



Naloxone Access Statutes

Research current through March 1, 2016

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This table is a compilation of state laws that mention, by name, prescribing or administering naloxone or another opioid antagonist. The table does not include general “Good Samaritan” statutes that encourage a person to assist another person during any emergency and in a voluntary capacity. For information on Good Samaritan laws that specifically address assisting another person during an overdose of an opioid, please refer to NAMSDDL’s document entitled, “Good Samaritan Overdose Prevention Statutes.”

The following are definitions for the headings used in this document:

Professional Immunity: A person acting in his or her professional capacity (*e.g.*, physician or EMT) will not be held liable for **prescribing, dispensing, distributing, or administering naloxone or other opioid antagonist to a layperson.**

Layperson Immunity: A person who does not have professional or specialized knowledge in **dispensing, distributing, or administering naloxone or other opioid antagonist will not be held liable** to someone who is overdosing, if that person administers naloxone **or other opioid antagonist** to the person suffering from the overdose.

Prescription to Third Parties: A healthcare provider may prescribe, dispense, distribute, or administer naloxone or other opioid antagonist to an at-risk person’s family member, friend, or other person in a position to assist the at-risk person in the event of an opioid-related overdose.

Training: Is any type of training on the use of naloxone suggested or required, and if so, for whom?

	LAW	PROFESSIONAL IMMUNITY	LAYPERSON IMMUNITY	PRESCRIPTION TO THIRD PARTIES	TRAINING
AL	Ala. Code §§ 20-2-280 to 20-2-282	Authorizes a licensed physician or dentist to prescribe, directly or by standing order, and a licensed pharmacist to dispense, an opioid antagonist to an individual at risk of experiencing an opioid-related overdose. Such physicians, dentists, or pharmacists are immune from civil and criminal liability for such actions.	An individual who receives an opioid antagonist may administer it to another person if he or she believes, in good faith, that the other person is experiencing an opioid-related overdose and he or she exercises reasonable care in administering the antagonist. Such an individual is immune from civil and criminal liability for such actions.	Authorizes a licensed physician or dentist to prescribe an opioid antagonist to an individual who is in a position to assist another individual at risk of experiencing an opioid-related overdose	The Alabama Department of Public Health must approve a specific training curriculum for law enforcement officers relating to the administration of opioid antagonists.
AK	Alaska Admin. Code tit. 7, § 26.040(b)(4) ¹				
AZ	Ariz. Rev. Stat. Ann. § 32-1401 § 32-1854 § 36-2228	Licensed physicians who issue a standing order, licensed nurse practitioners who are authorized by law to prescribe drugs and who issue a standing order, and EMTs and peace officers who administer naloxone or any other opiate antagonist are immune from professional liability and criminal prosecution for any decision made, act or			The Arizona Public Health Department, in coordination with the Arizona Peace Officer Standards and Training board, must develop a training module for EMTs and peace officers that provides training regarding the identification of a person suffering from an opiate-related drug

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		omission or injury that results from that act if those persons act with reasonable care and in good faith, except in cases of wanton or willful neglect.			overdose and the use of naloxone or other opiate antagonists.
AR	Ark. Stat. Ann. §§ 20-13-1801 to 20-13-1804	A healthcare professional, acting in good faith, may directly or by standing order, prescribe and dispense an opioid antagonist to a person at risk of experiencing an opioid-related drug overdose. Such professionals, including a pharmacist, are immune from civil or criminal liability and professional sanctions from any resulting injury.	A person, acting in good faith and who reasonably believes that another person is experiencing an opioid-related drug overdose, may administer an opioid antagonist. Such a person is immune from civil or criminal liability.	A healthcare professional, acting in good faith, may directly or by standing order, prescribe and dispense an opioid antagonist to (1) a pain management clinic, (2) a harm reduction organization, (3) an EMT, (4) a first responder, (5) a law enforcement officer or agency, and (6) a family member or friend of a person at risk of experiencing an opioid-related drug overdose.	
CA	Cal. Civ. Code § 1714.22 Cal. Bus. & Prof. Code § 4052.01 Cal. Health & Safety Code §§ 1797.8,	A healthcare provider, acting 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, is immune from professional	Anyone who possesses or distributes an opioid antagonist pursuant to a standing order is immune from professional review, civil action, or criminal prosecution. Anyone who is not licensed to administer an	A healthcare provider may issue a standing order for the distribution and administration of an opioid antagonist to an at-risk person or to his or her family member, friend, or other person in a position to assist the at-risk person	A pharmacist may furnish naloxone in accordance with standardized procedures or protocols developed and approved by the state Board of Pharmacy and the Medical Board of California, in consultation with the

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	16 Cal. Code of Reg. § 1746.3	<p>review, civil action, or criminal prosecution.</p> <p>A pharmacist may furnish naloxone in accordance with standardized procedures or protocols, but the law does not expand the authority of a pharmacist to prescribe any prescription medication.</p>	opioid antagonist but who received the required training and acts with reasonable care in administering it is immune from professional review, civil action, or criminal prosecution.	from an opioid-related overdose.	<p>California Society of Addiction Medicine, the California Pharmacists Association, and other appropriate entities. The standardized procedures or protocols include: (1) procedures to ensure education of the person to whom the drug is furnished, including, but not limited to, opioid overdose prevention, recognition, and response, safe administration of naloxone, potential side effects or adverse events, and the imperative to seek emergency medical care for the patient; (2) procedures to ensure the education of the person to whom the drug is furnished regarding the availability of drug treatment programs; (3) procedures for the notification of the patient's primary care provider, with patient</p>

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				<p>consent, of any drugs or devices furnished to the patient, or entry of appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider, and with patient consent.</p> <p>Prior to furnishing naloxone, a pharmacist must complete a training program on the use of opioid antagonists that consists of at least one hour of approved continuing education on the use of naloxone hydrochloride.</p> <p>Any county that chooses to implement a program to certify an EMT to administer naloxone must approve and administer a training and testing program leading to certification consistent with</p>

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CO	<p>Colo. Rev. Stat. § 12-36-117.7 § 12-38-125.5 § 12-42.5-105(2) § 12-42.5-120(3) § 13-21-108.7(3) and (4) § 18-1-712(2) and (3)</p> <p>Colo. Admin. Code, tit. 6, § 1015-3:2, App. B²</p>	<p>A licensed physician, physician assistant, or an advanced practice nurse with prescriptive authority may prescribe or dispense, directly or in accordance with standing orders and protocols, an opiate antagonist to an individual at risk of experiencing an opiate-related drug overdose and is immune from professional review, civil action, or criminal prosecution, as long as the efforts were made in good faith.</p> <p>A pharmacist may dispense, pursuant to a standing order or protocol, an opiate antagonist to an individual at risk of experiencing an opiate-related drug overdose and is immune from professional review, civil action, or criminal prosecution, as long as the</p>	<p>A person is immune from civil action or criminal prosecution if he or she acts in good faith in furnishing or administering an opiate antagonist to someone who he or she believes is suffering from an overdose or to someone who is in a position to assist the person at risk of experiencing an opiate-related overdose event.</p>	<p>A licensed physician, physician assistant, or an advanced practice nurse with prescriptive authority may prescribe or dispense, directly or in accordance with standing orders and protocols, an opiate antagonist to: (1) a family member, friend, or other person in a position to assist the at-risk person from an opioid-related overdose; (2) an employee or volunteer of a harm reduction organization; and (3) a first responder.</p> <p>A pharmacist may dispense, pursuant to a standing order or protocol, an opiate antagonist to a family member, friend, or other person in a position to assist the at-risk person from an opioid-related overdose.</p>	<p>guidelines established by the state Emergency Medical Services Authority.</p> <p>A first responder or harm reduction organization is strongly encouraged to educate its employees and volunteers, as well as persons receiving an opiate antagonist from the first responder or harm reduction organization, on the use of an opiate antagonist for overdose, including instruction concerning risk factors for overdose, recognizing an overdose, calling emergency medical services, rescue breathing, and administering an opiate antagonist.</p>

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	<p>efforts were made in good faith.</p> <p>A first responder or an employee or volunteer of a harm reduction organization may, pursuant to an order, standing order, or protocol possess, furnish or administer an opiate antagonist to an individual who a reasonable person would believe is experiencing an opiate-related overdose and is immune from professional review, civil action, or criminal prosecution, as long as the efforts were made in good faith.</p>		<p>A first responder or an employee or volunteer of a harm reduction organization may, pursuant to an order, standing order, or protocol possess, furnish or administer an opiate antagonist to a family member, friend, or other person in a position to assist the at-risk person from an opioid-related overdose.</p>	
CT	<p>Conn. Gen Stat. § 17a-714a</p> <p>Conn. Gen Stat. § 20-633c</p>	<p>A licensed health care professional who is permitted by law to prescribe an opioid antagonist may prescribe, dispense, or administer an opioid antagonist to any individual to treat or prevent a drug overdose and is immune from being liable for damages in a civil action or subject to criminal</p>	<p>A person is immune from civil action or criminal prosecution if he or she, acting with reasonable care, administers an opioid antagonist to a person he or she believes, in good faith, is experiencing an opioid-related drug overdose.</p>	<p>A licensed pharmacist may prescribe, in good faith, an opioid antagonist as long as he or she (1) provides appropriate training regarding the administration of such opioid antagonist to the person to whom the opioid antagonist is dispensed, and (2)</p>

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		prosecution for prescribing, dispensing or administering such opioid antagonist or for any subsequent use of such opioid antagonist. Such a licensed health care professional is deemed not to have violated the standard of care for such licensed health care professional.	A person, other than a licensed healthcare professional, is immune from civil action or criminal prosecution if, in acting in the ordinary course of such person's employment, he or she administers an opioid antagonist.		maintains a record of such dispensing and the training required by the Pharmacy Practice Act. A pharmacist may only prescribe an opioid antagonist if the pharmacist has been trained and certified by a program approved by the Commissioner of Consumer Protection.
DE	Del. Code Ann. tit. 16 §§ 138 and 3001G	A peace officer who, acting in good faith and after completing an approved training course, administers naloxone to an individual whom the officer reasonably believes to be undergoing an opioid-related drug overdose is immune from damages for injuries or death sustained to the individual in connection with administering the drug, unless it is established that such injuries or death were caused willfully, wantonly or by gross negligence on the part of the peace officer who administered the drug.		After the Department of Health and Social Services researches best practices and obtains grant funding, it will develop education and training programs on the safe use of naloxone and make it available to people who hold doses of the drug for friends and family members who have an addiction to opioids.	The Department of Health and Social Services: (1) must make education and training programs on the safe use of naloxone available to people who hold doses of naloxone for friends and family members who have an addiction to opioids; and (2) establish a community-based naloxone access program. At a minimum, such a program must require participants to complete an approved training and education program prior to

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		<p>Doctors who, acting in good faith, directly or by standing order, prescribe or dispense naloxone to a person who completes an approved-training program who, in the judgment of the health care provider, is capable of administering the drug for an emergency opioid overdose, is immune to disciplinary or other adverse action under any professional licensing statute, criminal liability, or liable for damages for injuries or death sustained to the individual in connection with administering the drug, unless it is established that such injuries or death were caused willfully, wantonly, or by gross negligence on the part of the doctors who signed the standing order and protocol.</p>		<p>receiving doses of, and/or administering naloxone, which may only be distributed to people who complete the requirements set forth in program.</p>
DC	D.C. Code Ann. § 7-403(f)		<p>A person is immune from civil action or criminal prosecution if, in the absence of gross negligence and in good faith, he or she administers an opioid</p>	<p>The Department of Health must educate the public on: (1) the risk and frequency of overdose deaths; (2) the prevention of overdoses and overdose deaths;</p>

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GA	<p>Ga. Code Ann. § 16-13-5 § 26-4-116.2 § 31-11-55.1 § 31-11-53 § 31-11-54, § 31-11-55³</p> <p>Ga. Admin. Code 511-9-2-.16</p>	<p>A health care practitioner, acting in good faith and in compliance with a specified standard of care, may prescribe an opioid antagonist for use in accordance with that practitioner’s protocol to a person at risk of experiencing an opioid-related overdose. Such a health care practitioner is immune from any civil or criminal liability or professional licensing sanctions.</p>	<p>antagonist to someone who he or she believes is experiencing an overdose.</p> <p>A person who in good faith seeks medical assistance for a person experiencing a drug overdose is immune from civil action or criminal prosecution.</p> <p>A person who is experiencing a drug overdose and, in good faith, seeks medical assistance for himself or herself is immune from civil action, criminal prosecution, or penalties for a violation of a permanent or temporary</p>	<p>A practitioner, acting in good faith and in compliance with a specified standard of care, may prescribe an opioid antagonist for use in accordance with that practitioner’s protocol 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.</p>	<p>(3) the importance of seeking health care for individuals who are experiencing an overdose; and (4) the provisions of this law, with a special emphasis on the education of subpopulations that may be at greater risk of experiencing or witnessing an overdose.</p> <p>In order to be authorized to administer opioid antagonists to a person experiencing an opioid related overdose, a first responder must complete a course of training approved by the state EMS medical director and made available on the department's website.</p>

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	<p>A pharmacist, acting in good faith and in compliance with the standard of care applicable to pharmacists, may dispense an opioid antagonist pursuant to a prescription issued in accordance with state law. Such a pharmacist is immune from any civil or criminal liability or professional licensing sanctions.</p> <p>A first responder who gratuitously and in good faith renders emergency care or treatment by administering or providing an opioid antagonist is immune from civil action as a result of such care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts without gross negligence or intent to harm or as an ordinary reasonably prudent person would have acted under the same or similar circumstances, even if such individual does so without</p>	<p>protective order or restraining order or for a violation of a condition of pretrial release, probation, or parole-based on a drug violation.</p>		

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ID	Idaho Code § 54-1733B	benefit of the appropriate training. Any prescriber or pharmacist, acting in good faith and exercising reasonable care, may prescribe an opioid antagonist to a person at risk of experiencing an opiate-related overdose. Such person who prescribes or administers an opioid antagonist is immune from civil or administrative liability and from criminal prosecution for such acts.	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. As soon as possible, the administering person must contact emergency medical services. Such person is immune from civil or criminal liability for such acts.	Any prescriber or pharmacist, acting in good faith and exercising reasonable care, may prescribe an opioid antagonist to: (a) a person in a position to assist a person at risk of experiencing an opiate-related overdose; (b) a person who, in the course of his official duties or business, may encounter a person experiencing an opiate-related overdose; or (c) a person who, in the opinion of the prescriber or pharmacist, has valid reason to be in the possession of an opioid antagonist.	The state department of health and welfare and the state office of drug policy must create and maintain an online education program for laypeople and the general public on matters pertaining to opiate-related overdoses, including: (1) how to recognize symptoms or indications of an opiate-related overdose; (2) how to store, administer and dispose of an opioid antagonist; (3) emergency procedures in the event of an opiate-related overdose; and (4) other information deemed pertinent by the two agencies.
IL	20 Ill. Comp. Stat. § 301/5-23(d)	A health care professional who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antagonist to a patient	A person who is not licensed to administer an opioid antidote may administer an opioid antagonist in an	A health care professional acting in good faith, directly or by standing order, may prescribe or dispense an opioid	The director of the state department of human services may establish a program to provide for the production and

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	<p>who, in the judgment of the health care professional, is capable of administering the drug in an emergency, is immune from any professional discipline or any criminal liability, except for willful and wanton misconduct.</p>	<p>emergency if the person has received specific patient information and believes, in good faith, that another person is experiencing a drug overdose. He or she is immune from any professional review, civil liability, or criminal prosecution arising from, or related to, the unauthorized practice of medicine or the possession of an opioid antagonist, except for willful or wanton misconduct.</p>	<p>antagonist to a person who is not at risk of an opioid overdose but who, in the judgement 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.</p>	<p>publication, in electronic and other formats, of drug overdose prevention, recognition, and response literature. He or she may develop and disseminate curricula for use by professionals, organizations, individuals, or committees interested in the prevention of fatal and nonfatal drug overdose. In addition to information regarding drug overdose prevention, recognition, and response, literature, the department must stress that drug use remains illegal and highly dangerous and that complete abstinence from illegal drug use is the healthiest choice. The literature must provide information and resources for substance abuse treatment. The director may establish or authorize</p>

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					programs for prescribing, dispensing, or distributing naloxone or any other similarly acting and equally safe drug approved by the FDA for the treatment of drug overdose. Such programs may include the prescribing of naloxone or any other similarly acting and equally safe drug approved by the FDA for the treatment of drug overdose to, and education about, administration by individuals who are not personally at risk of opioid overdose.
IN	Indiana Code § 16-31-3-23.5 ⁴ § 16-42-27-2 § 16-42-27-3	A licensed health care prescriber may, in good faith, directly or by standing order, prescribe or dispense, and a pharmacist may, in good faith, dispense, an overdose intervention drug to a person at risk of experiencing an overdose and is immune from civil liability unless	An individual is immune from prosecution for practicing medicine without a license if that person, acts in good faith and administers an overdose intervention drug to someone who is experiencing an overdose if the person obtains the	A licensed health care prescriber may, in good faith, directly or by standing order, prescribe or dispense, and a pharmacist may, in good faith, dispense, an overdose intervention drug to a family member, a friend, or any other individual or	A prescriber who prescribes or dispenses an overdose intervention drug without examining the individual to whom it may be administered must provide education and training on drug overdose response and treatment, including the

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	<p>there is gross negligence or willful misconduct.</p> <p>A licensed pharmacist may dispense a valid prescription, drug order, standing order, or protocol for an overdose intervention drug and is immune from civil liability.</p> <p>An advanced or regular EMT, an emergency medical responder, a firefighter or volunteer firefighter, a law enforcement officer, or a paramedic may, in good faith, administer an overdose intervention drug to a person suffering from an overdose, and except for an act of gross negligence or willful misconduct, an advanced or regular EMT, an emergency medical responder, a firefighter or volunteer firefighter, a law enforcement officer, or a paramedic who administers an overdose intervention drug according to specific standards are immune from civil action.</p>	<p>drug from a prescriber and attempts to summon emergency services immediately before or immediately after administering the overdose intervention drug.</p>	<p>entity in a position to assist an individual who is at risk of experiencing an overdose.</p> <p>A health care provider who is licensed in Indiana and whose scope of practice includes the prescribing of medication, may write a prescription, drug order, standing order, or protocol for an overdose intervention drug for an advanced EMT, an emergency medical responder, an EMT, a fire or volunteer fire department, a law enforcement agency, or a paramedic.</p>	<p>administration of an overdose intervention drug.</p> <p>An entity acting under a standing order issued by a prescriber must provide education and training on drug overdose response and treatment, including the administration of an overdose intervention drug.</p>

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KY	<p>Ky. Rev. Stat. § 217.186</p> <p>201 Ky. Admin. Regs. 2:360</p>	<p>A licensed healthcare provider who, acting in good faith, directly or by standing order, prescribes or dispenses naloxone to a patient who, in the judgment of the health-care provider, is capable of administering the drug for an emergency opioid overdose is immune from professional review or “other adverse action.”</p> <p>A person or agency who acts in good faith, including a peace officer, jailer, firefighter, paramedic, or emergency medical technician, or a school employee authorized to administer medication may: (1) receive a prescription for naloxone; (2) possess naloxone and any equipment needed for its administration; and (3) administer naloxone to an individual suffering from an apparent opiate-related overdose and is immune from criminal and civil liability for the administration, unless</p>	<p>A person acting in good faith who administers naloxone as a third party is immune from civil action and criminal prosecution for the administration, unless personal injury results from the gross negligence or willful or wanton misconduct of the person administering the drug.</p>	<p>A prescription for naloxone 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.”</p>	<p>A pharmacist may obtain certification to dispense naloxone by completing and submitting an application for pharmacist certification for naloxone dispensing, and providing his or her: (1) name; (2) address; (3) phone number; (4) pharmacist license number; and (5) proof of education and training in the use and dispensing of naloxone for treatment of opioid overdose.</p> <p>A physician-approved protocol authorizing a pharmacist to initiate the dispensing of naloxone must contain: (1) criteria for identifying persons eligible to receive naloxone under the protocol; (2) naloxone products authorized to be dispensed, including the: (a) name of the product; (b) dose; and</p>

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	personal injury results from the gross negligence or willful or wanton misconduct of the person administering the drug.			<p>(c) route of administration; (3) specific education to be provided to the person whom the naloxone is dispensed.</p> <p>A pharmacist dispensing naloxone to a person must provide verbal counseling and written educational materials, appropriate to the dosage form of naloxone dispensed, including: (1) risk factors of opioid overdose; (2) strategies to prevent opioid overdose; (3) signs of opioid overdose; (4) steps in responding to an overdose; (5) information on naloxone; (6) procedures for administering naloxone; and (7) proper storage and expiration of naloxone</p> <p>A pharmacist who applies for certification</p>

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				to initiate dispensing of naloxone must have received education and training related to the safe dispensing of opioids and use of naloxone as rescue therapy for opioid overdose, including: (1) risk factors for opioid abuse and overdose; (2) opioid overdose prevention; (3) recognizing and responding to opioid overdoses; (4) indications for use of naloxone as rescue therapy; (5) contraindications for use of naloxone; (6) administration of naloxone; (7) adverse effects associated with naloxone rescue therapy; (8) identification of a patient who meets the criteria for provision of naloxone; (9) required education to provide to persons receiving

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LA	La. Rev. Stat. Ann. § 40:978.1 § 40:978.2 § 14:403.11	<p>A licensed medical practitioner acting in good faith may, directly or by standing order, prescribe or dispense naloxone or other opioid antagonist if he or she trains the person receiving the naloxone on the safe administration of the drug and the naloxone would be administered through a device approved by the FDA and is immune from professional discipline, civil liability, or criminal prosecution as a result of any act or omission.</p> <p>A licensed pharmacist acting in good faith shall dispense naloxone or other opioid antagonist, prescribed directly or by standing order, by a licensed medical practitioner and is immune</p>	A person acting in good faith who receives and administers naloxone or another opioid antagonist to a person he or she believes is undergoing an opioid-related drug overdose is immune from civil and criminal liability for such administration “unless personal injury results from gross negligence or willful or wanton misconduct in the administration of the drug.”	A licensed medical practitioner acting in good faith may, directly or by standing order, prescribe or dispense naloxone or other opioid antagonist without having examined the individual to whom it may be administered as long as he or she trains the person receiving the naloxone on the safe administration of the drug and the naloxone would be administered through a device approved by the FDA.	<p>naloxone; (10) required elements of protocol to initiate dispensing of naloxone; and (11) required documentation when initiating dispensing of naloxone.</p> <p>Before receiving a prescription for naloxone or another opioid antagonist, a first responder must complete the training necessary to safely and properly administer naloxone or other opioid antagonist to individuals who are undergoing, or believed to be undergoing, an opioid-related drug overdose. The training, at a minimum, must include: (1) techniques on how to recognize symptoms of an opioid-related overdose; (2) standards and procedures for the storage and administration of naloxone or other opioid antagonist; and (3)</p>

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	<p>from professional discipline, civil liability, or criminal prosecution as a result of any act or omission.</p> <p>A first responder⁵ who reasonably believes that someone is undergoing an opioid-related drug overdose and therefore administers naloxone or another opioid antagonist to that person is immune from “civil liability, criminal prosecution, or disciplinary or other adverse action under any professional licensing statute for any outcomes resulting from the administration of the naloxone or another opioid antagonist to that person, unless personal injury results from the gross negligence or willful or wanton misconduct of the first responder administering the drug.”</p> <p>Any first responder administering an opiate antagonist in a proper manner is immune from civil damages as a result of any</p>			<p>emergency follow-up procedures.</p> <p>A licensed medical practitioner must provide the individual receiving and administering the naloxone or other opioid antagonist training required by the department of public health and safety for the safe and proper administration of naloxone or other opioid antagonist to individuals who are undergoing, or believed to be undergoing an opioid-related drug overdose. The training, at a minimum, must include: (1) techniques on how to recognize signs of an opioid-related drug overdose; (2) standards and procedures for the storage and administration of naloxone or another opioid antagonist; and</p>

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ME	22 Me Rev. Stat. Ann. § 2353 ⁶	act or omission in rendering such care or services or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the person involved in that emergency, unless the damage or injury was caused by willful or wanton misconduct or gross negligence.		A health care professional may, directly or by standing order, prescribe and dispense an opioid antagonist to a family member or friend of a person at risk of experiencing an opioid-related drug overdose, or another person in a position to assist a person at risk of experiencing an opioid-related drug overdose, and such a prescription must be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.	(3) emergency follow-up procedures including the requirement to summon emergency services either immediately before or immediately after administering the naloxone or other opioid antagonist. A law enforcement officer and a municipal firefighter may only administer intranasal naloxone if they have received medical training in accordance with protocols adopted by the state Medical Direction and Practices Board which must establish medical training protocols for law enforcement officers and municipal firefighters. A public health agency that provides services to populations at high risk for a drug overdose may

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MD	<p>Md. Health-General Code Ann. §§ 13-3101 to 13-3110</p> <p>Md. Admin. Code tit. 10 §§ 10.47.08.01 to 10.47.08.11</p>	<p>A licensed physician or advance practice nurse with prescribing authority may prescribe and dispense naloxone to a certificate holder, directly or by issuing a standing order if he or she (1) is employed by the state or local department of health; and (2) supervises or conducts a required educational training program.</p> <p>A licensed physician, advance practice nurse with prescribing authority, or pharmacist is immune from professional discipline or civil liability as a result of any act or omission.</p>	<p>A certificate holder who administers naloxone to an individual experiencing or believed by the certificate holder to be experiencing an opioid overdose may not be considered to be practicing medicine and is immune from liability.</p>	<p>In an emergency situation when medical services are not immediately available, a person who is certified to administer naloxone may administer it to an individual experiencing, or believed by the certificate holder to be experiencing, an opioid overdose.</p> <p>Any licensed health care provider who has prescribing authority may prescribe naloxone to someone who is in a position to assist an individual at risk of experiencing an opioid overdose.</p>	<p>establish an overdose prevention program, which may distribute “unit-of-use” packages of naloxone and the accompanying medical supplies to someone who has successfully completed training provided by the program.</p> <p>In order to be able to possess naloxone, because of his or her occupation or volunteer, family, or social status, to be able to assist an individual who is experiencing an opioid overdose, a person must apply to be a certificate holder. The applicant must successfully complete an educational training program offered by a private or public entity authorized by the state department of public health. Such an educational training program must: (1) be conducted by: (a) a</p>

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MA	Mass. Gen. Laws Ann.,	<p>Any licensed health care provider who has prescribing authority may prescribe naloxone to a patient believed by the health care provider to be at risk of experiencing an opioid overdose.</p> <p>Any licensed health care provider who has dispensing authority may dispense naloxone to a certificate holder in accordance with the certificate.</p> <p>A healthcare professional may prescribe and dispense</p>	A person who seeks medical assistance for	A healthcare professional may prescribe and dispense	<p>licensed physician;(b) an advanced practice nurse; (c) a pharmacist; or (d) an employee or a volunteer of a private or public entity who is supervised in accordance with a written agreement between the private or public entity and a supervisory licensed physician, advanced practice nurse, or pharmacist; and (2) include training in: (a) the recognition of the symptoms of opioid overdose; (b) the proper administration of naloxone; (c) the importance of contacting emergency medical services; (d) the care of an individual after the administration of naloxone; and (e) any other topics required by the department of public health.</p> <p>Before dispensing an opioid antagonist, a</p>

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	<p>ch 94C, §§ 19, 19B, & 34A</p> <p>Mass. Admin. Code tit. 105 § 171.165</p>	<p>naloxone or another opioid antagonist to a person at risk of experiencing an opiate-related overdose, and such a prescription “shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.” If so, the professional is immune from professional review or criminal liability.</p> <p>A licensed pharmacist may 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 in the course of professional practice if such procedures or protocols are filed at the pharmacist's place of practice and with the board of registration in pharmacy before implementation.</p>	<p>someone experiencing a drug-related overdose or who, in good faith, administers naloxone to an individual appearing to experience an opiate-related overdose is immune from criminal prosecution.</p>	<p>naloxone or another opioid antagonist to a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose, and such a prescription “shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.”</p>	<p>pharmacist must complete an approved training program on opioid antagonists which must include proper documentation and quality assurance.</p> <p>The state department of public health must approve training programs for first responders in the use of naloxone or other opioid antagonist as long as:</p> <p>(1) the program's medical director has approved the specific training program; and</p> <p>(2) the training program meets the minimum standards established by the department as administrative requirements.</p>
MI	Mich. Comp. Laws Ann.	A peace officer may possess any opioid antagonist	A person ⁸ who, in good faith, believes that another	A prescriber may issue a prescription for, and a	A law enforcement agency may distribute to

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<p>§§ 28.541 to 28.544 § 691.1503 § 333.20965 § 333.17744b § 333.17744c</p>	<p>distributed to that peace officer and may administer that opioid antagonist to an individual if (1) the peace officer has been trained in the proper administration of that opioid antagonist; and (2) the peace officer has reason to believe that the individual is experiencing an opioid-related overdose and is immune from civil liability or criminal prosecution.</p> <p>A prescriber may issue a prescription for, and a dispensing prescriber or pharmacist may dispense an opioid antagonist to, an individual patient at risk of experiencing an opioid-related overdose.</p> <p>The acts or omissions of a medical first responder, emergency medical technician, emergency medical technician specialist, paramedic, medical director of a medical control authority or his or her designee, while providing</p>	<p>person is suffering “the immediate effects of an opioid-related overdose” and administers, with reasonable care, an opioid antagonist to the other individual is immune from civil action for damages resulting from the administration of the drug, unless the conduct of the individual administering the opioid antagonist is willful or wanton misconduct and is immune from criminal prosecution or sanction under any professional licensing act for the act.</p>	<p>dispensing prescriber or pharmacist may dispense an opioid antagonist to a family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.</p>	<p>its peace officers, and a peace officer may administer, an opioid antagonist if they officers have been trained in the administration of that opioid antagonist.</p>

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		<p>services to a patient outside a hospital, in a hospital before transferring the patient care to hospital personnel, or in a clinical setting that are consistent with the individual's licensure or additional training required by the medical control authority, unless the act or omission is the result of gross negligence or willful misconduct, are immune from liability in the treatment of a patient of those individuals or various persons.⁷</p>			
MN	Minn. Stat. Ann. § 151.37, ⁹ Subd. 12 and § 604A.04	<p>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 to a person and is immune from civil liability or criminal prosecution for the act. The immunity applies even when the opiate antagonist is eventually administered by someone</p>	<p>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 civil liability and criminal prosecution.</p>		<p>An emergency medical responder, a police officer, and a member of the staff of community-based health disease prevention or social service programs may administer an opiate antagonist if the individual has training in the recognition of signs of opiate overdose and the use of opiate antagonists as part of the</p>

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MS	Miss. Code Ann. § 41-29-319	<p>Physicians, and other licensed health care providers, who act in good faith and in compliance with the standard of care, may directly or by a standing order prescribe an opioid antagonist to a person at risk of experiencing an opioid-related overdose. Such individuals are immune from civil or criminal liability or professional licensing sanctions.</p> <p>A pharmacist, acting in good faith and in compliance with the standard of care, may dispense opioid antagonists under a prescription issued directly or by a standing order. Such individuals are immune from civil or criminal liability or</p>	A person, acting in good faith and with reasonable care to another person whom he or she believes to be experiencing an opioid-related overdose may administer an opioid antagonist that was prescribed. Such an individual is immune from civil or criminal liability.	Physicians, and other licensed health care providers, who act in good faith and in compliance with the standard of care, may directly or by a standing order prescribe an opioid antagonist to a registered pain management clinic, family member, or other person in a position to assist another person at risk of experiencing an opioid-related overdose.	emergency response to opiate overdose.

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		<p>professional licensing sanctions.</p> <p>An EMT, and individuals who possess a valid, state-issued EMT certificate, may administer an opioid antagonist. Such individuals are immune from civil or criminal liability or professional licensing sanctions.</p>			
MO	Mo. Ann. Stat. § 190.255 ¹⁰	<p>Any qualified first responder may obtain and administer naloxone to a person suffering from an apparent narcotic or opiate-related overdose in order to revive the person.</p> <p>Any licensed drug distributor or pharmacy in Missouri may sell naloxone to qualified first responder agencies to allow the agency to stock naloxone for the administration of such drug to persons suffering from an apparent narcotic or opiate overdose in order to revive the person.</p>			<p>A qualified first responder may only administer naloxone if he or she has received training in the: (1) administration of naloxone to a person suffering from an apparent narcotic or opiate-related overdose and (2) the recognition that a person is overdosing on a narcotic or opiate drug.</p>

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NE	Neb. Rev. St. § 28-470	<p>A health professional who is authorized to prescribe or dispense naloxone, if acting with reasonable care, may prescribe, administer, or dispense naloxone to a person who is apparently experiencing or who is likely to experience an opioid-related overdose and is immune from administrative action or criminal prosecution.</p> <p>An emergency responder who, acting in good faith, obtains naloxone from his or her EMS organization and administers it to a person who is apparently experiencing an opioid-related overdose is immune from administrative action or criminal prosecution.</p> <p>A peace officer who, acting in good faith, obtains naloxone from his or her law enforcement agency and administers it to a person who is apparently experiencing an opioid-</p>	<p>A family member, friend, or other person who is in a position to assist a person who is apparently experiencing, or who is likely to experience an opioid-related overdose, is immune from administrative action, or criminal prosecution if the person, acting in good faith, 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.</p>	<p>A health professional who is authorized to prescribe or dispense naloxone, if acting with reasonable care, may prescribe, administer, or dispense naloxone to 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 and is immune from administrative action or criminal prosecution.</p>	

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NV	Nev. Stat. SB 459 §§ 1-7, 11	<p>related overdose is immune from administrative action or criminal prosecution.</p> <p>A healthcare 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.</p> <p>A law enforcement officer, acting in good faith, may possess and administer an opioid antagonist to someone whom he or she reasonably believes to be experiencing an opioid-related drug overdose; and an EMT, advanced EMT, or paramedic is authorized to administer an opioid antagonist as clinically indicated.</p> <p>Any professional who, acting in good faith and with reasonable care, administers an opioid antagonist to someone who he or she</p>	Any person who, acting in good faith and with reasonable care, administers an opioid antagonist to someone who he or she believes to be experiencing an opioid-related drug overdose is immune from criminal prosecution under any professional licensing statute and civil liability for his or her actions.	A healthcare professional otherwise authorized to prescribe an opioid antagonist may, directly or by standing order, prescribe and dispense an opioid antagonist to family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose.	The state department of health and human services may, within the limits of available money, award grants for: (1) educational programs for the prevention and recognition of and responses to opioid-related drug overdoses and other drug overdoses; (2) training programs for patients who receive opioid antagonists and for the families and caregivers of such patients concerning the prevention and recognition of and responses to opioid-related drug overdoses and other drug overdoses; (3) projects to encourage, when appropriate, the prescription and distribution of opioid

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		believes to be experiencing an opioid-related drug overdose is immune from criminal prosecution, professional sanctions, and civil liability for his or her actions.		antagonists; and (4) education and training programs on the prevention and recognition of, and responses to, opioid-related drug overdoses and other drug overdoses for members and volunteers of law enforcement agencies and agencies that provide emergency medical services and other emergency services.
NH	N.H. Rev. Stat. § 318-B:15	A health care professional authorized to prescribe an opioid antagonist may, acting in good faith and with reasonable care, prescribe, dispense, or distribute, directly or by standing order, an opioid antagonist to a person at risk of experiencing an opioid-related overdose is immune from any professional discipline, civil liability, or criminal prosecution for any action or outcome.	A person or organization may, acting in good faith and with reasonable care, store and possess an opioid antagonist, dispense or distribute an opioid antagonist, and administer an opioid antagonist to another person who the person believes is suffering an opioid-related overdose.	A health care professional authorized to prescribe an opioid antagonist may, acting in good faith and with reasonable care, prescribe, dispense, or distribute, directly or by standing order, an opioid antagonist to a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose.

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NJ	N.J. Stat. Ann. §§ 24:6J-1 to 24:6J-6	A prescriber or other healthcare practitioner who, acting in good faith, directly or through a standing order, prescribes or dispenses an opioid antidote to (1) any recipient who is deemed by the health care practitioner to be capable of administering the opioid antidote to an overdose victim in an emergency, (2) any professional or emergency medical responder who is not acting in a professional or volunteer capacity but who is deemed by the health care practitioner to be capable of administering opioid antidotes to overdose victims, (3) any professional who is not acting in a	A person who, in good faith, seeks medical assistance for him or herself or for another person who is experiencing a drug overdose is immune from criminal liability. Moreover, a person, other than a health care professional, may, in an emergency, administer an opioid antidote if the person has received patient overdose information and believes, in good faith, that another person is experiencing an opioid overdose and is immune from civil action, or criminal prosecution.	A prescriber or other healthcare practitioner who, acting in good faith, directly or through a standing order, prescribes or dispenses an opioid antidote to any recipient who is deemed by the health care practitioner to be capable of administering the opioid antidote to an overdose victim in an emergency.	A prescriber or other healthcare practitioner who prescribes or dispenses an opioid antidote must ensure that overdose prevention information is provided to the recipient to whom the antidote is dispensed. The information should include information on overdose prevention and recognition, how to perform rescue breathing and resuscitation, the importance of calling 911, and other things. The dissemination of the overdose prevention

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	<p>professional or volunteer capacity but is deemed capable, by the health care practitioner, of dispensing opioid antidotes to recipients, (4) any professional entity or emergency response entity, which is deemed by the health care practitioner as capable of administering opioid antidotes to overdose victims, or (5) any professional entity which is deemed by the health care practitioner as capable of dispensing opioid antidotes to recipients.</p> <p>Such prescriber or other health care practitioners who prescribe or dispense, and any professional or professional entity that dispenses, opioid antidotes in good faith and in accordance with the laws and regulations of the state are immune from professional review, civil action, or criminal prosecution.</p>			<p>information must be documented by the prescribing or dispensing health care practitioner, as appropriate.</p>

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		Such emergency medical responder or emergency response entity that administers an opioid antidote, in good faith and in accordance with the laws and regulations of the state are immune from professional review, civil action, or criminal prosecution.			
NM	N.M. Stat. Ann. § 24-23-1 § 24-23-2 N.M. Admin. Code § 7.32.7 § 16.19.4(.9) ¹¹	A licensed healthcare professional who is permitted to prescribe an opioid antagonist, if acting with reasonable care, may prescribe, dispense, distribute or administer an opioid antagonist without being subject to civil action or criminal prosecution.	A person, other than a licensed health care professional, may administer an opioid antagonist to another person if: he or she believes in good faith, that the other person is experiencing an opioid drug overdose; and he or she acts with reasonable care in administering the drug to the other person. Such person is immune to civil action or criminal prosecution as a result of the administration of the drug.	A licensed healthcare professional who is permitted by law to prescribe an opioid antagonist, if acting with reasonable care, may prescribe, dispense, distribute or administer an opioid antagonist.	Trained targeted responders must complete an initial opioid antagonist administration training program that is recommended by the department and a department recommended refresher opioid antagonist administration training course at least once every two years, among other things.
NY	N.Y. Pub. Health Law § 3309	A health care professional may prescribe, dispense or distribute, directly or indirectly, an opioid	An opioid antagonist recipient may possess an opioid antagonist, may distribute such opioid	A health care professional may prescribe, by a non-patient-specific prescription, dispense or	The state health commissioner is authorized to establish standards for approval

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<p>N.Y. Admin. Code tit 10, § 80.138 tit 8, § 64.7¹² tit 8, § 136.8</p>	<p>antagonist to an opioid antagonist recipient. Such health care professionals, acting reasonably and in good faith, are immune from criminal, civil, or administrative liability for their actions.</p> <p>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. Such pharmacists, acting reasonably and in good faith, are immune from criminal, civil, or administrative liability for their actions.</p> <p>A registered professional nurse may administer opioid related overdose treatment for the urgent or emergency treatment of opioid related overdose or suspected opioid related overdose pursuant to a written non-patient specific order and protocol prescribed or ordered by a licensed</p>	<p>antagonist to a recipient, and may administer such opioid antagonist to a person the recipient reasonably believes is experiencing an opioid overdose. Such individuals, acting reasonably and in good faith, are immune from criminal, civil, or administrative liability for their actions.</p>	<p>distribute, directly or indirectly, an opioid antagonist to an opioid antagonist recipient, and a pharmacist may dispense an opioid antagonist, through a non-patient-specific prescription, to an opioid antagonist recipient.</p>	<p>of any opioid overdose prevention program, and opioid antagonist prescribing, dispensing, distribution, possession and administration pursuant to this section which may include training.</p> <p>Any distribution of opioid antagonists must include an informational card or sheet which includes: (1) how to recognize symptoms of an opioid overdose; (2) steps to take prior to and after an opioid antagonist is administered, including calling first responders; (3) the number for the toll free office of alcoholism and substance abuse services HOPE line; (4) how to access the office of alcoholism and substance abuse services' website; and</p>

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	physician or a certified nurse practitioner. Such registered professional nurses, acting reasonably and in good faith, are immune from criminal, civil, or administrative liability for their actions.			<p>(5) any other information deemed relevant by the commissioner. The card must be provided in languages other than English.</p> <p>Trained overdose responders must complete an initial training consistent with the program's opioid overdose prevention training curriculum and a refresher training consistent with the opioid overdose prevention training curriculum at least every two years or otherwise demonstrate competence in opioid overdose recognition.</p>
NC	N.C. Gen. Stat. § 90-106.2	A practitioner acting in good faith and exercising reasonable care may, directly or by standing order, prescribe an opioid antagonist to a person at risk of experiencing an opiate-related overdose and is	A person who receives an opioid antagonist that was prescribed by a practitioner may administer an opioid antagonist to another person if the person has a good faith belief that the	A practitioner acting in good faith and exercising reasonable care may directly or by standing order prescribe an opioid antagonist to a family member, friend, or other person in a position to

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	<p>immune from any civil action or criminal liability as a result.</p> <p>A pharmacist may dispense an opioid antagonist 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 and is immune from any civil action or criminal liability as a result.</p> <p>In addition to any other applicable immunity or limitation on civil liability, a law enforcement officer who, acting in good faith, arrests or charges a person who is thereafter determined to be entitled to immunity under the state Good Samaritan Overdose Protection Statute "shall not be subject to civil liability for the arrest or filing of charges."</p>	<p>other person is experiencing a drug-related overdose and the person exercises reasonable care in administering the drug to the other person. That person is immune from any civil action or criminal liability.</p>	<p>assist a person at risk of experiencing an opiate-related overdose.</p>	<p>administer the opioid antagonist.</p>

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ND	N.D. Cent. Code § 23-01-42	A health care professional, acting in good faith, may directly or by standing order prescribe, distribute, or dispense an opioid antagonist to an individual at risk of experiencing an opioid-related overdose. Such a health care professional who prescribes, distributes, or dispenses an opioid antagonist is immune from professional discipline, and civil and criminal liability for his or her actions.	An individual acting in good faith may self-administer an opioid antagonist or administer an opioid antagonist to another individual who the administering individual suspects is at risk of experiencing an opioid overdose. An individual who distributes, dispenses, receives, possesses, or administers an opioid antagonist is immune from civil and criminal liability for that action.	A health care professional, acting in good faith, may directly or by standing order prescribe, distribute, or dispense an opioid antagonist to a family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.	A health care professional may prescribe, distribute, or dispense an opioid antagonist only if he or she provides training to: (1) the individual at risk of experiencing an opioid-related overdose; or (2) the family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.
OH	Ohio Rev. Code Ann. § 2925.61 § 3707.56 § 4723.488 § 4729.01 § 4729.44 § 4729.511 § 4730.431 § 4731.94 § 4731.941 § 4731.942 Ohio Admin. Code § 4729-5-39	A physician, physician's assistant, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who may prescribe may personally furnish a supply of naloxone, or issue a prescription for naloxone, without having examined the individual to whom it may be administered, as long as certain conditions are met, and such a nurse is immune from professional review,	A person who assists an individual who is experiencing an opioid-related overdose, is not subject to criminal prosecution for the unlawful practice of medicine or criminal prosecution if the individual, acting in good faith: obtains naloxone from a licensed health professional or a prescription for naloxone from a licensed health	A licensed healthcare professional may prescribe or dispense naloxone to a family member, friend, or other individual who is in a position to assist an individual who is at risk of experiencing an opioid-related overdose.	Immunity is extended to a physician, physician's assistant, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner if he or she instructs the individual receiving the naloxone supply or prescription to summon emergency services as soon as practicable either before or after administering naloxone to an

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	§4765-12-04	<p>civil action, or criminal prosecution.</p> <p>A peace officer employed by a law enforcement agency is not subject to administrative action or criminal prosecution for the unlawful practice of medicine or criminal prosecution if he or she, acting in good faith, obtains naloxone from the peace officer's law enforcement agency and administers the naloxone to an individual who is apparently experiencing an opioid-related overdose.</p> <p>A naloxone distributor, who in good faith, sells, distributes, and delivers naloxone to various facilities is immune from professional review, civil action, or criminal prosecution.</p>	<p>professional; administers that naloxone to an individual who is apparently experiencing an opioid-related overdose; and attempts to summon emergency services either immediately before or immediately after administering the naloxone.</p>		<p>individual apparently experiencing an opioid-related overdose, among other things.</p>
OK	Okla. Stat. Ann. tit. 63, § 1-2506.1 § 1-2506.2	<p>First responders have the authority to administer, without prescription, opiate antagonists when encountering an individual exhibiting signs of an opiate</p>	<p>Any family member who administers an opiate antagonist in a manner consistent with addressing opiate overdose is immune from liability</p>	<p>Upon request, a healthcare provider may prescribe an opiate antagonist to someone who is encountering a family</p>	<p>When a provider prescribes an opiate antagonist to an individual for use by that individual when encountering a family</p>

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		overdose and any first responder administering an opiate antagonist in a manner consistent with addressing opiate overdose is immune from liability under the <i>Good Samaritan Act</i> .	under the <i>Good Samaritan Act</i> .	member exhibiting signs of an opiate overdose.	member exhibiting signs of an opiate overdose, he or she must provide (1) information on how to spot symptoms of an overdose; (2) instruction on basic resuscitation techniques; (3) instruction on proper naloxone administration; and (4) the importance of calling 911 for help.
OR	Or. Rev. Stat. § 689.681 Or. Admin. R. 333-055-0100 to 333-055-0115 ¹³ 847-035-0030(8)(o)	An emergency medical responder may prepare and administer naloxone via intranasal device or auto-injector for an individual who he or she suspects is experiencing an opioid overdose.	A person who has successfully completed training on lifesaving treatments for opiate overdose is immune from civil liability for any act or omission committed during the course of providing the treatment, if the person is acting in good faith and the act or omission does not constitute wanton misconduct.	A healthcare professional with prescription and dispensing privileges may distribute unit-of-use packages of naloxone, and the necessary medical supplies to administer the naloxone, to a person who: conducts naloxone use training; or has successfully completed training so that the person may possess and administer naloxone to any individual who appears to be experiencing an opiate overdose.	The Oregon Health Authority must establish protocols and criteria for training on lifesaving treatments for opiate overdose which must specify: (1) the frequency of required retraining or refresher training; and (2) the curriculum for the training, including: (a) the recognition of symptoms and signs of opiate overdose; (b) non-pharmaceutical treatments for opiate overdose, including rescue breathing and

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PA	35 Pa. Cons. Stat. Ann. § 780-113.8	<p>A healthcare professional, otherwise authorized to prescribe naloxone, may dispense, prescribe or distribute naloxone directly or by a standing order to an authorized law enforcement officer or firefighter, and the first responder¹⁴ may to administer naloxone to an individual undergoing or believed to be undergoing an opioid-related drug overdose.</p> <p>A licensed healthcare professional who, acting in good faith, prescribes or dispenses naloxone is immune from criminal or civil liability or any</p>	A person is immune from prosecution and for a violation of probation or parole if the person can establish that law enforcement officers only became aware of the person's commission of an offense because the person transported a person experiencing a drug overdose to a law enforcement agency, a campus security office or a health care facility; or the person reported, in good faith, a drug overdose to a law enforcement officer, the 911 system, a campus	A healthcare professional, otherwise authorized to prescribe naloxone, may dispense, prescribe or distribute naloxone directly or by a standing order 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.	<p>proper positioning of the victim; (c) obtaining emergency medical services; (d) the proper administration of naloxone to reverse opiate overdose; and (e) The observation and follow-up that is necessary to avoid the recurrence of overdose symptoms.</p> <p>The state health department (1) in consultation with the Pennsylvania Emergency Health Services Council, must implement training, treatment protocols, equipment lists and other policies and procedures for all types of emergency medical services providers; and (2) in consultation with the Department of Drug and Alcohol Programs, must develop or approve training and instructional materials about recognizing</p>

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	<p>professional disciplinary action for such prescribing or dispensing; or any outcomes resulting from the eventual administration of naloxone as long as the healthcare professional does not act with intent to harm or with reckless indifference to a substantial risk of harm.</p> <p>A law enforcement agency, fire department or fire company who, acting in good faith and with reasonable care, administers naloxone to another person whom the person believes to be suffering an opioid-related drug overdose is immune from civil liability, criminal prosecution, and sanction under any professional licensing statute.</p>	<p>security officer or emergency services personnel and the report was made on the reasonable belief that another person was in need of immediate medical attention and was necessary to prevent death or serious bodily injury due to a drug overdose; the person provided his or her own name and location and cooperated with the law enforcement officer, 911 system, campus security officer or emergency services personnel; and the person remained with the person needing immediate medical attention until a law enforcement officer, a campus security officer or emergency services personnel arrived.</p> <p>The person experiencing the drug overdose also is immune from prosecution if the person who transported or reported</p>		<p>opioid-related overdoses, administering naloxone and promptly seeking medical attention. The training and instruction materials must be provided free of charge on the Internet.</p>

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RI	R.I. Gen. Laws § 16-21-35 and §§ 21-28.8-1 to 21-28.8-3	A health care professional with a current license may, directly or by standing order, prescribe, dispense, and	<p>and remained with him or her may not be charged and is entitled to immunity.</p> <p>A person who, acting in good faith and with reasonable care, administers naloxone to another person whom the person believes to be suffering an opioid-related drug overdose is immune from civil liability, criminal prosecution, or sanction under any professional licensing statute.</p> <p>Receipt of training and instructional materials, and the prompt seeking of additional medical assistance, creates a rebuttable presumption that the person acted with reasonable care in administering naloxone.</p>	A health care professional with a current license may, directly or by standing order, prescribe, dispense,	School nurse-teachers may (but are not required to) receive training in the

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<p>R.I. Admin. Code 31-2-9:1.0 to 31-2-9:3.0¹⁵</p>	<p>distribute naloxone to an individual at risk of experiencing an opioid-related overdose. Such a healthcare professional is immune from professional review, civil action, or criminal prosecution.</p> <p>In a school setting, any trained nurse-teacher may administer an opioid antagonist, during an emergency, to any student or staff suspected of having an opioid-related drug overdose whether or not there is a previous history of opioid abuse as long as the school physicians prepare standing orders for the procedures to be followed in dealing with a suspected opioid overdose in a school setting. Such standing orders do not require any school nurse-teacher to administer an opioid antagonist. A school nurse-teacher is immune from civil liability for damages that may result from acts or omissions</p>	<p>that the other person is experiencing a drug overdose; and he or she acts with reasonable care in administering the drug to the other person. Such person who administers an opioid antagonist to another person is immune from civil liability or criminal prosecution as a result of the administration of the drug.</p>	<p>and distribute naloxone a family member, friend, or other person in a position to assist an individual at risk of experiencing an opioid-related overdose.</p>	<p>administration of opioid antagonists provided by the state department of health. A school nurse-teacher must not be subject to penalty or disciplinary action for refusing to be trained in the administration of an opioid antagonist.</p>

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SC	S.C. Code Ann. §§ 44-13-10 to 44-13-60	<p>relating to the use of the opioid antagonist that may constitute ordinary negligence. Moreover, other school personnel are immune from criminal prosecution that may result from acts or omissions in the good faith administration of an opioid antagonist.</p> <p>A prescriber, acting in good faith and exercising reasonable care, may issue a written prescription for an opioid antidote to a person who is at risk of experiencing an opioid-related overdose.</p> <p>A prescriber, acting in good faith and exercising reasonable care, may issue a standing order for a first responder to possess an opioid antidote for administration to a person whom the first responder believes to be experiencing an opioid-related overdose.</p> <p>A prescriber who issues a written prescription or a standing order for an opioid</p>	A caregiver may administer an opioid antidote to a person whom the caregiver believes, in good faith, is experiencing an opioid. Such a caregiver is immune from civil or criminal liability as a result of any act or omission.	A prescriber, acting in good faith and exercising reasonable care, may issue a written prescription for an opioid antidote to a caregiver for a person who is at risk of experiencing an opioid overdose whom the prescriber has not personally examined.	A prescriber must provide to the person or the caregiver overdose information addressing the following: (1) opioid overdose prevention and recognition; (2) opioid antidote dosage and administration; (3) the importance of calling 911 emergency telephone service for medical assistance with an opioid overdose; and (4) care for an overdose victim after administration of the opioid antidote. In addition, the prescriber must document in the medical record that such opioid overdose

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	<p>antidote is immune from civil or criminal liability and professional discipline as a result of any act or omission.</p> <p>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. Such a pharmacist is immune from civil or criminal liability and professional discipline as a result of any act or omission.</p> <p>A first responder may administer an opioid antidote if he or she believes, in good faith, that the person is experiencing an opioid overdose. Such a first responder is immune from civil or criminal liability and professional discipline as a result of any act or omission.</p>			<p>information was provided to the person or the caregiver.</p>
SD	S.D. Codified Laws §§ 34-20A-98 to 34-20A-103	Any first responder (defined as a law enforcement officer, ambulance driver or attendant, or a fire fighter) trained in compliance and		A first responder authorized to administer an opioid antagonist must be trained in; (1) the symptoms of an

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S.D. Admin R. §§ 20:78:06:01 to 20:78:06:04	<p>acting under a standing order issued by a physician licensed may possess and administer opioid antagonists to a person exhibiting symptoms of an opiate overdose. Such a first responder acting under a standing order and the first responder's employer are immune from civil liability for injuries or death associated with the administration of an opioid antagonist.</p> <p>A physician who issues a standing order is immune from civil liability for injuries or death associated with the administration of an opioid antagonist.</p>			<p>opioid overdose; (2) the protocols and procedures for administration of an opioid antagonist; (3) the signs and symptoms of adverse responses to an opioid antagonist; (4) protocols and procedures to stabilize the patient if an adverse response occurs; and (5) opioid antagonist duration; (6) the protocols and procedures for monitoring the suspected opioid overdose victim and re-administration of opioid antagonist if necessary for the safety and security of the suspected overdose victim; (7) the procedures for storage, transport, and security of the opioid antagonist; and (8) the method of opioid antagonist administration being taught.</p>

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TN	Tenn. Code Ann. § 63-1-152	A licensed health care 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 a person at risk of experiencing an opiate-related overdose. Any licensed healthcare practitioner who prescribes	A person who receives a prescribed opioid antagonist may administer it to another person if: the person has a good faith belief that the other person is experiencing an opioid related drug overdose; and the person exercises reasonable care in administering the drug to the other person. Any person who administers an	A licensed health care 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 a family member, friend, or other person in a position to assist a person at risk of	<p>The training must comply with established criteria, may be provided by the employer of first responders, at the employer's discretion, and must be overseen by a licensed physician</p> <p>A first responder trained to possess and administer opioid antagonists must complete a first responder training program at least every three years.</p> <p>The Commonwealth's commissioner of health or his or her designee, in consultation with others, must create and maintain an online education program with the goal of educating laypersons and the general public on the administration of opioid antagonists and appropriate techniques</p>

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		<p>or dispenses an opioid antagonist is immune from professional administrative action and civil liability in the absence of gross negligence or willful misconduct for his or her actions.</p>	<p>opioid antagonist is immune from civil liability in the absence of gross negligence or willful misconduct for his or her actions.</p>	<p>experiencing an opiate-related overdose.</p> <p>and follow-up procedures for dealing with opioid related drug overdose.</p> <p>Evidence of the use of reasonable care in administering the drug must include the receipt of basic instruction and information on how to administer the opioid antagonist, including successful completion of the online overdose prevention education program.</p>
TX	<p>Tex. Health & Safety Code Ann. §§ 483.101 To 482.106</p>	<p>A prescriber may, directly or by standing order, prescribe an opioid antagonist to a person at risk of experiencing an opioid-related drug overdose. A prescriber who acts in good faith and with reasonable care in prescribing or deciding not to prescribe an opioid antagonist is immune from criminal liability, civil damages, or professional disciplinary action for: (1) prescribing or failing to</p>	<p>A person who, acting in good faith and with reasonable care, administers, or chooses not to administer, an opioid antagonist to another person whom the person believes is suffering from an opioid-related drug overdose is immune from criminal liability, civil damages, or professional disciplinary action for an act or omission resulting from</p>	<p>A prescriber may, directly or by standing order, prescribe an opioid antagonist to a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose.</p>

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	<p>prescribe the opioid antagonist; or (2) any outcome resulting from the eventual administration of the opioid antagonist, if prescribed.</p> <p>A pharmacist may dispense an opioid antagonist under a valid prescription 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 at risk of experiencing an opioid-related drug overdose. Such a pharmacist who, acting in good faith and with reasonable care, dispenses or chooses not to dispense an opioid antagonist under a valid prescription is immune from criminal liability, civil damages, or professional disciplinary action for: (1) dispensing or failing to dispense the opioid antagonist; or (2) any outcome resulting from the eventual administration of</p>	<p>the administration of, or failure to administer, the opioid antagonist.</p>		

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		<p>the opioid antagonist, if dispensed.</p> <p>Emergency services personnel are authorized to administer an opioid antagonist to a person who appears to be suffering an opioid-related drug overdose.</p>			
UT	<p>Utah Code Ann. §§ 26-55-101 to 26-55-104</p> <p>§ 58-17b-507 § 58-31b-703 § 58-67-702 § 58-68-702 § 58-70a-505</p>	<p>A health care provider who is licensed to prescribe or dispense an opiate antagonist may, without a prescriber-patient relationship, prescribe or dispense an opiate antagonist, in good faith, to an individual who is at increased risk of experiencing or who is likely to experience an opiate-related drug overdose event and is immune from professional review or civil liability for acts or omissions made as a result of prescribing or dispensing the opiate antagonist.</p> <p>A person licensed to dispense an opiate antagonist to an individual with a prescription for an opiate</p>	<p>A person who acts in good faith to administer an opiate antagonist to another person whom the person believes to be suffering an opiate-related drug overdose is immune from civil damages for acts or omissions made as a result of administering the opiate antagonist.</p>	<p>A health care provider who is licensed to prescribe or dispense an opiate antagonist may, without a prescriber-patient relationship, prescribe or dispense an opiate antagonist, in good faith, to a family member of, friend of, or other person who may be in a position to assist an individual who may be at increased risk of experiencing or who is likely to experience an opiate-related drug overdose event.</p>	<p>Anyone who prescribes or dispenses an opiate antagonist must provide education to the individual to whom the opiate antagonist is prescribed or dispensed which includes instructions to take the person to whom the opiate antagonist was administered to an emergency care facility for a medical evaluation.</p>

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VT	Vt. Stat. Ann., tit. 18, § 4240	<p>antagonist is immune from any civil damages resulting from the outcomes that result from the eventual administration of the opiate antagonist to a person who another person believes is suffering an opiate-related drug overdose.</p> <p>A health care professional,(including a pharmacist)¹⁶ acting in good faith and acting within his or her scope of practice, may, directly or by standing order, prescribe, dispense, and distribute an opioid antagonist to someone educated about opioid-related overdose prevention and treatment and who is at risk of experiencing an opioid-related overdose.</p> <p>The health care professional (including a pharmacist) and a person acting on behalf of a community-based overdose prevention program, is immune from civil liability or criminal prosecution with regard to the subsequent use</p>	<p>A person may administer an opioid antagonist to a victim if he or she believes, in good faith, that the victim is experiencing an opioid-related overdose.</p> <p>Such a person is immune from civil liability or criminal prosecution for administering the opioid antagonist unless the person's actions constituted recklessness, gross negligence, or intentional misconduct.</p>	<p>A health care professional, acting in good faith and acting within his or her scope of practice, may, directly or by standing order, prescribe, dispense, and distribute an opioid antagonist to a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose and who is educated about opioid-related overdose prevention and treatment.</p>	<p>So the state may address prescription and nonprescription opioid overdoses, the state health department must develop and implement a prevention, intervention, and response strategy, depending on available resources, that: (1) provides educational materials on opioid overdose prevention to the public, free of charge, including to substance abuse treatment providers, health care providers, opioid users, and family members of opioid users; (2) educates substance abuse</p>

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		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.		treatment providers on methods to prevent opioid overdoses; and (3) provides education and training on overdose prevention, intervention, and response to individuals living with addiction and participating in opioid treatment programs, syringe exchange programs, residential drug treatment programs, or correctional services, among other educational resources.
VA	Va. Code Ann. § 8.01-225(A.16) § 54.1-3408(X)	A person who, in good faith, prescribes, dispenses, or administers naloxone or other opioid antagonist used for overdose reversal in an emergency to an individual who is believed to be experiencing or about to experience a life-threatening opiate overdose is immune from civil damages for ordinary negligence in acts or omissions resulting from	A person who, in good faith, possesses and administers naloxone in an emergency to someone who is experiencing or is about to experience a life-threatening opiate overdose is immune from civil liability for ordinary negligence in acts or omissions resulting from the rendering of such treatment.	Law-enforcement officers and firefighters who have completed a training program may possess and administer naloxone in accordance with protocols developed by the Commonwealth's board of pharmacy in consultation with the board of medicine and the department of health.

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	<p>the rendering of such treatment.</p> <p>A pharmacist may dispense naloxone or other opioid antagonist used for overdose reversal pursuant to an oral, written or standing order issued by a prescriber, and in accordance with protocols developed by the Commonwealth's board of pharmacy in consultation with the board of medicine and the department of health to a person who is believed to be experiencing or about to experience a life-threatening opiate overdose.</p>				
WA	Wash. Rev. Code Ann. § 69.41.095	A practitioner may prescribe, dispense, distribute, and deliver an opioid overdose medication directly to a person at risk of experiencing an opioid-related overdose. If acting in good faith and with reasonable care, such a practitioner is immune from civil or criminal liability and	Any person or entity may lawfully possess, store, deliver, distribute, or administer an opioid overdose medication pursuant to a prescription or order issued by a practitioner. If acting in good faith and with reasonable care, such a person is immune from civil or criminal liability	A practitioner may prescribe, dispense, distribute, and deliver an opioid overdose medication by a 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	At the time of prescribing, dispensing, distributing, or delivering the opioid overdose medication, the practitioner must inform the recipient that as soon as possible after administration of the opioid overdose medication, the person at risk of experiencing

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		<p>professional discipline for any authorized action.</p> <p>A pharmacist may dispense an opioid overdose pursuant to a prescription and may administer an opioid overdose medication to a person at risk of experiencing an opioid overdose. If acting in good faith and with reasonable care, such a pharmacist is immune from civil or criminal liability and professional discipline for any authorized action.</p>	<p>and professional discipline for any authorized action.</p>	<p>opioid-related overdose. If acting in good faith and with reasonable care, such a practitioner is immune from civil or criminal liability and professional discipline for any authorized action.</p>	<p>an opioid-related overdose should be transported to a hospital or a first responder should be summoned.</p> <p>At the time of dispensing an opioid overdose medication, a pharmacist must provide written instructions on the proper response to an opioid-related overdose, including instructions, which must be conspicuously displayed, for seeking immediate medical attention.</p>
WV	W. Va. Code §§ 16-46-1 to 16-46-6 § 30-1-7a	<p>All licensed health care providers, in the course of their professional practice, may offer to initial responders a prescription for opioid antagonists, including a standing order, to be used during the course of their professional duties as initial responders.</p> <p>All licensed health care providers, in the course of</p>	<p>Any person who possesses an opioid antagonist and administers it to a person whom he or she believes to be suffering from an opioid-related overdose, and who is acting in good faith, is immune from criminal prosecution and civil liability from his or her actions or omissions, unless the act or failure to act was the result of gross</p>	<p>All licensed health care providers in the course of their professional practice may offer to a person considered by the licensed health care provider to be a relative, friend, caregiver or person in a position to assist a person at risk of experiencing an opiate-related overdose, a prescription for an opioid antagonist.</p>	<p>Each person issued a license to practice medicine, surgery, podiatry, dentistry, optometry, registered professional nursing or licensed to be a physician assistant, an advanced nurse practitioner or a pharmacist must complete training and training on prescribing</p>

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	<p>their professional practice, may offer to a person considered by the licensed health care provider to be at risk of experiencing an opiate-related overdose, a prescription for an opioid antagonist.</p> <p>Such licensed health care providers who, if acting in good faith, may prescribe, dispense, or distribute an opioid antagonist and is immune from civil liability or criminal prosecution unless prescribing the opioid antagonist was the result of gross negligence or willful misconduct.</p> <p>An initial responder who is not otherwise authorized to administer opioid antagonists may possess opioid antagonists in the course of his or her professional duties and administer an opioid antagonist in an emergency situation if training and other requirements are met. Such</p>	<p>negligence or willful misconduct.</p>		<p>and administration of an opioid antagonists.</p>

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WI	Wisc. Stat. Ann. § 256.40 ¹⁷ § 441.07(d)2. § 441.18 § 448.015(4)(bm) § 448.037 § 450.01(13v) § 450.10(1) § 450.11(1i) § 895.48	a responder, acting in good faith, is immune to civil liability or criminal prosecution unless prescribing the opioid antagonist was the result of gross negligence or willful misconduct. A law enforcement agency or fire department may enter into a written agreement to affiliate with an ambulance service provider or a physician to obtain a supply of naloxone or another opioid antagonist and to receive training to safely and properly administer naloxone or another opioid antagonist to individuals who are undergoing or who are believed to be undergoing an opioid-related drug overdose. A law enforcement officer or fire fighter, who reasonably believe a person is undergoing an opioid-related drug overdose and who administer naloxone or another opioid antagonist,	Any person who, acting in good faith, possesses, delivers, dispenses, or administers an opioid antagonist to another person is immune from civil action or criminal liability for any outcomes resulting from delivering or dispensing the opioid antagonist.	An advanced practice nurse who is certified to issue prescriptions may, directly or by the use of a standing order, 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. A physician or physician assistant may, directly or by the use of a standing order, prescribe an opioid antagonist to a person in a position to assist an individual at risk of undergoing an opioid-related drug overdose and	All EMTs must undergo any training necessary to safely and properly administer naloxone or another opioid antagonist. A law enforcement agency or fire department that enters into a written agreement to affiliate with an ambulance service provider or a physician must ensure that the law enforcement officers and fire fighters get the training necessary to safely and properly administer naloxone or another opioid antagonist to individuals who are undergoing or

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	<p>are immune from civil action or criminal liability.</p> <p>A registered nurse, nurse-midwife, or licensed practical nurse are immune from professional review if he or she prescribes or delivers an opioid antagonist.</p> <p>An advanced practice nurse who is certified to issue prescriptions may, directly or by the use of a standing order, 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. The nurse must ensure that the person to whom the opioid antagonist will be delivered has the knowledge and training necessary to safely administer the opioid antagonist to an individual undergoing an opioid-related overdose, and if so, such a nurse who, acting in good faith, prescribes or delivers</p>		<p>may deliver the opioid antagonist to that person.</p>	<p>who are believed to be undergoing an opioid-related drug overdose.</p> <p>The physician or physician assistant who prescribes and delivers the opioid antagonist must have, or have the capacity to provide, the knowledge and training necessary to safely administer the opioid antagonist to an individual undergoing an opioid-related overdose and that the person demonstrates the capacity to ensure that any individual to whom the person further delivers the opioid antagonist has or receives that knowledge and training.</p>

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	<p>an opioid antagonist or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist, is immune from professional discipline, civil action or criminal liability for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.</p> <p>A physician or physician assistant may, directly or by the use of a standing order, 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. Such a physician or physician assistant who prescribes or delivers an opioid antagonist must ensure that the person to whom the opioid antagonist will be delivered has the knowledge and training necessary to safely administer the opioid</p>			

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	<p>antagonist to an individual undergoing an opioid-related overdose. If so, the physician or physician assistant who, acting in good faith, prescribes or delivers an opioid antagonist, or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist, is immune from professional discipline, civil action or criminal liability for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.</p> <p>A pharmacist may, upon the prescription order of an advanced practice nurse or of a physician or physician assistant, deliver an opioid antagonist to the person specified in the prescription order.</p> <p>A pharmacist who, acting in good faith, delivers an opioid antagonist, or who, acting in good faith, otherwise lawfully dispenses an opioid</p>			

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		antagonist, is immune from professional discipline, civil action, or criminal liability for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.		

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¹ A state certified EMT may administer naloxone hydrochloride.

² EMS providers may administer naloxone hydrochloride as long as the “route of the administration is within the provider’s scope.”

³ EMTs, paramedics, and cardiac technicians may administer opioid antagonists.

⁴ An advanced or regular EMT, an emergency medical responder, a firefighter or volunteer firefighter, a law enforcement officer, or a paramedic may administer an overdose intervention drug to a person suffering from an overdose; and certain health care providers may prescribe, and a pharmacist may dispense, an overdose intervention drug for an advanced or regular EMT, an emergency medical responder, a fire department or volunteer fire department, a law enforcement agency, or a paramedic.

⁵ A first responder is defined as a peace officer, a firefighter, or an EMS practitioner.

⁶ While the statute enables (1) a health care professional to, directly or by standing order, prescribe and dispense an opioid antagonist to a person at risk of experiencing an opioid-related drug overdose; (2) a law enforcement officer, in accordance with policies adopted by the law enforcement agency, and a municipal firefighter, in accordance with policies adopted by the municipality, to administer intranasal naloxone as clinically indicated if the officer or firefighter has received medical training; and (3) a person who, acting in good faith and with reasonable care, to administer an opioid antagonist to another person whom the person believes to be experiencing an opioid-related drug overdose, it does not address civil, criminal, or professional immunity for anyone.

⁷ These include, but are not limited to: the authorizing physician or physician's designee; the medical director; the person providing communications services or lawfully operating or utilizing supportive electronic communications devices; the life support agency or an officer, member of the staff, or other employee of the life support agency; the hospital or an officer, member of the staff, nurse, or other employee of the hospital; the authoritative governmental unit or units; and emergency personnel from outside the state.

⁸ The law does not apply if the person who administers the opioid antagonist is a physician, physician's assistant, registered nurse, or licensed practical nurse and the opioid antagonist is administered in a hospital.

⁹ A licensed physician, a licensed advanced practice registered nurse authorized to prescribe drugs, or a licensed physician's assistant authorized to prescribe drugs may authorize the following individuals to administer opiate antagonists: an emergency medical responder; a peace officer; and staff of community-based health disease prevention or social service programs.

¹⁰ A “qualified first responder” is any state and local law enforcement agency staff, fire department personnel, fire district personnel, or licensed emergency medical technician.

¹¹ This section sets forth the protocol for a pharmacist exercising prescriptive authority for naloxone drug therapy.

¹² Emergency regulation.

¹³ These rules define the protocols and criteria for training on lifesaving treatments for opiate overdose as delineated by the Oregon Health Authority.

¹⁴ A first responder is defined as a law enforcement officer or firefighter who has completed training with an emergency medical services agency.

¹⁵ Every licensed EMT is authorized and permitted to administer Naloxone.

¹⁶ A health care professional means a licensed physician, a physician assistant, an advance practice registered nurse, or a pharmacist.

¹⁷ All EMTs may administer naloxone or another opioid antagonist.