opioid antagonist is administered by or to a person other than the person for whom it was prescribed.” Vt. Stat. Ann. Tit. 18, § 4240(c)(2).
- ³⁸⁵ “A health care professional who prescribes, dispenses, or distributes an opioid antagonist in accordance with subdivision (1) of this subsection shall be immune from civil or criminal liability with regard to the subsequent use of the opioid antagonist, unless the health professional’s actions with regard to prescribing, dispensing, or distributing the

opiod antagonist constituted recklessness, gross negligence, or intentional misconduct. The immunity granted in this subdivision shall apply whether or not the opiod antagonist is administered by or to a person other than the person for whom it was prescribed.” Vt. Stat. Ann. Tit. 18, § 4240(c)(2).

³⁸⁶“A person shall be immune from civil or criminal liability for administering an opiod antagonist to a victim pursuant to subdivision (1) of this subsection unless the person’s actions constituted recklessness, gross negligence, or intentional misconduct. The immunity granted in this subdivision shall apply whether or not the opiod antagonist is administered by or to a person other than the person for whom it was prescribed.” Vt. Stat. Ann. Tit. 18 § 4240(d)(3).

³⁸⁷ Relevant law provides that, “[a] person acting on behalf of a community-based overdose prevention program...shall be immune from civil or criminal liability for providing education on opiod-related overdose prevention or for purchasing, acquiring, distributing, or possessing an opiod antagonist unless the person’s actions constituted recklessness, gross negligence, or intentional misconduct.” Vt. Stat. Ann. tit. 18 § 4240(e). This language appears to authorize the distribution of naloxone by community-based overdose prevention programs.

³⁸⁸ “A health care professional acting in good faith and within the professional’s scope of practice may directly or by standing order prescribe, dispense, and distribute an opiod antagonist to the following persons:(A) a person at risk of experiencing an opiod-related overdose; or (B) a family member, friend, or other person in a position to assist a person at risk of experiencing an opiod-related overdose.” Vt. Stat. Ann. tit. 18, § 4240(c)(1).

³⁸⁹ Pharmacists were granted authority to “prescribe, order, or administer in a manner consistent with valid State protocols that are approved by the Commissioner of Health after consultation with the Director of Professional Regulation and the Board and the ability for public comment” a variety of medications, including “opiod antagonists” as of Oct. 2, 2020. Vt. Stat. Ann. tit. 26 § 2023.

³⁹⁰ “A health care professional acting in good faith and within the professional’s scope of practice may directly or by standing order prescribe, dispense, and distribute an opiod antagonist.” Vt. Stat. Ann. tit. 18 § 4240(c)(1). The state standing order is available at https://www.healthvermont.gov/sites/default/files/documents/pdf/RESP_Naloxone_standingorder.pdf (last visited July 1, 2023).

³⁹¹ “The Board of Pharmacy shall adopt protocols for licensed pharmacists to dispense or otherwise furnish naloxone hydrochloride to patients who do not hold an individual prescription for naloxone hydrochloride. Such protocols shall be consistent with rules adopted by the Commissioner of Health.” Vt. Stat. Ann. tit. 26 § 2080(a). “Notwithstanding any provision of law to the contrary, a licensed pharmacist may dispense naloxone hydrochloride to any person as long as the pharmacist complies with the protocols adopted pursuant to subsection (a) of this section.” Vt. Stat. Ann. tit. 26 § 2080(b). The protocol was adopted January 28, 2015, available at <https://sos.vermont.gov/media/oyOpdsxt/adopted-naloxone-protocol-jan-28-2015.pdf>.

³⁹² This law was enacted effective July 24, 2015. Provisions were previously located at Wash. Rev. Code § 18.130.345 and Wash. Rev. Code § 69.50.315.

³⁹³ Statute modified to explicitly permit pharmacists to dispense naloxone via collaborative drug therapy agreement, standing order, protocol, etc; presumably they were permitted to do so prior to modification since practitioners were permitted to issue them. Also permits the secretary or their designee to issue a standing order, including a statewide standing order. Also permits “any person or entity” authorized under a non-patient specific prescription to “lawfully possess, store, deliver, distribute, or administer” naloxone pursuant to a standing order.

³⁹⁴ “The following individuals, if acting in good faith and with reasonable care, are not subject to criminal or civil liability or disciplinary action under chapter 18.130 RCW for any actions authorized by this section or the outcomes of any actions authorized by this section...[a] practitioner who prescribes, dispenses, distributes, or delivers an opiod overdose reversal medication pursuant to subsection (1) of this section.” Wash. Rev. Code § 69.41.095(4)(a).

³⁹⁵ “The following individuals, if acting in good faith and with reasonable care, are not subject to criminal or civil liability or disciplinary action under chapter 18.130 RCW for any actions authorized by this section or the outcomes of any actions authorized by this section...[a] pharmacist who dispenses an opiod overdose reversal medication pursuant to subsection (2) or (5)(a) of this section.” Wash. Rev. Code § 69.41.095(4)(b).

³⁹⁶ “The following individuals, if acting in good faith and with reasonable care, are not subject to criminal or civil liability or disciplinary action under chapter 18.130 RCW for any actions authorized by this section or the outcomes of any actions authorized by this section...[a] person who possesses, stores, distributes, or administers an opiod overdose reversal medication pursuant to subsection (3) of this section.” Wash. Rev. Code § 69.41.095(4)(c).

³⁹⁷ “Any person or entity may lawfully possess, store, deliver, distribute, or administer an opiod overdose reversal medication pursuant to a prescription, collaborative drug therapy agreement, standing order, or protocol issued by a practitioner in accordance with subsection (1) of this section.” Wash. Rev. Code § 69.41.095(3).

³⁹⁸ “A practitioner may prescribe, dispense, distribute, and deliver an opiod overdose reversal medication: (i) Directly to a person at risk of experiencing an opiod-related overdose; or (ii) by prescription, collaborative drug therapy agreement, standing order, or protocol to a first responder, family member, or other person or entity in a position to assist a person at risk of experiencing an opiod-related overdose. Any such prescription, standing order, or protocol is issued for a legitimate medical purpose in the usual course of professional practice.” Wash. Rev. Code § 69.41.095(1)(a).

³⁹⁹ All of these mechanisms were added effective July 24, 2015. The statewide standing order is at <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/150-127-StatewideStandingOrderToDispenseNaloxone.pdf> (last visited July 1, 2023). A sample CPA is available at https://prescribetoprevent.org/wp2015/wp-content/uploads/B-T-C.cdta_WA_2011.pdf.

- ⁴⁰⁰ Amendments effective December 10, 2015, modified the laws to permit physicians, physician assistants, and advanced practice nurses to issue standing orders and pharmacists to deliver naloxone under those orders. Effective April 1, 2022, the rules for physicians and physician assistants were separated into different code sections. The January 1, 2023, amendments did not affect the section on opioid antagonists and the law has been modified many other times without significant effect on the metrics of this chart.
- ⁴⁰¹ “A physician who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. (2), or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist, shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 448.02 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.” Wis. Stat. Ann. § 448.037(3). “An advanced practice nurse who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. (2), or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist, shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 441.07 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.” Wis. Stat. § 441.18(3). “A physician assistant who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. (2) or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 448.978 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.” Wis. Stat. § 448.9727(3).
- ⁴⁰² “A pharmacist who, acting in good faith, delivers an opioid antagonist in accordance with subd. 1., or who, acting in good faith, otherwise lawfully dispenses an opioid antagonist, shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 450.10 for any outcomes resulting from delivering or dispensing the opioid antagonist.” Wis. Stat. § 450.11(1i)(2).
- ⁴⁰³ “Subject to ss. 256.40(3)(b) and 895.48(1g), any person who, reasonably believing another person to be undergoing an opioid-related drug overdose, administers an opioid antagonist to that person shall be immune from civil or criminal liability for any outcomes resulting from the administration of the opioid antagonist to that person.” Wis. Stat. § 450.11(1i)(3).
- ⁴⁰⁴ “[A]ny person may deliver or dispense an opioid antagonist.” Wis. Stat. § 450.11(1i)(b)(2)(a).
- ⁴⁰⁵ “Any person may possess an opioid antagonist.” Wis. Stat. § 450.11(1i)(b)(1).
- ⁴⁰⁶ “A physician may do any of the following: 1. Prescribe an opioid antagonist to a person in a position to assist an individual at risk of undergoing an opioid-related drug overdose and may deliver the opioid antagonist to that person.” Wis. Stat. § 448.037(2)(a). An advanced practice nurse certified to issue prescription orders under s. 441.16 may do any of the following: 1. Prescribe an opioid antagonist to a person in a position to assist an individual at risk of undergoing an opioid-related drug overdose and may deliver the opioid antagonist to that person.” Wis. Stat. § 441.18(2)(a).
- ⁴⁰⁷ Physicians, physician assistants, and advanced practice nurses may issue standing orders “to one or more persons authorizing the dispensing of an opioid antagonist.” Wis. Stat. Ann. § 441.18(2)(a)(2); § 448.037(2)(a)(2); § 448.9727(2)(a)(2). A sample standing order is available at <https://www.dhs.wisconsin.gov/forms/f01802.pdf> (last visited July 1, 2023).
- ⁴⁰⁸ The March 6, 2020 amendments substantially modified the law in several ways, including permitting the prescription of naloxone via standing order, increasing the types of individuals and entities eligible to receive it, and permitting laypeople to administer it.
- ⁴⁰⁹ “A licensed health care provider who is permitted by law to prescribe drugs, including opioid antagonists, may, if acting in good faith, prescribe and subsequently dispense or distribute an opioid antagonist without being subject to civil liability or criminal prosecution unless prescribing the opioid antagonist was the result of the licensed health care providers gross negligence or willful misconduct.” W. Va. Code § 16-46-5(a).
- ⁴¹⁰ “Any pharmacist or pharmacy intern who dispenses or refuses to dispense an opioid antagonist under the provisions of this article who is acting in good faith and subject to the requirements of section three-a of this article is not, as a result of his or her actions or omissions, subject to civil liability or criminal prosecution unless dispensing the opioid antagonist was the result of the pharmacist or pharmacy interns gross negligence or willful misconduct.” W. Va. Code § 16-46-5(e).
- ⁴¹¹ “Any person who possesses an opioid antagonist and administers it to a person whom they believe to be suffering from an opioid-related overdose and who is acting in good faith is not, as a result of his or her actions or omissions, subject to criminal prosecution arising from the possession of an opioid antagonist or subject to any 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 gross negligence or willful misconduct.” W. Va. Code § 16-46-5(c).
- ⁴¹² “A governmental or non-governmental organization, including a local health department, a law enforcement agency, or organization that promotes scientifically proven ways to mitigate health risks associated with substance use disorders and other high-risk behaviors may, through its trained agents, distribute an opioid antagonist obtained pursuant to a prescription issued in accordance with this section.” W. Va. Code. § 16-46-3l(1).
- ⁴¹³ “A person and organization may possess an opioid antagonist, regardless of whether the person or organization holds a prescription for the opioid antagonist.” W. Va. Code. § 16-46-3(f).

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- ⁴¹⁴ “A licensed health care provider acting in good faith and exercising good reasonable care may directly or by standing order prescribe an opioid antagonist to: (A) A person at risk of experiencing an opioid-related overdose; or (B) A family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose.” W. Va. Code § 16-46-3(1).
- ⁴¹⁵ Effective June 5, 2018, the state health officer may prescribe naloxone via statewide standing order. W. Va. Code. § 16-46-7. The state standing order is available at https://www.wvbop.com/www/download_resource.asp?id=385 (last visited July 1, 2023).
- ⁴¹⁶ Protocol orders were added June 10, 2016. W. Va. Code. 16-46-3a. The protocol is available at <https://www.wvbop.com/article.asp?ty=CTTS&action2=showArticle&id=14> (last visited July 1, 2023).
- ⁴¹⁷ Effective February 21, 2023, Wyo. Stat. Ann. § 35-4-902(a)(i) defines “opiate antagonist” as “any device or medication approved by the United States food and drug administration for the treatment of an opiate related drug overdose.” Effective July 1, 2022, Wyo. Stat. Ann. § 35-4-901 et seq. also applies to the prescription and administration of “epinephrine auto-injectors” for individuals experiencing anaphylaxis. Amendments effective February 26, 2019, define “entity” and “opioid.” Wyo. Stat. Ann. § 35-4-901(a)(vi); (vii).
- ⁴¹⁸ “A practitioner or pharmacist who prescribes an...opiate antagonist pursuant to this article is personally immune from civil or criminal liability for any act or omission resulting in damage or injury.” Wyo. Stat. Ann. § 35-4-906(c).
- ⁴¹⁹ “Prescribing an...opiate antagonist by a practitioner or pharmacist pursuant to this article shall not constitute unprofessional conduct.” Wyo. Stat. Ann. § 35-4-906(e).
- ⁴²⁰ “A person who administers...an opiate antagonist pursuant to this article is personally immune from civil or criminal liability for any act or omission resulting in damage or injury.” Wyo. Stat. Ann. § 35-4-906(b).
- ⁴²¹ “A practitioner or a pharmacist acting in good faith and exercising reasonable care may, without a prescriber-patient relationship, prescribe an...opiate antagonist to: (i) A person at risk of experiencing...an opiate related drug overdose; (ii) A person in a position to assist a person at risk of experiencing...an opiate related drug overdose; (iii) A person who, in the course of the person's official duties or business, may encounter a person experiencing...an opiate related drug overdose.” Wyo. Stat. Ann. § 35-4-903(a).
- ⁴²² “Prescribing an...opiate antagonist by a practitioner or pharmacist pursuant to this article shall not constitute unprofessional conduct.” Wyo. Stat. Ann. § 35-4-906(e).
- ⁴²³ Under Wyoming law, a standing order for an opioid antagonist may only be issued to “an entity that, in the course of the entity’s official duties or business, may be in a position to assist a person experiencing...an opiate related drug overdose.” Wyo. Stat. Ann. § 35-4-904(a).