LEGAL INTERVENTIONS TO REDUCE OVERDOSE MORTALITY: NALOXONE ACCESS AND OVERDOSE GOOD SAMARITAN LAWS

Background

Fatal drug overdose has increased more than six-fold in the past three decades, and now claims the lives of over 36,000 Americans every year.[1] Nearly 15,000 of these deaths are known to have been caused by opioids, and the actual number is likely higher.[2] This increase is mostly driven by prescription opioids such as oxycontin and hydrocodone, which now account for more overdose deaths than heroin and cocaine combined.[3] Opioid overdose is typically reversible through the timely administration of the medication naloxone and the provision of emergency care.[4] However, access to naloxone and other emergency treatment is often limited by laws and regulations and that pre-date the overdose epidemic. In an attempt to reverse this unprecedented increase in preventable overdose deaths, a number of states have recently amended those laws to increase access to emergency care and treatment for opiate overdose.

Law as both problem and solution

Although naloxone (commonly known by its trade name, Narcan) is a prescription drug, it is not a controlled substance and has no abuse potential.[5] It is regularly carried by medical first responders and can be administered by ordinary citizens with little or no formal training.[6] Yet, it is often not available when and where it is needed. Because opioid overdose often occurs when the victim is with friends or family members, those people may be the best situated to act to save his or her life by administering naloxone. Unfortunately, neither the victim nor his companions typically carry the drug. Law is at least partially responsible for this lack of access. State practice laws generally discourage or prohibit the prescription of drugs to a person other than the intended recipient (a process referred to as third-party prescription) or to a person the physician has not personally examined (a process referred to as prescription via standing order). Additionally, some prescribers are wary of prescribing naloxone because of liability concerns.[7] Likewise, even where naloxone is available, bystanders to a drug overdose may be afraid to administer it for fear of legal repercussions.[8] Finally, overdose bystanders may fail to summon medical assistance for fear of legal consequences.[9]

Since most of these barriers are rooted in unintended consequences of laws passed for other purposes, they may be addressed through relatively simple changes to those laws. At the urging of organizations including the U.S. Conference of Mayors, the American Medical Association and the American Public Health Association, a number of states have addressed the overdose epidemic by removing some legal barriers to the seeking of emergency medical care and the timely administration of naloxone.[10] These changes come in two general varieties: the first encourages the wider prescription and use of naloxone by clarifying that prescribers acting in good faith may prescribe the drug to persons who may be able to use it to reverse overdose and by removing the possibility of negative legal action against prescribers and lay administrators. The second type encourages bystanders to become “Good Samaritans” by summoning emergency responders without fear of arrest or other negative legal consequences.[11]

Overview of naloxone access and Good Samaritan laws

In 2001, New Mexico became the first state to amend its laws to make it easier for medical professionals to prescribe and dispense naloxone, and for lay administrators to use it without fear of legal repercussions. [12] As of May 15, 2014, twenty-three other states (NY, IL, WA, CA, RI, CT, MA, NC, OR, CO, VA, KY, MD, VT, NJ, OK, UT, TN, ME, GA, WI, MN and OH) and the District of Columbia have made similar changes (25 total).[13] Based partly on these changes, at least 188 community-based overdose prevention programs now distribute naloxone. As of 2010, those programs had provided training and naloxone to over 50,000 people, resulting in over 10,000 overdose reversals.[14] A recent evaluation of one such program in Massachusetts, which trained over 2,900 potential overdose bystanders, reported that opioid overdose death rates were significantly reduced in communities in which the program was implemented compared to those in which it was not.[15]

In 2007, New Mexico became the first state to amend its laws to encourage Good Samaritans to summon aid in the event of an overdose. As of May 15, 2014, fifteen other states (WA, NY, CT, IL, CO, RI, FL, MA, CA, NC, NJ, VT, DE, MN and GA) and the District of Columbia have followed suit (17 total).[16] Additionally, Alaska law explicitly requires courts to take the fact that a Good Samaritan summoned medical assistance into account at sentencing, Indiana[17] and Maryland permit courts to consider that fact in mitigation,[18] and Utah law provides that a person who reports an overdose and takes other steps may use that fact as an affirmative defense to some offenses, and can be raised as a mitigating factor at sentencing for others.[19] Initial evidence from Washington state, which amended its law in 2010, is positive, with 88 percent of drug users surveyed indicating that they would be more likely to summon emergency personnel during an overdose as a result of the legal change.[20]

The following tables document laws that have been amended or enacted to increase access to naloxone and encourage bystanders to summon medical assistance in the event of overdose. Tables 1 and 1a cover laws aimed at increasing lay access to naloxone by reducing barriers to prescription and administration ("state naloxone access laws"). Tables 2 and 2a address criminal concerns for Good Samaritans who summon aid in overdose situations ("state overdose Good Samaritan laws"). Tables 1 and 2 are broken down into columns, with each column identifying whether a particular state law addresses a certain characteristic. Tables 1a and 2a provide more detailed descriptions of each law, with quotes from those laws where practicable. For those states that have passed laws too recently for those laws to have been codified, only the relevant bill is listed. This chart will be updated regularly to reflect changes in this rapidly evolving area of law.

Note that these tables cover only laws that were passed specifically to address drug overdose. That does not necessarily mean the activities covered by the laws in these tables are not permitted in other states, only that they are not explicitly authorized by laws created for that purpose. For example, North Carolina's Project Lazarus, which has seen marked success using an integrated model that includes partnering with local physicians, pharmacists and law enforcement officials, operated for many years without the benefit of explicit authorizing legislation.[21] The categories listed were chosen because of their prevalence in existing laws and may not necessarily reflect best practices.[22]

Conclusion

Opioid overdose kills thousands of Americans every year. Many of those deaths are preventable through the timely provision of a relatively cheap, safe and effective drug and the summoning of emergency responders. As with most public health problems, there is no magic bullet to preventing overdose deaths. A comprehensive solution that includes input and active involvement from medical providers, policy makers and public health, law enforcement and elected officials is likely necessary to create large-scale, lasting change. Evaluation is necessary to ensure that legal changes have the intended effect and to suggest additional amendments.[23]

However, it is reasonable to believe that laws that encourage the prescription and use of naloxone and the timely seeking of emergency medical assistance will have the intended effect of reducing opioid overdose deaths. Since such laws have few if any foreseeable negative effects, can be implemented at little or no cost, and will likely save both lives and resources, they may represent some of the lowest-hanging public health fruit available to policymakers today.

Table 1: Characteristics of state naloxone access laws

As of May 15, 2014

State	Citation	Effective date	Removes civil liability for prescribers	3rd party prescription OK	Removes civil liability for lay administration	Removes criminal liability for prescribers	Removes criminal liability for lay administration	Lay administration not UPM[24]	State program created[25]	No criminal liability for possession of naloxone w/o prescription
NM	N.M. Stat. Ann. § 24-23-1 (2001)	Apr. 3, 2001	-	-	Yes[26]	-	Yes[27]	-	-	-
NM	N.M. Stat. Ann. § 24-23-2 (2001)	Apr. 3, 2001	Yes	-	-	Yes	-	-	-	-
NM	N.M.A.C. 7.32.7 (2001)	Sept. 13, 2001	-	-	-	-	-	Yes[28]	Yes	-
CT	Conn. Gen. Stat. § 17a-714a (2003)	Oct. 1, 2003	Yes	-	-	Yes	-	-	-	-
NY	N.Y. Pub. Health Law § 3309 (2009)	Apr. 1, 2006	-	-	Yes[29]	-	-	Yes	Yes	-
NY	N.Y. Comp. Codes R. & Regs. Tit. 10, § 80.138 (2007)	Feb. 1, 2007	-	Yes[30]	-	-	-	Yes[31]	Yes	-

State	Citation	Effective date	Removes civil liability for prescribers	3rd party prescription OK	Removes civil liability for lay administration	Removes criminal liability for prescribers	Removes criminal liability for lay administration	Lay administration not UPM[24]	State program created[25]	No criminal liability for possession of naloxone w/o prescription
CA[32]	Cal Civ Code § 1714.22 (2008) (Replaced by new version as of Jan. 1, 2011)	Jan. 1, 2008 (originally set to sunset Jan 1, 2011)	Yes[33]	-[34]	-	Yes[35]	-	-	-	-
IL	20 Ill. Comp. Stat. Ann. 301/5-23 (2010)	Jan 1. 2010	-	Yes[36]	-	-	-	Yes[37]	Yes	Yes[38]
WA	Wash. Rev. Code § 69.50.315 (2010)	June 6, 2010	-	-	-	-	Yes[39]	Yes[40]	-	Yes[41]
WA	Wash. Rev. Code §18.130.345 (2010)	June 10, 2010	-	Yes	-	-	-	Yes	-	-
CA[42]	Cal Civ Code § 1714.22 (2011) (Replaced by new version as of Jan. 1, 2014)	Jan. 1, 2011 (originally set to sunset Jan 1, 2015)	Yes[43]	-[44]	-	Yes[45]	-	Yes[46]	-	Yes[47]

State	Citation	Effective date	Removes civil liability for prescribers	3rd party prescription OK	Removes civil liability for lay administration	Removes criminal liability for prescribers	Removes criminal liability for lay administration	Lay administration not UPM[24]	State program created[25]	No criminal liability for possession of naloxone w/o prescription
RI	R.I. Gen. Laws § 21-28.8-3 (2012)	June 18, 2012 (sunsets July 1, 2015)	-	-	Yes	-	Yes	-	-	-
MA	Mass. Gen. Laws ch. 94c, § 34A (2012)	August 2, 2012	-	-	Yes[48]	-	Yes[49]	Yes[50]	-	Yes
MA	Mass. Gen. Laws ch. 94c, § 19(d) (2012)	August 2, 2012	-[51]	Yes	-	-	-	-	-	-
CT	Conn. Gen. Stat. § 17a-714a (2012)	Oct 1, 2012[52]	Yes	-	-	Yes	-	-	-	-
DC	D.C. Code § 7-403 (2013)	March 19, 2013	-	-	Yes	-	Yes	-	-	Yes
NC	N.C. Gen. Stat. § 90-106.2 (2013)	April 9, 2013	Yes	Yes	Yes	Yes	Yes	Yes[53]	-	-
CO	S.B. 13-014 (2013)[54]	May 10, 2013	Yes	Yes	Yes	Yes	Yes	-	-[55]	-

State	Citation	Effective date	Removes civil liability for prescribers	3rd party prescription OK	Removes civil liability for lay administration	Removes criminal liability for prescribers	Removes criminal liability for lay administration	Lay administration not UPM[24]	State program created[25]	No criminal liability for possession of naloxone w/o prescription
OR	Or. Rev. Stat. § 689.681 (2013)	June 6, 2013	-	Yes[56]	Yes[57]	-	-	-	-[58]	-
KY	Ky. Rev. Stat. Ann. § 217.186 (West 2014)	June 25, 2013	-[59]	Yes	Yes[60]	-	Yes	-	-	-
VA	Va. Code Ann. §§ 8.01-225, 54.1-3408 (2013)	July 1, 2013	-	Yes[61]	Yes[62]	-	Yes[63]	Yes	Yes	-
NJ	N.J. Stat. Ann. § 24:6J (2014)	July 1, 2013	Yes[64]	Yes	Yes[65]	Yes	Yes[66]	-[67]	-[68]	Yes[69]
VT	ACT075 (2013)[70]	July 1, 2013	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
MD	MD. Code Ann., Health-Gen. §§ 13-3101 to -3109 (2014)	Oct. 1, 2013	-[71]	Yes	-[72]	-	Yes[73]	Yes	Yes	Yes[74]
OK	Okla. Stat. tit. 63, §§ 1-2506.1, 1-2506.2 (2014)	Nov. 1, 2013	-[75]	Yes[76]	-[77]	-	-[78]	-	-	-

State	Citation	Effective date	Removes civil liability for prescribers	3rd party prescription OK	Removes civil liability for lay administration	Removes criminal liability for prescribers	Removes criminal liability for lay administration	Lay administration not UPM[24]	State program created[25]	No criminal liability for possession of naloxone w/o prescription
CA	Cal. Civ. Code § 1714.22 (West 2014)	Jan. 1, 2014	Yes	Yes[79]	Yes	Yes	Yes	Yes	-[80]	Yes
OH	H.B. 170 (2014)[81]	Mar. 11, 2014	Yes[82]	Yes	Yes	Yes	Yes	Yes	-	-
WI	Act 200 (2014)	Apr. 8, 2014	Yes	Yes	Yes	Yes	Yes	-	-	Yes[83]
GA	H.B. 965 (2014)[84]	Apr. 24, 2014	Yes	Yes	Yes	Yes	Yes	Yes	-	-
ME	Me. Rev. Stat. tit. 22, § 2353 (2014)	Apr. 29, 2014	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes[85]
MN	Minn. Stat. § 604A.04 (2014)	May 10, 2014	Yes	-[86]	Yes	Yes	Yes	Yes[87]	-	-
UT	H.B. 119 (2014)	May 13, 2014	Yes	Yes	Yes	-	-	-	-	-
TN	H.B. 1427 (2014)	July 1, 2014	Yes	Yes	-	-[88]	-	-	-	-

State	Citation	Effective date	Removes civil liability for prescribers	3rd party prescription OK	Removes civil liability for lay administration	Removes criminal liability for prescribers	Removes criminal liability for lay administration	Lay administration not UPM[24]	State program created[25]	No criminal liability for possession of naloxone w/o prescription
CT	H.B. 5487 (2014)	Oct. 1, 2014[89]	Yes	-[90]	Yes	-	-	Yes[91]	-	-

Table 1a: Summary of state naloxone access laws

As of May 15, 2014

STATE	CITATION	EFFECTIVE DATE	SUMMARY
NM	N.M. Stat. Ann. § 24-23-1 (2001)	Apr. 3, 2001	"A. A person authorized under federal, state or local government regulations, other than a licensed health care professional permitted by law to administer an opioid antagonist, may administer an opioid antagonist to another person if: (1) he, in good faith, believes the other person is experiencing a drug overdose; and (2) he acts with reasonable care in administering the drug to the other person. B. A person who administers an opioid antagonist to another person pursuant to Subsection A of this section shall not be subject to civil liability or criminal prosecution as a result of the administration of the drug."
NM	N.M. Stat. Ann. § 24-23-2 (2001)	Apr. 3, 2001	"A licensed health care 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 without being subject to civil liability or criminal prosecution."

STATE	CITATION	EFFECTIVE DATE	SUMMARY
NM	N.M.A.C. 7.32.7 (2001)	Sept. 13, 2001	"A person, other than a licensed health care professional permitted by law to administer an opioid antagonist, is authorized to administer an opioid antagonist to another person if he, in good faith, believes the other person is experiencing an opioid drug overdose and he acts with reasonable care in administering the drug to the other person. It is strongly recommended that any person administering an opioid antagonist to another person immediately call for emergency medical services." Lists guidelines for opioid agonist administration programs. Such programs must, among other things, have a program director and physician medical director. Each program must "promptly" notify local EMS of the "activation and existence" of the program and if it stops or cancels its operations. Defines "trained targeted responders." Must also keep certain records and submit an application for registration before beginning operations, and report any use of naloxone by trained responders, among other requirements.
NY	N.Y. Pub. Health Law § 3309 (2009)	Apr. 1, 2006	Authorizes state health commissioner to establish standards for approval of any opioid overdose prevention program, which may include standards for program directors, appropriate clinical oversight and training, record keeping and reporting. Notwithstanding other laws, the "purchase, acquisition, possession or use of an opioid antagonist pursuant to this section shall not constitute the unlawful practice of a profession or other violation under title eight of the education law or this article." "Use of an opioid antagonist pursuant to this section shall be considered first aid or emergency treatment for the purpose of any statute relating to liability."
NY	N.Y. Comp. Codes R. & Regs. Tit. 10, § 80.138 (2007)	Feb. 1, 2007	Defines relevant terms, including "Opioid Overdose Prevention Program," Opioid antagonist," "Trainer Overdose Responder, and "Registered provider." Permits registered providers to operate an Opioid Overdose Prevention Program if they obtain a certificate of approval from Health Department. Lists requirements for registered providers and Programs. Requires Programs to maintain record-keeping system and defines requirements for that system. Purports to limit protections of N.Y. Pub. Health Law § 3309 regarding the "purchase, acquisition, possession or use of an opioid antagonist" to approved programs and Trained Overdose Responders.
IL	20 Ill. Comp. Stat. Ann. 301/5-23 (West 2010)	Jan. 1, 2010	"A health care professional who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antidote to a patient who, in the judgment of the health care professional, is capable of administering the drug in an emergency, shall not, as a result of his or her acts or omissions, be subject to disciplinary or other adverse action under [any professional licensing statute]. "A person who is not otherwise licensed to administer an opioid antidote may in an emergency administer without fee an opioid antidote if the person has received certain patient information specified [in statute] and believes in good faith that another person is experiencing a drug overdose. The person shall not, as a result of his or her acts or omissions, be liable for any violation of [professional practice acts] or any other professional licensing statute, or subject to any criminal prosecution arising from or related to the unauthorized practice of medicine or the possession of an opioid antidote."

STATE	CITATION	EFFECTIVE DATE	SUMMARY
WA	Wash. Rev. Code §18.130.345 (2010)	June 10, 2010	"The administering, dispensing, prescribing, purchasing, acquisition, possession, or use of naloxone shall not constitute unprofessional conduct under chapter 18.130 RCW, or be in violation of any provisions under this chapter, by any practitioner or person, if the unprofessional conduct or violation results from a good faith effort to assist: (1) A person experiencing, or likely to experience, an opiate-related overdose; or (2) A family member, friend, or other person in a position to assist a person experiencing, or likely to experience, an opiate-related overdose."
CA	Cal. Civ. Code § 1714.22 (West 2011)	Jan. 1, 2011 (sunsets Jan 1, 2016)	This law applies only to the Counties of Alameda, Fresno, Humboldt, Los Angeles, Mendocino, San Francisco and Santa Cruz. It sunsets on January 1, 2016. "A licensed health care provider who is permitted by law to prescribe an opioid antagonist may, if acting with reasonable care, prescribe and subsequently dispense or distribute an opioid antagonist in conjunction with an opioid overdose prevention and treatment training program, without being subject to civil liability or criminal prosecution. This immunity shall apply to the licensed health care provider even when the opioid antagonist is administered by and to someone other than the person to whom it is prescribed." "A person who is not otherwise licensed to administer an opioid antagonist may administer an opioid antagonist in an emergency without fee if the person has received certain training information from any program operated by a local health jurisdiction or that is registered by a local health jurisdiction to train individuals to prevent, recognize and respond to an opiate overdose, and that provides, at a minimum, training in enumerated areas and believes in good faith that the other person is experiencing a drug overdose. The person shall not, as a result of his or her acts or omissions, be liable for any violation of any professional licensing statute, or subject to any criminal prosecution arising from or related to the unauthorized practice of medicine or the possession of an opioid antagonist." Each local health jurisdiction that operates or registers an opioid overdose prevention and treatment training program shall, by January 1, 2015, collect, and report to the Senate and Assembly Committees on Judiciary, certain required information.
RI	R.I. Gen. Laws § 21-28.8-3 (2012)	June 18, 2012	"(a) A person may administer an opioid antagonist to another person if: (1) He or she, in good faith, believes the other person is experiencing a drug overdose; and (2) He or she acts with reasonable care in administering the drug to the other person. (b) A person who administers an opioid antagonist to another person pursuant to this section shall not be subject to civil liability or criminal prosecution as a result of the administration of the drug."

STATE	CITATION	EFFECTIVE DATE	SUMMARY
MA	Mass. Gen. Laws ch. 94c, § 19 (2012)	August 2, 2012	"(d) Naloxone or other opioid antagonist may lawfully be prescribed and dispensed to a person at risk of experiencing an opiate-related overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose. For purposes of this chapter and chapter 112 [governing professional licensing and registration], any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice."
MA	Mass. Gen. Laws ch. 94c, § 34A (2012)	August 2, 2012	"(e) A person acting in good faith may receive a naloxone prescription, possess naloxone and administer naloxone to an individual appearing to experience an opiate-related overdose."
CT	Conn. Gen. Stat. § 17a-714a (2012)	Oct 1, 2012	"A licensed health care professional who is permitted by law to prescribe an opioid antagonist may, if acting with reasonable care, prescribe, dispense or administer an opioid antagonist to treat or prevent a drug overdose without being liable for damages in a civil action or subject to criminal prosecution for prescribing, dispensing or administering such opioid antagonist or for any subsequent use of such opioid antagonist. For purposes of this section, "opioid antagonist" means naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of drug overdose." The Commissioner of Mental Health and Addiction Services is required to report by Jan 15, 2013 the number of opioid antagonist prescriptions issued under programs administered by DMHAS to persons other than drug users for self-administration.
DC	D.C. Code § 7-403 (2013)	March 19, 2013	"(f) Notwithstanding any other law, it shall not be considered a crime for a person to possess or administer an opioid antagonist, nor shall such person be subject to civil liability in the absence of gross negligence, if he or she administers the opioid antagonist: (1) In good faith to treat a person who he or she reasonably believes is experiencing an overdose; (2) Outside of a hospital or medical office; and (3) Without the expectation of receiving or intending to seek compensation for such service and acts. … (i) For the purposes of this section, the term: (1) "Good faith" under subsection (a) of this section does not include the seeking of health care as a result of using drugs or alcohol in connection with the execution of an arrest warrant or search warrant or a lawful arrest or search. (2) "Opioid antagonist" means a drug, such as Naloxone, that binds to the opioid receptors with higher affinity than agonists but does not activate the receptors, effectively blocking the receptor, preventing the human body from making use of opiates and endorphins. (3) "Overdose" means an acute condition of physical illness, coma, mania, hysteria, seizure,

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			cardiac arrest, cessation of breathing, or death, which is or reasonably appears to be the result of consumption or use of drugs or alcohol and relates to an adverse reaction to or the quantity ingested of the drugs or alcohol, or to a substance with which the drugs or alcohol was combined. (4) “Supervision status” means probation or release pending trial, sentencing, appeal, or completion of sentence, for a violation of District law.”
NC	N.C. Gen. Stat. § 90-106.2 (2013)	April 9, 2013	“(a) As used in this section, "opioid antagonist" means naloxone hydrochloride that is approved by the federal Food and Drug Administration for the treatment of a drug overdose. (b) A practitioner acting in good faith and exercising reasonable care may directly or by standing order prescribe an opioid antagonist to (i) a person at risk of experiencing an opiate-related overdose or (ii) a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose. As an indicator of good faith, the practitioner, prior to prescribing an opioid under this subsection, may require receipt of a written communication that provides a factual basis for a reasonable conclusion as to either of the following: (1) The person seeking the opioid antagonist is at risk of experiencing an opiate-related overdose. (2) The person other than the person who is at risk of experiencing an opiate-related overdose, and who is seeking the opioid antagonist, is in relation to the person at risk of experiencing an opiate-related overdose: a. A family member, friend, or other person. b. In the position to assist a person at risk of experiencing an opiate-related overdose. (c) A person who receives an opioid antagonist that was prescribed pursuant to subsection (b) of this section may administer an opioid antagonist to another person if (i) the person has a good faith belief that the other person is experiencing a drug-related overdose and (ii) the person exercises reasonable care in administering the drug to the other person. Evidence of the use of reasonable care in administering the drug shall include the receipt of basic instruction and information on how to administer the opioid antagonist. (d) All of the following individuals are immune from any civil or criminal liability for actions authorized by this section: (1) Any practitioner who prescribes an opioid antagonist pursuant to subsection (b) of this section. (2) Any person who administers an opioid antagonist pursuant to subsection (c) of this section."

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CO	S.B. 13-014 (2013)	May 10, 2013	[Legislative declaration, defines terms] Provides criminal and civil immunity for "a person other than a health care provider or a health care facility 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 event" Provides criminal and civil immunity to a person who is permitted by law to prescribe or dispense an opiate antagonist for such prescribing or dispensing, and any outcomes resulting from the eventual administration of the opiate antagonist. States that no standard of care is created. Encourages prescribers and dispensers to educate persons receiving the opiate antagonist on a number of items. Provides that "the prescribing, dispensing or distribution of an opiate antagonist by a licensed health care practitioner, pharmacist or advanced practice nurse shall not constitute unprofessional conduct" if the action was taken in a good faith effort to assist a "person who is at increased risk of experiencing or likely to experience an opiate-related drug overdose event" or "a family member, friend or other person who is in a position to assist" such a person.
OR	Or. Rev. Stat. § 689.681 (2013)	June 6, 2013	"(2) The Oregon Health Authority shall establish by rule protocols and criteria for training on lifesaving treatments for opiate overdose. The criteria must specify: (a) the frequency of required retraining or refresher training; and (b) The curriculum for the training, including: (A) The recognition of symptoms and signs of opiate overdose; (B) Nonpharmaceutical treatments for opiate overdose, including rescue breathing and 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" [Section 3 states training must be subject to oversight by physician or certified nurse practitioner and may be conducted by health authorities or organizations that serve to individuals who take opiates] "(4) Notwithstanding any other provision of law, a pharmacy, a health care professional with prescription and dispensing privileges or any other person designated by the State Board of Pharmacy by rule may distribute unit-of-use packages of naloxone, and the necessary medical supplies to administer the naloxone to a person who: (a) Conducts training that meets the protocols and criteria established by the authority under subsection (2) of this section, so that the person may possess and distribute naloxone and necessary medical supplies to persons who successfully complete the training; or (b) Has successfully completed training that meets the protocols and criteria established by the authority under subsection (2) of this section, so that the person may possess and administer naloxone to any individual who appears to be experiencing an opiate overdose. (5) A person who has successfully completed the training described in this section is immune from civil liability for any act or omission committed during the course of providing the treatment pursuant to the authority granted by this section, if the person is acting in good faith and the act or omission does not constitute wanton misconduct."

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KY	Ky. Rev. Stat. Ann. § 217.186 (West 2014)	June 25, 2013	"(1) A licensed health-care provider who, acting in good faith, directly or by standing order, prescribes or dispenses the drug naloxone to a patient who, in the judgment of the health-care provider, is capable of administering the drug for an emergency opioid overdose, shall not, as a result of his or her acts or omissions, be subject to disciplinary or other adverse action under KRS Chapter 311, 311A, 314, or 315 or any other professional licensing statute. (2) 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. A person acting in good faith who administers naloxone as the third party under this section shall be immune from criminal and civil liability for the administration, unless personal injury results from the gross negligence or willful or wanton misconduct of the person administering the drug."
VT	ACT075 (2013)	July 1, 2013	Requires Department of Health to develop and implement a prevention, intervention and response strategy including educational materials, community-based prevention programs, increase timely access to treatment, the facilitation of overdose prevention, drug treatment and addiction recovery services, and develop a statewide opioid antagonist pilot program. "(c)(1) A health care professional acting in good faith may directly or by standing order prescribe, dispense, and distribute an opioid antagonist to the following persons, provided the person has been educated about opioid-related overdose prevention and treatment in a manner approved by the Department: (A) a person at risk of experiencing an opioid-related overdose; or (B) a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose. (2) A health care professional who prescribes, dispenses, or distributes an opioid antagonist in accordance with subdivision (1) of this subsection shall be immune from civil or criminal liability with regard to the subsequent use of the opioid antagonist, unless the health professional's actions with regard to prescribing, dispensing, or distributing the opioid antagonist constituted recklessness, gross negligence, or intentional misconduct. The immunity granted in this subdivision shall apply whether or not the opioid antagonist is administered by or to a person other than the person for whom it was prescribed. (d)(1) 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. (2) After a person has administered an opioid antagonist pursuant to subdivision (1) of this subsection (d), he or she shall immediately call for emergency medical services if medical assistance has not yet been sought or is not yet present. (3) A person shall be immune from civil or criminal liability for administering an opioid antagonist to a victim pursuant to subdivision (1) of this subsection unless the person's actions constituted recklessness, gross negligence, or intentional misconduct. The immunity granted in this subdivision shall apply whether or not the opioid antagonist is administered by or to a person other than the person for whom it was prescribed. (e) A person acting on behalf of a community-based overdose prevention program shall be immune from

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			civil or criminal liability for providing education on opioid-related overdose prevention or for purchasing, acquiring, distributing, or possessing an opioid antagonist unless the person's actions constituted recklessness, gross negligence, or intentional misconduct. (f) Any health care professional who treats a victim and who has knowledge that the victim has been administered an opioid antagonist within the preceding 30 days shall refer the victim to professional substance abuse treatment services. To be codified at 18 V.S.A. 4240.
VA	Va. Code Ann. §§ 8.01-225, 54.1-3408 (2013)	July 1, 2013	"A. Any person who: … 14. In good faith and without compensation, administers naloxone in an emergency to an individual who is experiencing or is about to experience a life-threatening opiate overdose shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if such administering person is a participant in a pilot program conducted by the Department of Behavioral Health and Developmental Services on the administration of naloxone for the purpose of counteracting the effects of opiate overdose. …. X. Notwithstanding the provisions of § 54.1-3303 and only for the purpose of participation in pilot programs conducted by the Department of Behavioral Health and Developmental Services, a person may obtain a prescription for a family member or a friend and may possess and administer naloxone for the purpose of counteracting the effects of opiate overdose. …
NJ	N.J. Stat. Ann. § 24:6J (2014)	July 1, 2013	"(4) a. A health care professional or pharmacist who, acting in good faith, directly or through a standing order, prescribes or dispenses an opioid antidote to a patient capable, in the judgment of the health care professional, of administering the opioid antidote in an emergency, shall not, as a result of the professional's acts or omissions, be subject to any criminal or civil liability, or any professional disciplinary action under Title 45 of the Revised Statutes for prescribing or dispensing an opioid antidote in accordance with this act. b. A person, other than a health care professional, may in an emergency administer, without fee, an opioid antidote, if the person has received patient overdose information pursuant to section 5 of this act and believes in good faith that another person is experiencing an opioid overdose. The person shall not, as a result of the person's acts or omissions, be subject to any criminal or liability for administering an opioid antidote in accordance with this act… (5) a. A health care professional prescribing or dispensing an opioid antidote to a patient shall ensure that the patient receives patient overdose information. This information shall include, but is not limited to: opioid overdose prevention and recognition; how to perform rescue breathing and resuscitation; opioid antidote dosage and administration; the importance of calling 911 emergency telephone service for assistance with an opioid overdose; and care for an overdose victim after administration of the opioid antidote. b. In order to fulfill the distribution of patient overdose information required by subsection a. of this section, the information may be provided by the health care professional, or a community-based organization, substance abuse organization, or other organization which addresses medical or social issues related to drug addiction that the health care professional maintains a written agreement with,

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			and that includes: procedures for providing patient overdose information; information as to how employees or volunteers providing the information will be trained; and standards for documenting the provision of patient overdose information to patients. c. The provision of patient overdose information shall be documented in the patient's medical record by a health care professional, or through similar means as determined by any written agreement between a health care professional and an organization as set forth in subsection b. of this section. d. The Commissioner of Human Services, in consultation with Statewide organizations representing physicians, advanced practice nurses, or physician assistants, or community-based programs, substance abuse programs, syringe access programs, or other programs which address medical or social issues related to drug addiction, may develop and disseminate training materials in video, electronic, or other formats to health care professionals or organizations operating community-based programs, substance abuse programs, syringe access programs, or other programs which address medical or social issues related to drug addiction, to facilitate the provision of patient overdose information."
MD	MD. Code Ann., Health-Gen. §§ 13-3101 to -3109 (2014)	Oct. 1, 2013	Creates an Overdose Response Program overseen by the Department of Health and Mental Hygiene. To be codified at MD HEALTH GEN 13-3101 et seq. "13-3102. An overdose response program is a program overseen by the Department for the purpose of providing a means of authorizing certain individuals to administer naloxone to an individual experiencing, or believed to be experiencing, opioid overdose to help prevent a fatality when medical services are not immediately available. .. 13-3104. (A) To qualify for a certificate, an individual shall meet the requirements of this section. (B) The application shall be at least 18 years old. (C) The applicant shall have, or reasonably expect to have, as a result of the individual's occupation or volunteer, family, or social status, the ability to assist an individual who is experiencing an opioid overdose. (D) (1) The applicant shall successfully complete an educational training program offered by a private or public entity authorized by the Department. (2) An educational training program required under this subsection shall: (I) [Be conducted by a licensed physician, nurse practitioner, or employee or volunteer of an entity that maintains a written agreement with a supervisory physician or NP that contains certain information, including training as described in statute] .. 13-3106. [Entities issue certificates to applicants who meet the requirements. Each certificate is valid for two years and may be renewed. It includes the name of the certificate holder, a serial number and a statement that the holder is authorized to administer naloxone in accordance with the law.] 13-3107. An individual who is certified may [present the certificate to any licensed physician or NP and receive a prescription for naloxone and the supplies necessary for administering it; possess naloxone and

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			necessary supplies; administer the naloxone in an emergency to a person experiencing or believed to be experiencing an opioid overdose] .. 13-3109. [Certificate holder who administers naloxone not conducting unauthorized practice of medicine; physician who prescribes or dispenses naloxone to certificate holder not subject to disciplinary action for that action]
OK	Okla. Stat. tit. 63, § 1-2506.2 (2014)	Nov. 1, 2013	A. Upon request, a provider may prescribe an opiate antagonist to an individual for use by that individual when encountering a family member exhibiting signs of an opiate overdose. B. When an opiate antagonist is prescribed in accordance with subsection A of this section, the provider shall provide: 1. Information on how to spot symptoms of an overdose; 2. Instruction in basic resuscitation techniques; 3. Instruction on proper naloxone administration; and 4. The importance of calling 911 for help. C. Any family member administering an opiate antagonist in a manner consistent with addressing opiate overdose shall be covered under the Good Samaritan Act.
CA	Cal. Civ. Code § 1714.22 (West 2014)	Jan. 1, 2014	(a) For purposes of this section, the following definitions shall apply: (1) “Opioid antagonist” means naloxone hydrochloride that is approved by the federal Food and Drug Administration for the treatment of an opioid overdose. (2) “Opioid overdose prevention and treatment training program” means any program operated by a local health jurisdiction or that is registered by a local health jurisdiction to train individuals to prevent, recognize, and respond to an opiate overdose, and that provides, at a minimum, training in all of the following: (A) The causes of an opiate overdose. (B) Mouth to mouth resuscitation. (C) How to contact appropriate emergency medical services. (D) How to administer an opioid antagonist. (b) A licensed health care provider who is authorized by law to prescribe an opioid antagonist may, if acting with reasonable care, prescribe and subsequently dispense or distribute an opioid antagonist to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose. (c) (1) A licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the distribution of an opioid antagonist to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose. (2) A licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the administration of an opioid antagonist to a person at risk of an opioid-related overdose by a family member, friend, or other person in a position to assist a person experiencing or

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			reasonably suspected of experiencing an opioid overdose. (d) (1) A person who is prescribed or possesses an opioid antagonist pursuant to a standing order shall receive the training provided by an opioid overdose prevention and treatment training program. (2) A person who is prescribed an opioid antagonist directly from a licensed prescriber shall not be required to receive training from an opioid prevention and treatment training program. (e) A licensed health care provider who acts with reasonable care shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for issuing a prescription or order pursuant to subdivision (b) or (c). (f) Notwithstanding any other law, a person who possesses or distributes an opioid antagonist pursuant to a prescription or standing order shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this possession or distribution. Notwithstanding any other law, a person not otherwise licensed to administer an opioid antagonist, but trained as required under paragraph (1) of subdivision (d), who acts with reasonable care in administering an opioid antagonist, in good faith and not for compensation, to a person who is experiencing or is suspected of experiencing an overdose shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this administration.
OH	H.B. 170 (2014)	Mar. 11, 2014	**Sec. 2925.61.** (A) As used in this section: (1) "Administer naloxone" means to give naloxone to a person by either of the following routes: (a) Using a device manufactured for the intranasal administration of liquid drugs; (b) Using an autoinjector in a manufactured dosage form. (2) "Law enforcement agency" means a government entity that employs peace officers to perform law enforcement duties. (3) "Licensed health professional" means all of the following: (a) A physician who is authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery; (b) A physician assistant who holds a certificate to prescribe issued under Chapter 4730. of the Revised Code; (c) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds a certificate to prescribe issued under section 4723.48 of the Revised Code. (4) "Peace officer" has the same meaning as in section 2921.51 of the Revised Code. (B) A family member, friend, or other individual who is in a position to assist an individual who is apparently experiencing or at risk of experiencing an opioid-related overdose, is not subject to criminal prosecution for a violation of section 4731.41 of the Revised Code or criminal prosecution under this chapter if the individual, acting in good faith, does all of the following: (1) Obtains naloxone from a licensed health professional or a prescription for naloxone from a licensed health professional; (2) Administers that naloxone to an individual who is apparently experiencing an opioid-related overdose; (3) Attempts to summon emergency services either immediately before or immediately after administering the naloxone. (C) Division (B) of this section does not apply to a peace officer or to an emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic, as

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			defined in section 4765.01 of the Revised Code. (D) A peace officer employed by a law enforcement agency licensed under Chapter 4729. of the Revised Code as a terminal distributor of dangerous drugs is not subject to administrative action, criminal prosecution for a violation of section 4731.41 of the Revised Code, or criminal prosecution under this chapter if the peace officer, 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. … **Sec. 4723.488.** (A) Notwithstanding any provision of this chapter or rule adopted by the board of nursing, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds a certificate to prescribe issued under section 4723.48 of the Revised Code may personally furnish a supply of naloxone, or issue a prescription for naloxone, without having examined the individual to whom it may be administered if all of the following conditions are met: (1) The naloxone supply is furnished to, or the prescription is issued to and in the name of, a family member, friend, or other individual in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid-related overdose. (2) The nurse instructs the individual receiving the naloxone supply or prescription to summon emergency services either immediately before or immediately after administering naloxone to an individual apparently experiencing an opioid-related overdose. (3) The naloxone is personally furnished or prescribed in such a manner that it may be administered by only either of the following routes: (a) Using a device manufactured for the intranasal administration of liquid drugs; (b) Using an autoinjector in a manufactured dosage form. (B) A nurse who under division (A) of this section in good faith furnishes a supply of naloxone or issues a prescription for naloxone is not liable for or subject to any of the following for any action or omission of the individual to whom the naloxone is furnished or the prescription is issued: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action. **Sec. 4729.511.** (A) As used in this section, "naloxone distributor" means either of the following: (1) A wholesale distributor of dangerous drugs; (2) A terminal distributor of dangerous drugs that supplies naloxone to any entity under division (B)(1) of this section. (B)(1) A naloxone distributor shall prioritize the sale, distribution, and delivery of naloxone to all of the following: (a) A children's hospital, as defined in section 3727.01 of the Revised Code; (b) A hospital, as defined in section 3727.01 of the Revised Code; (c) An emergency medical service organization, as defined in section 4765.01 of the Revised Code; (d) A facility that is operated as an urgent care center. (2) The order in which the entities are listed in division (B)(1) of this section does not establish levels of priority among the listed entities. (C) A naloxone distributor who in good faith complies with division (B) of this section is not liable for or subject to any of the following for an act or omission arising from that compliance: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action.

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			Sec. 4730.431. (A) Notwithstanding any provision of this chapter or rule adopted by the state medical board, a physician assistant who holds a certificate to prescribe issued under this chapter may personally furnish a supply of naloxone, or issue a prescription for naloxone, without having examined the individual to whom it may be administered if all of the following conditions are met: [identical to 4723.488] … **Sec. 4731.94.** (A) As used in this section, "physician" means an individual authorized under this chapter to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery. [identical to 4730.431]
WI	Act 200 (2014)	Apr. 8, 2014	**SECTION 1.** 256.01 (13) of the statutes is created to read: 256.01 **(13)** "Opioid antagonist" has the meaning given in s. 450.01 (13v). .. **SECTION 4.** 441.07 (1g) (d) of the statutes, as affected by 2013 Wisconsin Act 114, is amended to read: 441.07 **(1g)** (d) Misconduct or unprofessional conduct. In this paragraph, "misconduct" and "unprofessional conduct" do not include ~~providing~~ any of the following: 1. Providing expedited partner therapy as described in s. 448.035. **SECTION 5.** 441.07 (1g) (d) 2. of the statutes is created to read: 441.07 **(1g)** (d) 2. Prescribing or delivering an opioid antagonist in accordance with s. 441.18 (2). **SECTION 6.** 441.18 of the statutes is created to read: **441.18 Prescriptions for and delivery of opioid antagonists. (1)** In this section: (a) "Administer" has the meaning given in s. 450.01 (1). (b) "Deliver" has the meaning given in s. 450.01 (5). (c) "Dispense" has the meaning given in s. 450.01 (7). (d) "Opioid antagonist" has the meaning given in s. 450.01 (13v). (e) "Opioid-related drug overdose" has the meaning given in s. 256.40 (1) (d). **(2)** (a) An advanced practice nurse certified to issue prescription orders under s. 441.16 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 prescription order under this paragraph need not specify the name and address of the individual to whom the opioid antagonist will be administered, but shall instead specify the name of the person to whom the opioid antagonist will be delivered. (b) An advanced practice nurse who prescribes or delivers an opioid antagonist under par. (a) shall 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 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. **(3)** An advanced practice nurse who, acting in good faith, prescribes or delivers an opioid antagonist in

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			accordance with sub. (2), or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist, shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 441.07 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist. **SECTION 7.** 448.015 (4) (bm) of the statutes is renumbered 448.015 (4) (bm) (intro.) and amended to read: 448.015 **(4)** (bm) (intro.) "Unprofessional conduct" does not include ~~providing~~ any of the following: 1. Providing expedited partner therapy as described in s. 448.035. **SECTION 8.** 448.015 (4) (bm) 2. of the statutes is created to read: 448.015 **(4)** (bm) 2. Prescribing or delivering an opioid antagonist in accordance with s. 448.037 (2). **SECTION 9.** 448.037 of the statutes is created to read: **448.037 Prescriptions for and delivery of opioid antagonists. (1)** In this section: (a) "Administer" has the meaning given in s. 450.01 (1). (b) "Deliver" has the meaning given in s. 450.01 (5). (c) "Dispense" has the meaning given in s. 450.01 (7). (d) "Opioid antagonist" has the meaning given in s. 450.01 (13v). (e) "Opioid-related drug overdose" has the meaning given in s. 256.40 (1) (d). **(2)** (a) 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. A prescription order under this paragraph need not specify the name and address of the individual to whom the opioid antagonist will be administered, but shall instead specify the name of the person to whom the opioid antagonist will be delivered. (b) A physician or physician assistant who prescribes or delivers an opioid antagonist under par. (a) shall 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 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. **(3)** A physician or physician assistant who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. (2), or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist, shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 448.02 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist. **SECTION 10.** 450.01 (1) (d) of the statutes is created to read: 450.01 **(1)** (d) In the case of an opioid antagonist, any person. **SECTION 11.** 450.01 (13v) of the statutes is created to read: 450.01 **(13v)** "Opioid antagonist" means a drug, such as naloxone, that satisfies all of the following: (a) The drug binds to the opioid receptors and competes with or displaces opioid agonists at the opioid receptor site but does not activate the receptors, effectively blocking the receptor and preventing or

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			reversing the effect of an opioid agonist. (b) The drug is not a controlled substance. **SECTION 12.** 450.10 (1) (a) (intro.) of the statutes is amended to read: 450.10 **(1)** (a) (intro.) In this subsection, "unprofessional conduct" includes any of the following, but does not include the dispensing of an antimicrobial drug for expedited partner therapy as described in s. 450.11 (1g) or the delivery of an opioid antagonist as described in s. 450.11 (1i): **SECTION 13.** 450.11 (1) of the statutes is amended to read: 450.11 **(1)** DISPENSING. ~~No~~ Except as provided in sub. (1i) (b) 2., no person may dispense any prescribed drug or device except upon the prescription order of a practitioner. All prescription orders shall specify the date of issue, the name and address of the practitioner, the name and quantity of the drug product or device prescribed, directions for the use of the drug product or device, the symptom or purpose for which the drug is being prescribed if required under sub. (4) (a) 8., and, if the order is written by the practitioner, the signature of the practitioner. Except as provided in ~~s.~~ ss. 441.18 (2), 448.035 (2), and 448.037 (2), all prescription orders shall also specify the name and address of the patient. Any oral prescription order shall be immediately reduced to writing by the pharmacist and filed according to sub. (2). **SECTION 14.** 450.11 (1i) of the statutes is created to read: 450.11 **(1i)** OPIOID ANTAGONISTS. (a) *Prescription and liability.* 1. A pharmacist may, upon the prescription order of an advanced practice nurse prescriber under s. 441.18 (2), or of a physician or physician assistant under s. 448.037 (2), that complies with the requirements of sub. (1), deliver an opioid antagonist to the person specified in the prescription order. The pharmacist shall provide a consultation in accordance with rules promulgated by the board for the delivery of a prescription to the person to whom the opioid antagonist is delivered. 2. A pharmacist who, acting in good faith, delivers an opioid antagonist in accordance with subd. 1., or who, acting in good faith, otherwise lawfully dispenses an opioid antagonist, shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 450.10 for any outcomes resulting from delivering or dispensing the opioid antagonist. (b) *Possession, dispensing, and delivery.* 1. Any person may possess an opioid antagonist. 2. a. Subject to subd. 2. b. to d., any person may deliver or dispense an opioid antagonist. b. An advanced practice nurse prescriber may only deliver or dispense an opioid antagonist in accordance with s. 441.18 (2) or in accordance with his or her other legal authority to dispense prescription drugs. c. A physician or physician assistant may only deliver or dispense an opioid antagonist in accordance with s. 448.037 (2) or in accordance with his or her other legal authority to dispense prescription drugs. d. A pharmacist may only deliver or dispense an opioid antagonist in accordance with par. (a) 1. or in accordance with his or her other legal authority to dispense prescription drugs. (c) *Immunity.* 1. In this paragraph, "opioid-related drug overdose" has the meaning given in s. 256.40 (1) (d). 2. Subject to par. (a) 2. and ss. 441.18 (3) and 448.037 (3), any person who, acting in good faith,

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			delivers or dispenses an opioid antagonist to another person shall be immune from civil or criminal liability for any outcomes resulting from delivering or dispensing the opioid antagonist. 3. Subject to ss. 256.40 (3) (b) and 895.48 (1g), any person who, reasonably believing another person to be undergoing an opioid-related drug overdose, administers an opioid antagonist to that person shall be immune from civil or criminal liability for any outcomes resulting from the administration of the opioid antagonist to that person. **SECTION 15.** 450.11 (3) of the statutes is amended to read: 450.11 **(3)** PREPARATION OF PRESCRIPTION DRUGS. ~~No~~ Except as provided in sub. (1i) (b), no person other than a pharmacist or practitioner or their agents and employees as directed, supervised, and inspected by the pharmacist or practitioner may prepare, compound, dispense, or prepare for delivery for a patient any prescription drug. **SECTION 16.** 450.11 (4) (a) 5. a. of the statutes is amended to read: 450.11 **(4)** (a) 5. a. Except as provided in subd. 5. b. and c., the full name of the patient. **SECTION 17.** 450.11 (4) (a) 5. c. of the statutes is created to read: 450.11 **(4)** (a) 5. c. For an opioid antagonist when delivered under sub. (1i) (a), the name of the person to whom the opioid antagonist will be delivered as specified in s. 441.18 (2) (a) or 448.037 (2) (a). **SECTION 18 .** 450.11 (7) (h) of the statutes is amended to read: 450.11 **(7)** (h) ~~No~~ Except as provided in sub. (1i) (b), no person may possess a prescription drug unless the prescription drug is obtained in compliance with this section. **SECTION 19.** 895.48 (1) of the statutes is amended to read: 895.48 **(1)** ~~Any~~ Except as provided in sub. (1g), any person who renders emergency care at the scene of any emergency or accident in good faith shall be immune from civil liability for his or her acts or omissions in rendering such emergency care. ~~This~~ ..
GA	H.B. 965 (2014)	Apr. 24, 2014	.. **Ga. Code § 26–4–116.2** (a) As used in this Code section, the term: (1) 'First responder' means any person or agency who provides on-site care until the arrival of a duly licensed ambulance service. This shall include, but not be limited to, persons who routinely respond to calls for assistance through an affiliation with law enforcement agencies, fire departments, and rescue agencies. (2) 'Harm reduction organization' means an organization which provides direct assistance and services, such as syringe exchanges, counseling, homeless services, advocacy, drug treatment, and screening, to individuals at risk of experiencing an opioid related overdose. (3) 'Opioid antagonist' means any drug that binds to opioid receptors and blocks or inhibits the effects of opioids acting on those receptors and that is approved by the federal Food and Drug Administration for the treatment of an opioid related overdose. (4) 'Opioid related overdose' means an acute condition, including, but not limited to, extreme physical

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			illness, decreased level of consciousness, respiratory depression, coma, mania, or death, resulting from the consumption or use of an opioid or another substance with which an opioid was combined or that a layperson would reasonably believe to be resulting from the consumption or use of an opioid or another substance with which an opioid was combined for which medical assistance is required. (5) ‘Pain management clinic’ means a clinic licensed pursuant to Article 10 of Chapter 34 of Title 43. (6) ‘Practitioner’ means a physician licensed to practice medicine in this state. (b) A practitioner acting in good faith and in compliance with the standard of care applicable to that practitioner may prescribe an opioid antagonist for use in accordance with a protocol specified by such practitioner to a person at risk of experiencing an opioid related overdose or to a pain management clinic, first responder, harm reduction organization, family member, friend, or other person in a position to assist a person at risk of experiencing an opioid related overdose. (c) A pharmacist acting in good faith and in compliance with the standard of care applicable to pharmacists may dispense opioid antagonists pursuant to a prescription issued in accordance with subsection (b) of this Code section. (d) 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 pursuant to subsection (b) of this Code section in accordance with the protocol specified by the practitioner. (e) The following individuals are immune from any civil or criminal liability or professional licensing sanctions for the following actions authorized by this Code section: (1) Any practitioner acting in good faith and in compliance with the standard of care applicable to that practitioner who prescribes an opioid antagonist pursuant to subsection (b) of this Code section; (2) Any practitioner or pharmacist acting in good faith and in compliance with the standard of care applicable to that practitioner or pharmacist who dispenses an opioid antagonist pursuant to a prescription issued in accordance with subsection (b) of this Code section; and (3) Any person acting in good faith, other than a practitioner, who administers an opioid antagonist pursuant to subsection (d) of this Code section.

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ME	Me. Rev. Stat. tit. 22, § 2353 (2014)	Apr. 29, 2014	§ 2353. Opioid antagonists **1. Definitions.** As used in this section, unless the context otherwise indicates, the following terms have the following meanings. A. "Opioid antagonist" means a drug that binds to opioid receptors and blocks or inhibits the effects of opioids acting on those receptors, including, but not limited to, naloxone hydrochloride. B. "Opioid-related drug overdose" means a condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma or death resulting from the consumption or use of an opioid, or another substance with which an opioid was combined, or a condition that a reasonable person would believe to be an opioid-related drug overdose that requires medical assistance. **2. Immunity.** The following provisions govern immunity for persons who prescribe, possess or administer an opioid antagonist during an opioid-related drug overdose. A. Notwithstanding any other provision of law, a health care professional otherwise authorized to prescribe an opioid antagonist may, directly or by standing order, prescribe and dispense an opioid antagonist to a person at risk of experiencing an opioid-related drug overdose or to a family member or friend of such a person or another person in a position to assist a person at risk of experiencing an opioid-related drug overdose. Any such prescription must be regarded as being issued for a legitimate medical purpose in the usual course of professional practice. B. A health care professional who, acting in good faith and with reasonable care, prescribes or dispenses an opioid antagonist pursuant to paragraph A is not subject to criminal or civil liability or any professional disciplinary action for: (1) Such prescribing or dispensing; or (2) Any outcomes resulting from the administration of the opioid antagonist. C. Notwithstanding any other provision of law, a person acting in good faith may possess an opioid antagonist. D. A person who, acting in good faith and with reasonable care, administers an opioid antagonist to another person whom the person believes to be experiencing an opioid-related drug overdose is immune from criminal prosecution, sanction under any professional licensing statute and civil liability for such act. **3. Authorizing administration of an opioid antagonist by emergency medical personnel.** An advanced emergency medical technician, basic emergency medical services person, basic emergency medical technician, first responder and emergency medical services' person as defined in Title 32, section 83 may administer an opioid antagonist as clinically indicated. **4. Medicaid coverage for naloxone hydrochloride.** The department shall add naloxone hydrochloride for outpatient use to the department's formulary of prescription and over-the-counter drugs that are subject to reimbursement and coverage under the Medicaid program pursuant to section 3174-M. Reimbursement and coverage must be provided through existing resources. **5. Exemption from pharmacy license for standing orders for opioid antagonists.** Notwithstanding any other provision of law, a person acting under a standing order issued by a health care professional who is otherwise authorized to prescribe an opioid antagonist may store and dispense an opioid antagonist without being subject to the provisions of Title 32, chapter 117 as long as these activities are undertaken without charge or compensation.

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			6. Collaborative practice. The following provisions govern collaborative practice for naloxone hydrochloride. A. Notwithstanding any other provision of law, a licensed pharmacist may initiate naloxone hydrochloride drug therapy for a person in accordance with standardized procedures or protocols developed by the pharmacist and a health care professional authorized to prescribe an opioid antagonist. B. For each naloxone hydrochloride drug therapy initiated pursuant to this subsection, the licensed pharmacist shall provide the recipient of the naloxone hydrochloride with a standardized fact sheet developed by the Maine Board of Pharmacy that includes, but is not limited to, the indications for use of the drug, the appropriate method for using the drug, the potential need for medical follow-up and referral information, information on opioid-related drug overdose and other appropriate information. C. Nothing in this subsection affects the provisions of law relating to maintaining the confidentiality of medical records.
UT	H.B. 119 (2014)	May 13, 2014	**Utah Code § 26-55-102. Definitions.** As used in this chapter: (1) "Health care facility" means a hospital, a hospice inpatient residence, a nursing facility, a dialysis treatment facility, an assisted living residence, an entity that provides home-and community-based services, a hospice or home health care agency, or another facility that provides or contracts to provide health care services, which facility is licensed under Chapter 21, Health Care Facility Licensing and Inspection Act. (2) "Health care provider" means: (a) a physician as defined in Section 58-67-102 ; (b) an advanced practice registered nurse as defined in Subsection 58-31b-102 (13); or (c) a physician assistant as defined in Section 58-70a-102 . (3) "Opiate" is as defined in Section 58-37-2 . (4) "Opiate antagonist" means naloxone hydrochloride or any similarly acting drug that is not a controlled substance and that is approved by the federal Food and Drug Administration for the treatment of a drug overdose. (5) "Opiate-related drug overdose event" means an acute condition, including a decreased level of consciousness or respiratory depression resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a person would reasonably believe to require medical assistance. **Utah Code § 26-55-103. Voluntary participation.** This chapter does not create a duty or standard of care for a person to prescribe or administer an opiate antagonist.

STATE	CITATION	EFFECTIVE DATE	SUMMARY
			Utah Code § 26-55-104. Authority to obtain and use an emergency opiate antagonist --Immunity from liability. (1) (a) Except as provided in Subsection (1)(b), a person other than a health care facility or health care provider 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 event is not liable for any civil damages or acts or omissions made as a result of administering the opiate antagonist. (b) A health care provider: (i) does not have immunity from liability under Subsection (1)(a) when the health care provider is acting within the scope of the health care provider's responsibilities or duty of care; and (ii) does have immunity from liability under Subsection (1)(a) if the health care provider is under no legal duty to respond and otherwise complies with Subsection (1)(a). (2) Notwithstanding Sections 58-1-501 , 58-17b-501 , and 58-17b-502 , 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 without liability for any civil damages or acts or omissions made as a result of prescribing or dispensing an opiate antagonist in good faith, to: (a) an individual who is at increased risk of experiencing or who is likely to experience an opiate-related drug overdose event; or (b) 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. (3) A person who prescribes or dispenses an opiate antagonist shall provide education to the individual described in Subsection (2)(a) or (b) that includes instructions to take the person who received the opiate antagonist to an emergency care facility for a medical evaluation. **Utah Code § 58-17b-507. Opiate antagonist -- Immunity from liability.** (1) A person licensed under this chapter who dispenses an opiate antagonist as defined in Section 26-55-102 to an individual with a prescription for an opiate antagonist is not liable for 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 as defined in Section 26-55-102 . (2) The provisions of this section do not establish a duty or standard of care in the prescribing, dispensing, or administration of an opiate antagonist. (3) It is not unprofessional conduct or unlawful conduct for a licensee under this chapter to dispense an opiate antagonist to a person on behalf of another person if the person obtaining the opiate antagonist has a prescription for the opiate antagonist from a licensed prescriber.

STATE	CITATION	EFFECTIVE DATE	SUMMARY
			Utah Code § 58-31b-703. Opiate antagonist -- Exclusion from unprofessional or unlawful conduct. (1) Title 26, Chapter 55, Emergency Administration of Opiate Antagonist Act, applies to a licensee under this chapter. (2) The prescribing or dispensing of an opiate antagonist as defined in Section 26-55-102 by a licensee under this chapter is not unprofessional or unlawful conduct if the licensee prescribed or dispensed the opiate antagonist in a good faith effort to assist: (a) a person who is at increased risk of experiencing or who is likely to experience an opiate-related drug overdose event as defined in Section 26-55-102 ; or (b) a family member of, friend of, or other person who is in a position to assist a person who may be at increased risk of experiencing or who is likely to experience an opiate-related drug overdose event. (3) The provisions of this section and Title 26, Chapter 55, Emergency Administration of Opiate Antagonist Act, do not establish a duty or standard of care in the prescribing, dispensing, or administration of an opiate antagonist. **Utah Code § 58-67-702. Opiate antagonist -- Exclusion from unlawful or unprofessional conduct.** (1) Title 26, Chapter 55, Emergency Administration of Opiate Antagonist Act, applies to a licensee under this chapter. [same language as § 58-31b-703**]** **Utah Code § 58-68-702. Opiate antagonist -- Exclusion from unlawful or unprofessional conduct**. (1) Title 26, Chapter 55, Emergency Administration of Opiate Antagonist Act, applies to a licensee under this chapter. [same language as § 58-31b-703**]** **Utah Code § 58-70a-505. Opiate antagonist -- Exclusion from unlawful or unprofessional conduct.** (1) Title 26, Chapter 55, Emergency Administration of Opiate Antagonist Act, applies to a licensee under this chapter. [same language as § 58-31b-703**]**
TN	H.B. 1427 (2014)	July 1, 2014	(a) As used in this section, “drug-related overdose” means an acute condition, including mania, hysteria, extreme physical illness, coma, or death resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a layperson

STATE	CITATION	EFFECTIVE DATE	SUMMARY
			would reasonably believe to be an opioid related drug overdose that requires medical assistance. (b) As used in this section, "opioid antagonist" means naloxone hydrochloride which is approved by the federal Food and Drug Administration for the treatment of a drug overdose. (c) A licensed healthcare practitioner otherwise authorized to prescribe an opioid antagonist acting in good faith and exercising reasonable care may, directly or by standing order, prescribe an opioid antagonist to the following persons: (1) A person at risk of experiencing an opiate-related overdose, or (2) A family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose. (d) In order to establish good faith under subsection (c), a licensed healthcare practitioner, prior to prescribing an opioid antagonist, may require receipt of a written communication that provides a factual basis for a reasonable conclusion that: (1) The person seeking the opioid antagonist is at risk of experiencing an opiate-related overdose; or (2) The person seeking the opioid antagonist other than the person who is at risk of experiencing an opiate-related overdose, and who is seeking the opioid antagonist, is a family member, friend, or other person in a position to assist the person at risk of experiencing an opiate-related overdose. (e) A person who receives an opioid antagonist that was prescribed pursuant to subsection (c) may administer an opioid antagonist to another person if: (1) The person has a good faith belief that the other person is experiencing an opioid related drug overdose; and (2) The person exercises reasonable care in administering the drug to the other person. (f) Evidence of the use of reasonable care in administering the drug shall 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 offered by the department of health. (g) The commissioner of health or the commissioner's designee, in consultation with other state, federal or local government personnel, including contractors, shall 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 and follow-up procedures for dealing with opioid related drug-overdose. (h) The following individuals are immune from civil liability in the absence of gross negligence or willful misconduct for actions authorized by this section: (1) Any licensed health care practitioner who prescribes or dispenses an opioid antagonist pursuant to subsection (c); and (2) Any person who administers an opioid antagonist pursuant to subsection (e). (i) A licensed healthcare practitioner acting in good faith and with reasonable care, who prescribes, dispenses, or administers an opioid antagonist to a person the healthcare provider believes to be experiencing or is at risk of experiencing a drug- related overdose or prescribes an opioid antagonist to a family member, friend, or other person in a position to assist a person experience or at risk of experiencing a drug- related overdose is immune from disciplinary or adverse administrative actions under title 63 for acts or omissions during the administration, prescription, or dispensation of an opioid antagonist.

STATE	CITATION	EFFECTIVE DATE	SUMMARY
CT	H.B. 5487 (2014)	Oct. 1, 2014[92]	(a) For purposes of this section, "opioid antagonist" means naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of drug overdose. (b) A licensed health care professional who is permitted by law to prescribe an opioid antagonist may, if acting with reasonable care, prescribe, dispense or administer an opioid antagonist to treat or prevent a drug overdose without being liable for damages in a civil action or subject to criminal prosecution for prescribing, dispensing or administering such opioid antagonist or for any subsequent use of such opioid antagonist. **[**For purposes of this section, "opioid antagonist" means naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of drug overdose.**]** (c) Any person, other than a licensed health care professional, who in good faith believes that another person is experiencing an opioid-related drug overdose may, if acting with reasonable care, administer an opioid antagonist to such other person. A person administering an opioid antagonist pursuant to this subsection shall not be liable for damages in a civil action or subject to criminal prosecution with respect to the administration of such opioid antagonist.
MN	Minn. Stat. § 604A.04 (2014)	May 10, 2014	**[604A.04] GOOD SAMARITAN OVERDOSE PREVENTION.** (1) Definitions; opiate antagonist. For purposes of this section, "opiate antagonist" means naloxone hydrochloride or any similarly acting drug approved by the federal Food and Drug Administration for the treatment of a drug overdose. (2) Authority to possess and administer opiate antagonists; release from liability. (a) A person who is not a health care professional may possess or administer an opiate antagonist that is prescribed, dispensed, or distributed by a licensed health care professional pursuant to subdivision 3. (b) A person who is not a health care professional who acts in good faith in administering an opiate antagonist to another person whom the person believes in good faith to be suffering a drug overdose is immune from criminal prosecution for the act and is not liable for any civil damages for acts or omissions resulting from the act. (3) Health care professionals; release from liability. 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 without being subject to civil liability or criminal prosecution for the act. This immunity applies even when the opiate antagonist is eventually administered in either or both of the following instances: (1) by someone other than the person to whom it is prescribed; or (2) to someone other than the person to whom it is prescribed.

Table 2: Characteristics of state overdose Good Samaritan laws

As of May 15, 2014

State	Citation	Effective date	Samaritan must act in good faith	No charge – CS possession[93]	No prosecution – CS possession	No charge – paraphernalia	No prosecution – paraphernalia	Protection from other crimes	"Overdose" defined	Reporting as mitigating factor
NM	N.M. Stat. Ann. § 30-31-27.1 (2007)	June 15, 2007	Yes	Yes	Yes	-	-	-	No	Yes
AK	Alaska Stat. § 12.55.155 (2008)	September 8, 2008	-	-	-	-	-	-	No	Yes
MD	Md. Code Ann., Crim. Proc. § 1-210 (LexisNexis 2009)	October 1, 2009	-	-	-	-	-	-	No	Yes
WA	Wash. Rev. Code § 69.50.315 (2010)	June 10, 2010	Yes	Yes	Yes	-	-	No[94]	No	No
WA	Wash. Rev. Code § 9.94A.535 (2010)	June 10, 2010	-	-	-	-	-	-	No	Yes
NY	N.Y. Penal Law § 220.78 (Consol. 2011)	September 18, 2011	Yes	Yes	Yes	Yes[95]	Yes[96]	Yes[97]	Yes	No

State	Citation	Effective date	Samaritan must act in good faith	No charge – CS possession[93]	No prosecution – CS possession	No charge – paraphernalia	No prosecution – paraphernalia	Protection from other crimes	"Overdose" defined	Reporting as mitigating factor
NY	N.Y. Crim. Pro. § 390.40 (Consol. 2011)	September 18, 2011	-	-	-	-	-	-	No	Yes
NY	N.Y. Penal Law § 220.03 (Consol. 2011)	September 18, 2011	--	-	Yes[98]	-	-	-	No	No
CT	Conn. Gen. Stat. § 21a-279 (2011)	October 1, 2011	Yes	Yes[99]	Yes	-	-	-	No	-
CT	Conn. Gen. Stat. § 21a-267(d) (2011)	October 1, 2011	-	-	-	Yes	Yes	-	No	-
IL	20 Ill. Comp. Stat. Ann. 301/5-23 (West 2010)	January 1, 2010	Yes	-	-	-	-	Yes[100]	Yes	-
IL	720 Ill. Comp. Stat. Ann. 570/414 (West 2012)	February 6, 2012	Yes	Yes[101]	Yes	-	-	-	Yes	-
IL	720 Ill. Comp. Stat. Ann. 646/115 (West	February 6, 2012	Yes	Yes	Yes	-	-	-	Yes	-

State	Citation	Effective date	Samaritan must act in good faith	No charge – CS possession[93]	No prosecution – CS possession	No charge – paraphernalia	No prosecution – paraphernalia	Protection from other crimes	"Overdose" defined	Reporting as mitigating factor
	2012)									
IL	730 Ill. Comp. Stat. Ann. 5/5-5-3.1 (2012)	February 6, 2012	-	-	-	-	-	-	No	Yes
CO	Colo. Rev. Stat. § 18-1-711 (2012)	May 29, 2012	Yes	-	Yes	-	Yes	Yes[102]	Yes	-
RI	R.I. Gen. Laws §21-28.8-4 (2012)	June 18, 2012 (sunsets July 1, 2015)	Yes	Yes	Yes	Yes	Yes	Yes[103]	No	Yes
MA	Mass. Gen. Laws ch. 94c, § 34A (2012)	August 2, 2012	Yes	Yes	Yes	-	-	-	No	Yes
FL	Fla. Stat. Ann. § 893.21 (2012)	October 1, 2012	Yes	Yes	Yes	-	-	-	No	No
CA	CA Health & Safety Code 11376.5 (2012)	January 1, 2013	Yes	Yes[104]	Yes	Yes	Yes	Yes[105]	Yes	No
DC	D.C. Code § 7-403	March 19, 2013	Yes	Yes[106]	Yes	Yes	Yes	Yes[107]	Yes	Yes

State	Citation	Effective date	Samaritan must act in good faith	No charge – CS possession[93]	No prosecution – CS possession	No charge – paraphernalia	No prosecution – paraphernalia	Protection from other crimes	"Overdose" defined	Reporting as mitigating factor
	(2013)									
NC	N.C. Gen. Stat. §§ 18B-302.2, 90-96.2, 90-106.2 (2013)	April 9, 2013	Yes	-	Yes[108]	-	Yes	Yes[109]	Yes	No
VT	Vt. Stat. Ann. tit. 18, § 4254 (2013)	June 5, 2013	Yes	Yes	Yes	-	-	Yes[110]	Yes	Yes
NJ	N.J. Stat. Ann. § 24:6J (2014)	July 1, 2013	Yes	Yes[111]	Yes	Yes	Yes	Yes[112]	Yes	No
DE	Del. Code Ann. tit. 16, § 4769 (2014)	Aug. 31, 2013	Yes[113]	Yes	Yes	Yes	Yes	Yes[114]	Yes	No[115]
GA	H.B. 965 (2014)	Apr. 24, 2014	Yes	Yes[116]	Yes[117]	Yes[118]	Yes	Yes[119]	Yes	No
MN	Minn. Stat. § 604A.05 (2014)	July 1, 2014	Yes	Yes[120]	Yes	Yes	Yes	Yes[121]	Yes	Yes[122]

Table 2a: Summary of state overdose Good Samaritan laws

As of May 15, 2014

STATE	CITATION	EFFECTIVE DATE	SUMMARY
NM	N.M. Stat. Ann. § 30-31-27.1 (2007)	June 15, 2007	"A. A person who, in good faith, seeks medical assistance for someone experiencing a drug-related overdose shall not be charged or prosecuted for possession of a controlled substance pursuant to the provisions of [the state Controlled Substances Act] if the evidence for the charge of possession of a controlled substance was gained as a result of the seeking of medical assistance. B. A person who experiences a drug-related overdose and is in need of medical assistance shall not be charged or prosecuted for possession of a controlled substance pursuant to the provisions of [the state Controlled Substances Act] if the evidence for the charge of possession of a controlled substance was gained as a result of the overdose and the need for medical assistance. C. The act of seeking medical assistance for someone who is experiencing a drug-related overdose may be used as a mitigating factor in a criminal prosecution pursuant to the Controlled Substances Act."
AK	Alaska Stat. § 12.55.155 (2008)	Sept. 8, 2008	"The following factors shall be considered by the sentencing court if proven in accordance with this section, and may allow imposition of a sentence below the presumptive range set out in [relevant statute]… [T]he defendant is convicted of an offense under [the state controlled substances law], and the defendant sought medical assistance for another person who was experiencing a drug overdose contemporaneously with the commission of the offense."
MD	Md. Code Ann., Crim. Proc. § 1-210 (LexisNexis 2009)	Oct. 1, 2009	"The act of seeking medical assistance for another person who is experiencing a medical emergency after ingesting alcohol or drugs may be used as a mitigating factor in a criminal prosecution."
WA	Wash. Rev. Code § 69.50.315 (2010)	June 10, 2010	"(1)(a) A person acting in good faith who seeks medical assistance for someone experiencing a drug-related overdose shall not be charged or prosecuted for possession of a controlled substance pursuant to [state law], if the evidence for the charge of possession of a controlled substance was obtained as a result of the person seeking medical assistance. … (2) A person who experiences a drug-related overdose and is in need of medical assistance shall not be charged or prosecuted for possession of a controlled substance pursuant to [state law], if the evidence for the charge of possession of a controlled substance was obtained as a result of the overdose and the need for medical assistance. (3) The protection in this section from prosecution for possession crimes under [state law] shall not be grounds for suppression of evidence in other criminal charges."

STATE	CITATION	EFFECTIVE DATE	SUMMARY
WA	Wash. Rev. Code § 9.94A.535 (2010)	June 10, 2010	"The court may impose a sentence outside the standard sentence range for an offense if it finds, considering the purpose of this chapter, that there are substantial and compelling reasons justifying an exceptional sentence. … The defendant was making a good faith effort to obtain or provide medical assistance for someone who is experiencing a drug-related overdose."
NY	N.Y. Penal Law § 220.78 (Consol. 2011)	Sept. 18, 2011	"1. A person who, in good faith, seeks health care for someone who is experiencing a drug or alcohol overdose or other life threatening medical emergency shall not be charged or prosecuted for a controlled substance offense other than an offense involving sale for consideration or other benefit or gain, or charged or prosecuted for possession of alcohol by a person under age twenty-one years. Or a marihuana offense…other than an offense involving sale...or for possession of drug paraphernalia... [with respect to physical evidence] that was obtained as a result of such seeking or receiving of health care. 2. A person who is experiencing a drug or alcohol overdose or other life threatening medical emergency and, in good faith, seeks health care for himself or herself or is the subject of such a good faith request for health care, shall not be charged or prosecuted for a controlled substance offense under this article or a marihuana offense.. other than an offense involving sale for consideration or other benefit or gain, or charged or prosecuted for possession of alcohol by a person under age twenty-one years.. or for possession of drug paraphernalia.. with respect to any substance, marihuana, alcohol or paraphernalia that was obtained as a result of such seeking or receiving of health care. … 4. It shall be an affirmative defense to a criminal sale controlled substance offense... or a criminal sale of marihuana...with respect to any controlled substance or marihuana which was obtained as a result of such seeking or receiving of health care, that: (a) the defendant, in good faith, seeks health care for someone or for him or herself who is experiencing a drug or alcohol overdose or other life threatening medical emergency; and (b) the defendant has no prior conviction for the commission or attempted commission of a class A–I, A–II or B felony under this article. … 6. The bar to prosecution described in subdivisions one and two of this section shall not apply to the prosecution of a class A–I felony under this article, and the affirmative defense described in subdivision four of this section shall not apply to the prosecution of a class A–I or A–II felony under this article."
NY	N.Y. Crim. Pro. § 390.40 (Consol. 2011)	Sep. 18, 2011	"3. The act of seeking health care for someone who is experiencing a drug or alcohol overdose or other life threatening medical emergency shall be considered by the court when presented as a mitigating factor in any criminal prosecution for a controlled substance, marihuana, drug paraphernalia, or alcohol related offense."

STATE	CITATION	EFFECTIVE DATE	SUMMARY
NY	N.Y. Penal Law § 220.03 (2011)	Sept. 18, 2011	"A person is guilty of criminal possession of a controlled substance in the seventh degree when he or she knowingly and unlawfully possesses a controlled substance; … [but it is not] a violation of this section when a person's unlawful possession of a controlled substance is discovered as a result of seeking immediate health care as defined in.220.78 of the penal law because such person is experiencing a drug or alcohol overdose or other life threatening medical emergency.."
CT	Conn. Gen. Stat. § 21a-279(g) (2011);	Oct. 1, 2011	"(g) [Provisions relating to possession of a controlled substance] shall not apply to any person (1) who in good faith, seeks medical assistance for another person who such person reasonably believes is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance, (2) for whom another person, in good faith, seeks medical assistance, reasonably believing such person is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance, or (3) who reasonably believes he or she is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance and, in good faith, seeks medical assistance for himself or herself, if evidence of the possession or control of a controlled substance in violation of [possession law] was obtained as a result of the seeking of such medical assistance. For the purposes of this subsection, "good faith" does not include seeking medical assistance during the course of the execution of an arrest warrant or search warrant or a lawful search."
CT	Conn. Gen. Stat. § 21a-267(d) (2011)	Oct. 1, 2011	"(d) The provisions of [the paraphernalia law] shall not apply to any person (1) who in good faith, seeks medical assistance for another person who such person reasonably believes is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance, (2) for whom another person, in good faith, seeks medical assistance, reasonably believing such person is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance, or (3) who reasonably believes he or she is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance and, in good faith, seeks medical assistance for himself or herself, if evidence of the use or possession of drug paraphernalia in violation of said subsection was obtained as a result of the seeking of such medical assistance. For the purposes of this subsection, "good faith" does not include seeking medical assistance during the course of the execution of an arrest warrant or search warrant or a lawful search."
IL	20 Ill. Comp. Stat. Ann. 301/5-23 (2010)	Jan. 1, 2010	"A person who is not otherwise licensed to administer an opioid antidote may in an emergency administer without fee an opioid antidote if the person has received certain patient information specified [in statute] and believes in good faith that another person is experiencing a drug overdose. The person shall not, as a result of his or her acts or omissions, be liable for any violation of [professional practice acts] or any other professional licensing statute, or subject to any criminal prosecution arising from or related to the unauthorized practice of medicine or the possession of an opioid antidote."

STATE	CITATION	EFFECTIVE DATE	SUMMARY
IL	720 Ill. Comp. Stat. Ann. 570/414 (2012)	Feb. 6, 2012	(a) [defines overdose] "(b) A person who, in good faith, seeks or obtains emergency medical assistance for someone experiencing an overdose shall not be charged or prosecuted for Class 4 felony possession of a controlled, counterfeit, or look-alike substance or a controlled substance analog if evidence for the Class 4 felony possession charge was acquired as a result of the person seeking or obtaining emergency medical assistance and providing the amount of substance recovered is within the amount identified in subsection (d) of this Section. (c) A person who is experiencing an overdose shall not be charged or prosecuted for [same as (b)] (d) For the purposes of subsections (b) and (c), the limited immunity shall only apply to a person possessing the following amount: [limits on amounts] (e) The limited immunity described in subsections (b) and (c) of this Section shall not be extended if law enforcement has reasonable suspicion or probable cause to detain, arrest, or search the person described in subsection (b) or (c)… for criminal activity and the reasonable suspicion or probable cause is based on information obtained prior to or independent of the individual...taking action to seek or obtain emergency medical assistance and not obtained as a direct result of the action of seeking or obtaining emergency medical assistance. Nothing in this Section is intended to interfere with or prevent the investigation, arrest, or prosecution of any person for the delivery or distribution of cannabis, methamphetamine or other controlled substances, drug-induced homicide, or any other crime."
IL	720 Ill. Comp. Stat. Ann. 646/115 (2012)	Feb. 6, 2012	(a) [defines overdose] "(b) A person who, in good faith, seeks emergency medical assistance for someone experiencing an overdose shall not be charged or prosecuted for Class 3 felony possession of methamphetamine if evidence for the Class 3 felony possession charge was acquired as a result of the person seeking or obtaining emergency medical assistance and providing the amount of substance recovered is less than one gram of methamphetamine or a substance containing methamphetamine. (c)A person who is experiencing an overdose shall not be charged or prosecuted for Class 3 felony possession of methamphetamine if evidence for the Class 3 felony possession charge was acquired as a result of the person seeking or obtaining emergency medical assistance and providing the amount of substance recovered is less than one gram of methamphetamine or a substance containing methamphetamine. (d) [same exclusion as 570/414(e)]"
IL	730 Ill. Comp. Stat. Ann. 5/5-5-3.1 (2012)	Feb. 6, 2012	(c) The following grounds shall be accorded weight in favor of withholding or minimizing a sentence of imprisonment: …… (14) The defendant sought or obtained emergency medical assistance for an overdose and was convicted of a Class 3 felony or higher possession, manufacture, or delivery of a controlled, counterfeit, or look-alike substance or a controlled substance analog under the Illinois Controlled Substances Act or a Class 2 felony or higher possession, manufacture or delivery of methamphetamine under the Methamphetamine Control and Community Protection Act.
CO	Colo. Rev. Stat. § 18-1-711 (2012)	May 29, 2012	"(1) A person shall be immune from criminal prosecution for an offense described in subsection (3) of this section if: (a) The person reports in good faith an emergency drug or alcohol overdose event to a law enforcement officer, to the 911 system, or to a medical provider; (b) The person remains at the scene of the event until a law enforcement officer or an emergency medical responder arrives, or the person remains at the facilities of the medical provider until a law enforcement officer

STATE	CITATION	EFFECTIVE DATE	SUMMARY
			arrives; (c) The person identifies himself or herself to, and cooperates with, the law enforcement officer, emergency medical responder, or medical provider; and (d) The offense arises from the same course of events from which the emergency drug or alcohol overdose event arose. (2) The immunity described in subsection (1) of this section also extends to the person who suffered the emergency drug or alcohol overdose event if all of the conditions of subsection (1) are satisfied. (3) The immunity described in subsection (1) of this section shall apply to the following criminal offenses: [unlawful possession of a controlled substance, unlawful use of a controlled substance, unlawful possession of marijuana, open and public display, consumption or use of less than two ounces of marijuana, transferring or dispensing two ounces or less of marijuana from one person to another for no consideration, use or possession of synthetic cannabinoids or salvia divinorum, possession of drug paraphernalia, and illegal possession or consumption of ethyl alcohol by an underage person.] (4) Nothing in this section shall be interpreted to prohibit the prosecution of a person for an offense other than an offense listed in subsection (3) of this section or to limit the ability of a district attorney or a law enforcement officer to obtain or use evidence obtained from a report, recording, or any other statement provided pursuant to subsection (1) of this section to investigate and prosecute an offense other than an offense listed in subsection (3) of this section. …"
RI	R.I. Gen. Laws §21-28.8-4 (2012)	June 18, 2012 (sunsets July 1, 2015)	"(a) Any person who, in good faith, without malice and in the absence of evidence of an intent to defraud, seeks medical assistance for someone experiencing a drug overdose or other drug-related medical emergency shall not be charged or prosecuted for any crime under RIGL 21-28 or 21-28.5, except for a crime involving the manufacture or possession with the intent to manufacture a controlled substance or possession with intent to deliver a controlled substance, if the evidence for the charge was gained as a result of the seeking of medical assistance. (b) A person who experiences a drug overdose or other drug-related medical emergency and is in need of medical assistance shall not be charged or prosecuted for any crime under RIGL 21-28 or 21-28.5, except for a crime involving the manufacture or possession with the intent to manufacture a controlled substance or possession with intent to deliver a controlled substance, if the evidence for the charge was gained as a result of the overdose and the need for medical assistance. (c) The act of providing first aid or other medical assistance to someone who is experiencing a drug overdose or other drug-related medical emergency may be used as a mitigating factor in a criminal prosecution pursuant to the controlled substances act."
MA	Mass. Gen. Laws ch. 94c, § 34A (2012)	Aug. 2, 2012	"(a) A person who, in good faith, seeks medical assistance for someone experiencing a drug-related overdose shall not be charged or prosecuted for possession of a controlled substance under sections 34 or 35 if the evidence for the charge of possession of a controlled substance was gained as a result of the seeking of medical assistance.

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			(b) A person who experiences a drug-related overdose and is in need of medical assistance and, in good faith, seeks such medical assistance, or is the subject of such a good faith request for medical assistance, shall not be charged or prosecuted for possession of a controlled substance under said sections 34 or 35 if the evidence for the charge of possession of a controlled substance was gained as a result of the overdose and the need for medical assistance. (c) The act of seeking medical assistance for someone who is experiencing a drug-related overdose may be used as a mitigating factor in a criminal prosecution under the Controlled Substance Act,1970 P.L. 91-513, 21 U.S.C. section 801, et seq. (d) Nothing contained in this section shall prevent anyone from being charged with trafficking, distribution or possession of a controlled substance with intent to distribute. " Also contains civil liability protections; please see Table 1.
FL	Fla. Stat. Ann. § 893.21 (2012)	Oct. 1, 2012	"(1) A person acting in good faith who seeks medical assistance for an individual experiencing a drug-related overdose may not be charged, prosecuted, or penalized pursuant to this chapter for possession of a controlled substance if the evidence for possession of a controlled substance was obtained as a result of the person's seeking medical assistance. (2) A person who experiences a drug-related overdose and is in need of medical assistance may not be charged, prosecuted, or penalized pursuant to this chapter for possession of a controlled substance if the evidence for possession of a controlled substance was obtained as a result of the overdose and the need for medical assistance. (3) Protection in this section from prosecution for possession offenses under this chapter may not be grounds for suppression of evidence in other criminal prosecutions."
CA	CA Health & Safety Code 11376.5 (2012)	Jan 1, 2013	"(a) Notwithstanding any other law, it shall not be a crime for a person to be under the influence of, or to possess for personal use, a controlled substance, controlled substance analog, or drug paraphernalia, if that person, in good faith, seeks medical assistance for another person experiencing a drug-related overdose that is related to the possession of a controlled substance, controlled substance analog, or drug paraphernalia of the person seeking medical assistance, and that person does not obstruct medical or law enforcement personnel. No other immunities or protections from arrest or prosecution for violations of the law are intended or may be inferred. (b) Notwithstanding any other law, it shall not be a crime for a person who experiences a drug-related overdose and who is in need of medical assistance to be under the influence of, or to possess for personal use, a controlled substance, controlled substance analog, or drug paraphernalia, if the person or one or more other persons at the scene of the overdose, in good faith, seek medical assistance for the person experiencing the overdose. No other immunities or protections from arrest or prosecution for violations of the law are intended or may be inferred. (c) This section shall not affect laws prohibiting the selling, providing, giving, or exchanging of drugs, or laws prohibiting the forcible administration of drugs against a person's will. (d) Nothing in this section shall affect liability for any offense that involves activities made dangerous by the consumption of a controlled substance or controlled substance analog, including, but not limited to, violations of Section 23103 of the Vehicle Code as specified in Section 23103.5 of the Vehicle Code, or violations of Section 23152 or 23153 of the Vehicle Code.

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			(e) For the purposes of this section, "drug-related overdose" means an acute medical condition that is the result of the ingestion or use by an individual of one or more controlled substances or one or more controlled substances in combination with alcohol, in quantities that are excessive for that individual that may result in death, disability, or serious injury. An individual's condition shall be deemed to be a "drug-related overdose" if a reasonable person of ordinary knowledge would believe the condition to be a drug-related overdose that may result in death, disability, or serious injury."
DC	D.C. Code § 7-403 (2013)	March 19, 2013	"(a) Notwithstanding any other law, the offenses listed in subsection (b) of this section shall not be considered crimes and shall not serve as the sole basis for revoking or modifying a person's supervision status: (1) For a person who: (A) Reasonably believes that he or she is experiencing a drug or alcohol-related overdose and in good faith seeks health care for himself or herself; (B) Reasonably believes that another person is experiencing a drug or alcohol-related overdose and in good faith seeks healthcare for that person; or (C) Is reasonably believed to be experiencing a drug or alcohol-related overdose and for whom health care is sought; and (2) The offense listed in subsection (b) of this section arises from the same circumstances as the seeking of health care under paragraph (1) of this subsection. (b) The following offenses apply to subsection (a) of this section: … (c) The seeking of health care under subsection (a) of this section, whether or not presented by the parties, may be considered by the court as a mitigating factor in any criminal prosecution or sentencing for a drug or alcohol-related offense that is not an offense listed in subsection (b) of this section. (d) This section does not prohibit a person from being arrested, charged, or prosecuted, or from having his or her supervision status modified or revoked, based on an offense other than an offense listed in subsection (b) of this section, whether or not the offense arises from the same circumstances as the seeking of health care. (e) A law enforcement officer who arrests an individual for an offense listed in subsection (b) of this section shall not be subject to criminal prosecution, or civil liability for false arrest or false imprisonment, if the officer made the arrest based on probable cause. (f) Notwithstanding any other law, it shall not be considered a crime for a person to possess or administer an opioid antagonist, nor shall such person be subject to civil liability in the absence of gross negligence, if he or she administers the opioid antagonist: (1) In good faith to treat a person who he or she reasonably believes is experiencing an overdose; (2) Outside of a hospital or medical office; and (3) Without the expectation of receiving or intending to seek compensation for such service and acts. … (i) For the purposes of this section, the term: (1) "Good faith" under subsection (a) of this section does not include the seeking of health care as a result of using drugs or alcohol in connection with the execution of an arrest warrant or search warrant or a lawful arrest or search. (2) "Opioid antagonist" means a drug, such as Naloxone, that binds to the opioid receptors with higher

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			affinity than agonists but does not activate the receptors, effectively blocking the receptor, preventing the human body from making use of opiates and endorphins. (3) “Overdose” means an acute condition of physical illness, coma, mania, hysteria, seizure, cardiac arrest, cessation of breathing, or death, which is or reasonably appears to be the result of consumption or use of drugs or alcohol and relates to an adverse reaction to or the quantity ingested of the drugs or alcohol, or to a substance with which the drugs or alcohol was combined. (4) “Supervision status” means probation or release pending trial, sentencing, appeal, or completion of sentence, for a violation of District law.”
NC	N.C. Gen. Stat. §§ 18B-302.2, 90-96.2 (2013)	April 9, 2013	(a) As used in this section, "drug-related overdose" means an acute condition, including mania, hysteria, extreme physical illness, coma, or death resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a layperson would reasonably believe to be a drug overdose that requires medical assistance. (b) A person acting in good faith who seeks medical assistance for an individual experiencing a drug-related overdose shall not be prosecuted for (i) a misdemeanor violation of G.S. 90-95(a)(3), (ii) a felony violation of G.S. 90-95(a)(3) for possession of less than one gram of cocaine, (iii) a felony violation of G.S. 90-95(a)(3) for possession of less than one gram of heroin, or (iv) a violation of G.S. 90-113.22 if the evidence for prosecution under those sections was obtained as a result of the person seeking medical assistance for the drug-related overdose. (c) A person who experiences a drug-related overdose and is in need of medical assistance shall not be prosecuted for (i) a misdemeanor violation of G.S. 90-95(a)(3), (ii) a felony violation of G.S. 90-95(a)(3) for possession of less than one gram of cocaine, (iii) a felony violation of G.S. 90-95(a)(3) for possession of less than one gram of heroin, or (iv) a violation of G.S. 90-113.22 if the evidence for prosecution under those sections was obtained as a result of the drug-related overdose and need for medical assistance. (d) Nothing in this section shall be construed to bar the admissibility of any evidence obtained in connection with the investigation and prosecution of other crimes committed by a person who otherwise qualifies for limited immunity under this section."

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NJ	N.J. Stat. Ann. § 24:6J (2014)	May 2, 2013	(7) a. A person who, in good faith, seeks medical assistance for someone experiencing a drug overdose shall not be: (1) arrested, charged, prosecuted, or convicted for obtaining, possessing, using, being under the influence of, or failing to make lawful disposition of, a controlled dangerous substance or controlled substance analog pursuant to subsection a., b., or c. of N.J.S.2C:35-10; (2) arrested, charged, prosecuted, or convicted for inhaling the fumes of or possessing any toxic chemical pursuant to subsection b. of section 7 of P.L.1999, c.90 (C.2C:35-10.4); (3) arrested, charged, prosecuted, or convicted for using, obtaining, attempting to obtain, or possessing any prescription legend drug or stramonium preparation pursuant to subsection b., d., or e. of section 8 of P.L.1999, c.90 (C.2C:35-10.5); (4) arrested, charged, prosecuted, or convicted for acquiring or obtaining possession of a controlled dangerous substance or controlled substance analog by fraud pursuant to N.J.S.2C:35-13; (5) arrested, charged, prosecuted, or convicted for unlawfully possessing a controlled dangerous substance that was lawfully prescribed or dispensed pursuant to N.J.S.2C:35-24; (6) arrested, charged, prosecuted, or convicted for using or possessing with intent to use drug paraphernalia pursuant to N.J.S.2C:36-2 or for having under his control or possessing a hypodermic syringe, hypodermic needle, or any other instrument adapted for the use of a controlled dangerous substance or a controlled substance analog pursuant to subsection a. of N.J.S.2C:36-6; (7) subject to revocation of parole or probation based only upon a violation of offenses described in subsection a. (1) through (6) of this section, provided, however, this circumstance may be considered in establishing or modifying the conditions of parole or probation supervision. b. The provisions of subsection a. of this section shall only apply if: (1) the person seeks medical assistance for another person who is experiencing a drug overdose and is in need of medical assistance; and (2) the evidence for an arrest, charge, prosecution, conviction, or revocation was obtained as a result of the seeking of medical assistance. c. Nothing in this section shall be construed to limit the admissibility of any evidence in connection with the investigation or prosecution of a crime with regard to a defendant who does not qualify for the protections of this act or with regard to other crimes committed by a person who otherwise qualifies for protection pursuant to this act. Nothing in this section shall be construed to limit any seizure of evidence or contraband otherwise permitted by law. Nothing herein shall be construed to limit or abridge the authority of a law enforcement officer to detain or take into custody a person in the course of an investigation or to effectuate an arrest for any offense except as provided in subsection a. of this section. Nothing in this section shall be construed to limit, modify or remove any immunity from liability currently available to public entities or public employees by law. [Section 8 provides Identical protections for the victim]

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VT	Vt. Stat. Ann. tit. 18, § 4254 (2013)	June 5, 2013	(a) As used in this section: (1) "Drug overdose" means an acute condition resulting from or believed to be resulting from the use of a regulated drug which a layperson would reasonably believe requires medical assistance. For purposes of this section, "regulated drug" shall include alcohol. (b) A person who, in good faith and in a timely manner, seeks medical assistance for someone who is experiencing a drug overdose shall not be cited, arrested, or prosecuted for a violation of this chapter or cited, arrested, or prosecuted for procuring, possessing, or consuming alcohol by someone under age 21 pursuant to 7 V.S.A §§ 656 and 657 or for providing to or enabling consumption of alcohol by someone under age 21 pursuant to 7 V.S.A. § 658(a)–(c). [Section (c) provides identical protections for a person experiencing an overdose] (d) A person who seeks medical assistance for a drug overdose pursuant to subsection (b) or (c) of this section shall not be subject to any of the penalties for violation of 13 V.S.A. § 1030 (violation of a protection order), for a violation of this chapter or 7 V.S.A §§ 656 and 657, for being at the scene of the drug overdose, or for being within close proximity to any person at the scene of the drug overdose. (e) A person who seeks medical assistance for a drug overdose pursuant to subsection (b) or (c) of this section shall not be subject to any sanction for a violation of a condition of pretrial release, probation, furlough, or parole for a violation of this chapter or 7 V.S.A §§ 656 and 657, for being at the scene of the drug overdose, or for being within close proximity to any person at the scene of the drug overdose. (f) The act of seeking medical assistance for or by someone who is experiencing a drug overdose shall be considered a mitigating circumstance at sentencing for a violation of any other offense.
DE	Del. Code Ann. tit. 16, § 4769 (2014)	Aug. 31, 2013	§ 4769. Criminal immunity for persons who suffer or report an alcohol or drug overdose or other life threatening medical emergency. (a) For purposes of this chapter: (1) "Medical provider" means the person whose professional services are provided to a person experiencing an overdose or other life threatening medical emergency by a licensed, registered or certified health care professional who, acting within his or her lawful scope of practice, may provide diagnosis, treatment or emergency services. (2) "Overdose" means an acute condition including, but not limited to, physical illness, coma, mania, hysteria, or death resulting from the consumption or use of an ethyl alcohol, a controlled substance, another substance with which a controlled substance was combined, a noncontrolled prescription drug, or any combination of these, including any illicit or licit substance; provided that a person's condition shall be deemed to be an overdose if a layperson could reasonably believe that the condition is in fact an overdose and requires medical assistance. (b) A person who seeks medical attention for someone, including the person reporting, who is experiencing an overdose or other life threatening medical emergency shall not be arrested, charged or prosecuted for an offense described in subsection (c) of this section, or subject to

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			the revocation or modification of the conditions of probation, if: (1) The person reports in good faith the emergency to law enforcement, the 911 system, a poison control center, or to a medical provider, or if the person in good faith assists someone so reporting; and (2) The person provides all relevant medical information as to the cause of the overdose or other life threatening medical emergency that the person possesses at the scene of the event when a medical provider arrives, or when the person is at the facilities of the medical provider. (c) The immunity described in this section shall apply to the following offenses: (1) Miscellaneous drug crimes as described in § 4757 (a)(3), (6), and (7) of this Chapter; (2) Illegal possession and delivery of noncontrolled prescription drugs as described in § 4761 of this Chapter; (3) Possession of controlled substances or counterfeit controlled substances, as described in § 4763 of this Chapter; (4) Possession of drug paraphernalia as described in §§ 4762 (c) and 4771 of this C hapter; (5) Possession of marijuana as described in § 4764 of this Chapter; and (6) Offenses concerning underage drinking as described in Title 4, § 904 (b), (c), (e), and (f). (d) It shall be an affirmative defense to a drug dealing charge as defined in §§ 4752 and 4753 of this Chapter with respect to good faith seeking of health care for an emergency which arose proximate to the offense. (e) Nothing in this section shall be interpreted to prohibit the prosecution of a person for an offense other than an offense listed in subsection (c) of this section or to limit the ability of the attorney general or a law enforcement officer to obtain or use evidence obtained from a report, recording, or any other statement provided pursuant to subsection (b) of this section to investigate and prosecute an offense other than an offense listed in subsection (c) of this section. (f) Forfeiture of any alcohol, substance, or paraphernalia referenced in this section shall be allowed pursuant to § 4784 of this Title and Chapter 11 of Title 4.
IN	S.B. 227 (2014)	Mar. 26, 2014	**Ind. Code § 35-38-1-7.1 Considerations in imposing sentence** (b) The court may consider the following factors as mitigating circumstances or as favoring suspending the sentence and imposing probation: .. (12) The person was convicted of a crime relating to a controlled substance and the person's arrest or prosecution was facilitated in part because the person: (A) requested emergency medical assistance; or (B) acted in concert with another person who requested emergency medical assistance;

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			for an individual who reasonably appeared to be in need of medical assistance due to the use of alcohol or a controlled substance.
GA	H.B. 965 (2014)	Apr. 24, 2014	**Ga. Code § 16-13-5.** (a) As used in this Code section, the term: (1) 'Drug overdose' means an acute condition, including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, mania, or death, resulting from the consumption or use of a controlled substance or dangerous drug by the distressed individual in violation of this chapter or that a reasonable person would believe to be resulting from the consumption or use of a controlled substance or dangerous drug by the distressed individual. (2) 'Drug violation' means: (A) A violation of subsection (a) of Code Section 16-13-30 for possession of a controlled substance if the aggregate weight, including any mixture, is less than four grams of a solid substance, less than one milliliter of liquid substance, or if the substance is placed onto a secondary medium with a combined weight of less than four grams; (B) A violation of paragraph (1) of subsection (j) of Code Section 16-13-30 for possession of less than one ounce of marijuana; or (C) A violation of Code Section 16-13-32.2, relating to possession and use of drug related objects. (3) 'Medical assistance' means aid provided to a person by a health care professional licensed, registered, or certified under the laws of this state who, acting within his or her lawful scope of practice, may provide diagnosis, treatment, or emergency medical services. (4) 'Seeks medical assistance' means accesses or assists in accessing the 9-1-1 system or otherwise contacts or assists in contacting law enforcement or a poison control center and provides care to a person while awaiting the arrival of medical assistance to aid such person. (b) Any person who in good faith seeks medical assistance for a person experiencing or believed to be experiencing a drug overdose shall not be arrested, charged, or prosecuted for a drug violation if the evidence for the arrest, charge, or prosecution of such drug violation resulted solely from seeking such medical assistance. Any person who is experiencing a drug overdose and, in good faith, seeks medical assistance for himself or herself or is the subject of such a request shall not be arrested,

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			charged, or prosecuted for a drug violation if the evidence for the arrest, charge, or prosecution of such drug violation resulted solely from seeking such medical assistance. Any such person shall also not be subject to, if related to the seeking of such medical assistance: (1) Penalties for a violation of a permanent or temporary protective order or restraining order; or (2) Sanctions for a violation of a condition of pretrial release, condition of probation, or condition of parole based on a drug violation.14 LC 37 1763S (c) Nothing in this Code section shall be construed to limit the admissibility of any evidence in connection with the investigation or prosecution of a crime with regard to a defendant who does not qualify for the protections of subsection (b) of this Code section or with regard to other crimes committed by a person who otherwise qualifies for protection pursuant to subsection (b) of this Code section. Nothing in this Code section shall be construed to limit any seizure of evidence or contraband otherwise permitted by law. Nothing in this Code section shall be construed to limit or abridge the authority of a law enforcement officer to detain or take into custody a person in the course of an investigation or to effectuate an arrest for any offense except as provided in subsection (b) of this Code section."
MN	Minn. Stat. § 604A.05 (2014)	July 1, 2014	**[604A.05] GOOD SAMARITAN OVERDOSE MEDICAL ASSISTANCE.** (1) Person seeking medical assistance; immunity from prosecution. A person acting in good faith who seeks medical assistance for another person who is experiencing a drug-related overdose may not be charged or prosecuted for the possession, sharing, or use of a controlled substance under sections 152.023, subdivision 2, clauses (4) and (6), 152.024, or 152.025, or possession of drug paraphernalia. A person qualifies for the immunities provided in this subdivision only if: (1) the evidence for the charge or prosecution was obtained as a result of the person's seeking medical assistance for another person; and (2) the person seeks medical assistance for another person who is in need of medical assistance for an immediate health or safety concern, provided that the person who seeks the medical assistance is the first person to seek the assistance, provides a name and contact information, remains on the scene until assistance arrives or is provided, and cooperates with the authorities.

Good faith does not include seeking medical assistance during the course of the execution of an arrest warrant or search warrant or a lawful search.

(2) Person experiencing an overdose; immunity from prosecution. A person who experiences a drug-related overdose and is in need of medical assistance may not be charged or prosecuted for possession of a controlled substance under sections 152.023, subdivision 2, clauses (4) and (6), 152.024, or 152.025, or possession of drug paraphernalia. A person qualifies for the immunities provided in this subdivision only if the evidence for the charge or prosecution was obtained as a result of the drug-related overdose and the need for medical assistance.

(3) Persons on probation or release. A person's pretrial release, probation, furlough, supervised release, or parole shall not be revoked based on an incident for which the person would be immune from prosecution under subdivision 1 or 2.

(4) Effect on other criminal prosecutions.

(a) The act of providing first aid or other medical assistance to someone who is experiencing a drug-related overdose may be used as a mitigating factor in a criminal prosecution for which immunity is not provided.

(b) Nothing in this section shall:

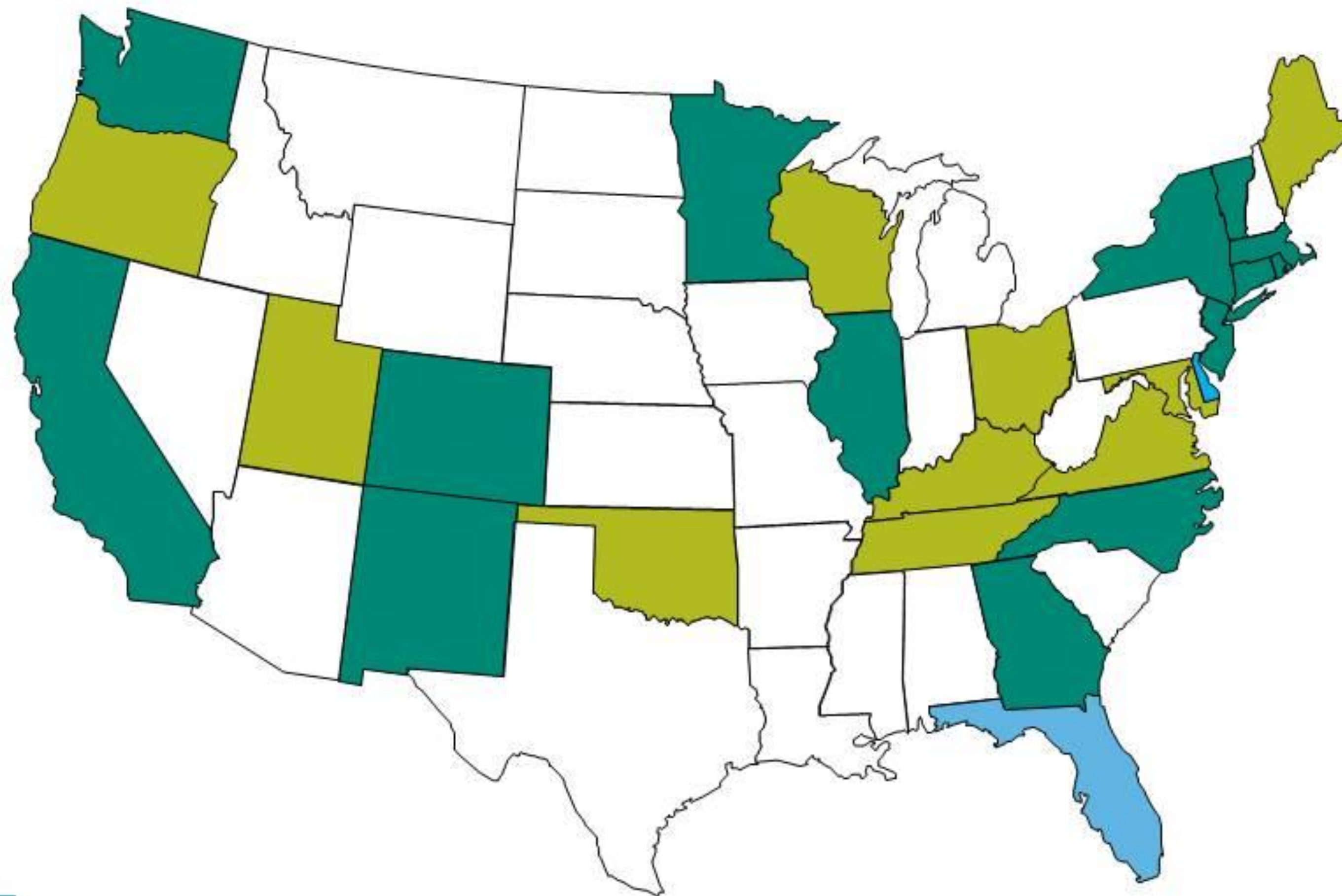
(1) be construed to bar the admissibility of any evidence obtained in connection with the investigation and prosecution of other crimes or violations committed by a person who otherwise qualifies for limited immunity under this section;

(2) preclude prosecution of a person on the basis of evidence obtained from an independent source;

(3) be construed to limit, modify, or remove any immunity from liability currently available to public entities, public employees by law, or prosecutors; or

(4) prevent probation officers from conducting drug testing of persons on pretrial release, probation, furlough, supervised release, or parole.

(5) Drug-related overdose defined. As used in this section, "drug-related overdose" means an acute condition, including mania, hysteria, extreme physical illness, or coma, resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a layperson would reasonably believe to be a drug overdose that requires immediate medical assistance.



States with naloxone access and drug overdose Good Sam laws

States with drug overdose Good Sam laws only

States with naloxone access laws only

The Network for Public Health Law is a national initiative of the Robert Wood Johnson Foundation with direction and technical assistance by the Public Health Law Center at William Mitchell College of Law.

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Robert Wood Johnson Foundation

References

[1] MARGARET WARNER, ET AL., NAT'L CTR. FOR HEALTH STATISTICS, DRUG POISONING DEATHS IN THE UNITED STATES, 1980–2008 (2011).
[2] *Id.* (reporting that in 2008 14,800 drug poisoning deaths were known to be caused by opioid analgesics, with another 9,300 caused by unknown drug or drugs).
[3] Contrary to the common perception of non-medical users of opioids, the median opioid overdose victim is a 45-54 year old white male. *Id.*
[4] Opioid overdose is caused by excessive depression of the respiratory and central nervous systems. Naloxone, a κ- and δ, and μ-opioid receptor competitive antagonist, works by displacing opioids from these receptors, thereby reversing their depressant effect.
[5] *See* 21 U.S.C. § 801, 21 CFR § 1308.
[6] C. Baca, et al., *Take-home Naloxone to Reduce Heroin Death*, 100 ADDICTION 1823; Centers for Disease Control and Prevention, *Community-Based Opioid Overdose Prevention Programs Providing Naloxone – United States,* 2010, 61 MORBIDITY AND MORTALITY WEEKLY REPORT 61, 101 (2012).
[7] *See* Leo Beletsky, et al., *Physicians' knowledge of and willingness to prescribe naloxone to reverse accidental opiate overdose: challenges and opportunities,* 84 Journal of Urban Health 126 (2007).
[8] For an excellent review of the ways in which law and law enforcement hinder access to naloxone, *see* Scott Burris, et al, *Stopping An Invisible Epidemic: Legal Issues In The Provision Of Naloxone To Prevent Opioid Overdose*, 1 DREXEL LAW REVIEW 273 (2009).
[9] Karin Tobin, et al., *Calling emergency medical services during drug overdose: an examination of individual, social and setting correlates*, 100 ADDICTION 397 (2005); Robin A. Pollini, et al., *Response to Overdose Among Injection Drug Users*, 31 AMERICAN JOURNAL OF PREVENTIVE

MEDICINE 261 (2006). They may, of course, fear arrest for other reasons (such as existing warrants or non-drug crimes) as well, but the immunity in current bills is limited to drug (and in some cases, alcohol) crimes.

[10] See U.S. CONFERENCE OF MAYORS, 2008 ADOPTED RESOLUTIONS – SAVING LIVES, SAVING MONEY: CITY-COORDINATED DRUG OVERDOSE PREVENTION, *available at* http://www.usmayors.org/resolutions/76th_conference/chhs_16.asp; AMERICAN MEDICAL ASSOCIATION, AMA ADOPTS NEW POLICIES AT ANNUAL MEETING, *available at* http://www.ama-assn.org/ama/pub/news/news/2012-06-19-ama-adopts-new-policies.page; American Public Health Association, Prevention Overdose Through Education and Naloxone Distribution, *available at* http://www.apha.org/NR/rdonlyres/D13CCF7A-1E17-4954-BB28-EAEB7D6E261E/0/LB2Naloxone.pdf. A number of other organizations, including the National Association of Drug Diversion Investigators and the Office of National Drug Control Policy also support policy changes to increase access to naloxone. *See* NATIONAL ASSOCIATION OF DRUG DIVERSION INVESTIGATORS, NADDI SUPPORTS NASAL NALOXONE, *available at* http://naddi.org/aws/NADDI/pt/sd/news_article/62028/_PARENT/layout_details/false.

[11] Note that there is no legal reason that changes of both types cannot be made in the same piece of legislation, and indeed the trend appears to be in that direction.

[12] The provision of "take home" naloxone to reduce overdose risk was suggested as early as the mid-1990s. *See* Stang John Strang et al.,*Heroin Overdose: The Case for Take-Home Naloxone*, 312 BRIT. MED. J. 1435 (1996).

[13] For a graphical representation of these laws, please see the relevant LawAtlas map at http://www.lawatlas.org/preview?dataset=laws-regulating-administration-of-naloxone.

[14] Eliza Wheeler, et al., *Community-based opioid overdose prevention programs providing naloxone - United States*, 61 MORBIDITY & MORTALITY WKLY. REP 101 (2012).

[15] Alex Walley, et al., *Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis*, 346 BMJ f174 (2013).

[16] For a graphical representation of these laws, please see the relevant LawAtlas map at http://www.lawatlas.org/preview?dataset=good-samaritan-overdose-laws.

[17] Ind. Code § 35-38-1-7.1.

[18] Alaska Stat. § 12.55.155; Md. Code Crim. Proc. § 1-210.

[19] To raise an affirmative defense, the Good Samaritan must report an overdose in good faith, provide a description of the location of the overdose, and remain at the location of the overdose until first responders arrive, and cooperate with responding first responders. Utah House Bill 11 (effective March 20, 2014).

[20] Banta-Green, C. Washington's 911 Good Samaritan Overdose Law: Initial Evaluation Results (Nov. 2011), *available at* http://adai.uw.edu/pubs/infobriefs/ADAI-IB-2011-05.pdf

[21] *See* Su Albert, et al., *Project Lazarus: community-based overdose prevention in rural North Carolina*, 12 PAIN MEDICINE S77 (2011). The North Carolina Medical Board has endorsed Project Lazarus, but has not explicitly authorized third party prescription of naloxone. *See* NORTH CAROLINA MEDICAL BOARD, DRUG OVERDOSE PREVENTION, *available at* http://www.ncmedboard.org/position_statements/detail/drug_overdose_prevention/.

[22] For additional thoughts on legal approaches to reducing opioid overdose deaths, *see* Davis CS, Webb D, Burris S. *Changing Law from Barrier to Facilitator of Opioid Overdose Prevention*, 41 J. of Law, Med. & Ethics 33-36 (2013).

[23] For example, existing laws typically do not include funding for education on the use and provision of naloxone. They also tend to limit criminal immunity to drug-related crimes, which may limit their effect.

[24] "UPM" means the Unauthorized Practice of Medicine.

[25] Some state laws authorize or create overdose prevention programs in addition to modifying other laws. Where these laws limit legal protections to those enrolled in or authorized by these programs, they may reduce the effectiveness of legal changes, particularly where insufficient funds are allocated for the programs to reach all those who would benefit from them.
[26] Under the statute, this protection is only available to a layperson "authorized under federal, state or local government regulations." However, N.M.A.C. 7.32.7 authorizes "any person other than a licensed health care professional permitted by law to administer an opioid antagonist when he, in good faith, believes the other person is experiencing an opioid drug overdose and he acts with reasonable care in administering the drug."
[27] *Id.*
[28] Implied by statutory text: "A person, other than a licensed health care professional permitted by law to administer an opioid antagonist, is authorized to administer an opioid antagonist to another person if he, in good faith, believes the other person is experiencing an opioid drug overdose and he acts with reasonable care in administering the drug to the other person."
[29] This protection is partial: "Use of an opioid antagonist pursuant to this section shall be considered first aid or emergency treatment for the purpose of any statute relating to liability."
[30] N.Y. Comp. Codes R. & Regs. Tit. 10, § 80.138 impliedly permits 3rd party prescribing to persons who have completed a state-approved overdose prevention program: "The opioid antagonist shall be dispensed to the trained overdose responder in accordance with all applicable laws, rules and regulations."
[31] Only for an "Opioid Overdose Prevention Program or a Trained Overdose Responder."
[32] Law applied only to the counties of Alameda, Fresno, Humboldt, Los Angeles, Mendocino, San Francisco and Santa Cruz.
[33] Only in conjunction with an "opioid overdose prevention and treatment training program."
[34] Statute removes civil liability "even when the opioid antagonist is administered by and to someone other than the person to whom it is prescribed" but does not specifically authorize 3rd party prescription.
[35] Only in conjunction with an "opioid overdose prevention and treatment training program."
[36] Impliedly authorized by statute: "A health care professional who.. prescribes or dispenses an opioid antidote to a patient who, in the judgment of the health care professional, is capable of administering the drug in an emergency, shall not, as a result of his or her acts or omissions, be subject to disciplinary or other adverse action under [relevant practice acts] or any other professional licensing statute." 20 ILCS 301/5-23(d)(1).
[37] Only if administrator has received information specified under statute.
[38] *Id.*
[39] Implied by statutory language: "A person acting in good faith may receive a naloxone prescription, possess naloxone, and administer naloxone to an individual suffering from an apparent opiate-related overdose."
[40] *Id.*
[41] *Id.*
[42] Law applied only to the counties of Alameda, Fresno, Humboldt, Los Angeles, Mendocino, San Francisco and Santa Cruz.
[43] Only in conjunction with an "opioid overdose prevention and treatment training program."
[44] Statute removes civil liability "even when the opioid antagonist is administered by and to someone other than the person to whom it is prescribed" but does not specifically authorize 3rd party prescription.
[45] Only in conjunction with an "opioid overdose prevention and treatment training program."
[46] Only if the person has received training information as specified in statute.
[47] *Id.*
[48] Implied by statutory language: "A person acting in good faith may receive a naloxone prescription, possess naloxone and administer naloxone to an individual appearing to experience an opiate-related overdose."

[49] *Id.*
[50] *Id.*
[51] Law states, "For purposes of this chapter and chapter 112, any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice," which greatly reduces civil liability.
[52] This is a modification to CT LEGIS P.A. 03-159, noted above and effective October 1, 2003.
[53] UPM is a crime (see N.C.G.S. § 90-18), and law states that person who administers according to the law is "immune from any..criminal liability for actions authorized under this section."
[54] The act has been codified at: Colo. Rev. Stat. § 12-36-117(1.7) (2013); Colo. Rev. Stat. § 12-38-117(6) (2013); Colo. Rev. Stat. § 12-42.5-102(42)(b)(XIV) (2013); Colo. Rev. Stat. § 12-42.5-105 (2013); Colo. Rev. Stat. § 12-42.5- 123(3) (2013); Colo. Rev. Stat. § 13-21-108.7 (2013); Colo. Rev. Stat. § 18-1-712 (2013).
[55] No state program created, but funds in the amount of $8,318 appropriated for implementation.
[56] Only if the person has received training prescribed by the act. Implementing rules can be found at http://www.oregon.gov/pharmacy/Imports/Rules/August2013/Naloxone%20Rules.pdf and http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_055.html.
[57] Only if the person has received training prescribed by the act.
[58] Directs the Oregon Health Authority to design criteria for training on lifesaving treatment for opiate overdose, but training need not be conducted by the Authority.
[59] However, the bill does state that a licensed health care provider who "prescribes or dispenses the drug naloxone to a patient who, in the judgment of the health-care provider, is capable of administering the drug for an emergency opioid overdose, shall not, as a result of his or her acts or omissions, be subject to disciplinary or other adverse action under [any relevant professional licensing statute].
[60] "[U]nless personal injury results from the gross negligence or willful or wanton misconduct of the person administering the drug."
[61] Impliedly: "Notwithstanding the provisions of § 54.1-3303 and only for the purpose of participation in pilot programs conducted by the Department of Behavioral Health and Developmental Services, a person may obtain a prescription for a family member or a friend and may possess and administer naloxone for the purpose of counteracting the effects of opiate overdose."
[62] Only "if such administering person is a participant in a pilot program conducted by the Department of Behavioral Health and Developmental Services on the administration of naloxone for the purpose of counteracting the effects of opiate overdose."
[63] Impliedly: "Notwithstanding the provisions of § 54.1-3303 and only for the purpose of participation in pilot programs conducted by the Department of Behavioral Health and Developmental Services, a person may obtain a prescription for a family member or a friend and may possess and administer naloxone for the purpose of counteracting the effects of opiate overdose."
[64] Also removes liability for pharmacists who dispense in good faith, and provides for immunity from professional licensing statutes.
[65] Only if the person has received "patient overdose information" specified in the act.
[66] Id.
[67] Not explicitly covered, but the bill provides blanket criminal immunity for administering naloxone in good faith.
[68] No state programs created, but state given authority to award grants "to create or support local opioid overdose prevention, recognition and response projects."
[69] This protection went into effect immediately on approval of the bill on May 2, 2013.
[70] The bill has been codified at: 9 V.S.A. §§ 3865(a)-(c), 3871(a)-(b); 13 V.S.A. § 3705(a)(1)-(d); 18 V.S.A. § 4201(26); 18 V.S.A. § 4202(d)

18 V.S.A. § 4215b; 18 V.S.A. § 4218(d), (e); 18 V.S.A. § 4230(a)-(c); 18 V.S.A. § 4234b(b)-(e); 18 V.S.A. § 4240; 18 V.S.A. § 4282(3)-(7); 18 V.S.A. § 4283(a), (c); 18 V.S.A. § 4284(a), (b)(1), (c)-(k); 18 V.S.A. § 4287; 18 V.S.A. § 4288; 18 V.S.A. § 4289; 18 V.S.A. § 4290; 18 V.S.A. § 5208(a), (b); 33 V.S.A. § 703(a)-(g).

[71] However, a physician who prescribes or dispenses naloxone to a certificate holder in a manner consistent with the law may not be subject to any disciplinary action under the relevant licensing act solely for that act.

[72] Statute states that a certificate holder may, "In an emergency situation when medical services are not immediately available, administer naloxone to an individual experiencing or believed by the certificate holder to be experiencing an opioid overdose," but does not explicitly provide immunity for that act.

[73] Implied by statutory language, which states that a certificate holder may, "In an emergency situation when medical services are not immediately available, administer naloxone to an individual experiencing or believed by the certificate holder to be experiencing an opioid overdose."

[74] Implied by statutory language, which states that a certificate holder may "possess prescribed naloxone and the necessary supplies for the administration of naloxone."

[75] Law states that "a provider may prescribe an opiate antagonist.." but does not provide explicit immunity for doing so.

[76] Only for use "when encountering a family member exhibiting signs of an opiate overdose."

[77] Permits first responders, as defined in the act, to administer naloxone, and states that such first responders "shall be covered under the Good Samaritan Act."

[78] Does not remove civil liability, but states that a person who administers naloxone to a family member "consistent with addressing opiate overdose shall be covered under the Good Samaritan Act."

[79] Law also explicitly permits licensed health care providers authorized to prescribe naloxone to issue standing orders for its administration (but not dispensing or delivery).

[80] However, the law does refer to "opioid overdose prevention and treatment training programs" operated or registered by local health jurisdictions, and premises some protections on the individual having received training from such a program.

[81] Codified at Ohio Rev. Code Ann. §§ 2925.61, 4723.482, 4723.488, 4729.511, 4730.431, 4731.94, 4761.03 (LexisNexis 2014).

[82] Prescriber is required to instruct "the individual receiving the naloxone supply or prescription to summon emergency services either immediately before or immediately after administering the naloxone to an individual apparently experiencing an opioid-related overdose." The Ohio law is limited to intranasal and autoinjector administration of naloxone.

[83] 450.11 (1i) OPIOID ANTAGONISTS. (b) *Possession, dispensing, and delivery.* 1. "Any person may possess an opioid antagonist."

[84] Codified at Ga. Code Ann. §§ 16-13-5, 24-4-116.2, 31-11-53(a), 31-11-54(a), 31-11-55(a), 31-11-55.1, 3-3-23(j)(1) (2014).

[85] § 2353 (C): "Notwithstanding any other provision of law, a person acting in good faith may possess an opioid antagonist."

[86] Not explicitly, but 3rd party prescription does appear to be covered: "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 without being subject to civil liability or criminal prosecution for the act. This immunity applies even when the opiate antagonist is eventually administered in either or both of the following instances: (1) by someone other than the person to whom it is prescribed; or (2) to someone other than the person to whom it is prescribed." Minn. Stat. § 604A.04 (2014).

[87] "A person who is not a health care professional may possess or administer an opiate antagonist that is prescribed, dispensed, or distributed by a licensed health care professional pursuant to subdivision 3."

[88] However, practitioner acting in good faith and exercising reasonable care is immune from disciplinary or adverse administrative actions for acts or omissions during the administration, prescription, or dispensation of an opioid antagonist.

[89] This is a modification to already existing 17a-714a, as modified effective Oct.1, 2012.
[90] The bill does not explicitly permit 3rd party prescription. However, the accompanying bill analysis reads "..these practitioners can prescribe opioid antagonists to people who are not their patients to assist a person experiencing a drug overdose."
[91] Not explicitly, but good faith administrator is immune from criminal prosecution.
[92] This is a modification to already existing 17a-714a, as modified effective Oct.1, 2012.
[93] "CS" means "controlled substance."
[94] "The protection in this section from prosecution for possession crimes under RCW 69.50.4013 shall not be grounds for suppression of evidence in other criminal charges."
[95] While the text of the statute provides protection only for drug paraphernalia offenses found in "article thirty-nine of the general business law," which governs the sale and purchase of certain drug paraphernalia, under generally accepted legal principles the immunity from "controlled substance offense under article two hundred twenty" should apply to the paraphernalia-related offenses found there as well.
[96] Id.
[97] No charge or prosecution for possession of alcohol by a person under the age of twenty-one. Additionally, seeking health care in an emergency situation is an affirmative defense to criminal sale of a controlled substances for a person who acts in good faith and does not have prior convictions for the commission or attempted commission of a class A-I, A-II or B felony "under this article."
[98] Applies only to possession in the 7th degree. It is not clear why this law was enacted, since criminal possession in the 7th degree should also be covered by N.Y. Penal Law § 220.78.
[99] Under the relevant law, it is not a crime to possess controlled substances if the person seeks medical assistance in good faith during an overdose. Since there is no crime, there can be no lawful arrest, charge, or prosecution.
[100] Provides protection from "criminal prosecution arising from or related to the unauthorized practice of medicine or the possession of an opioid antidote."
[101] No charge or prosecution for a Class 4 felony possession of a controlled, counterfeit, or look-alike substance. The limited immunity only applies to possession of under certain quantities of drugs, and does not extend to delivery or distribution of drugs.
[102] Provides protection from prosecution for underage possession and consumption of alcohol.
[103] The law provides immunity for "any crime under RIGL 21-28 or 21-28.5, except for a crime involving the manufacture or possession with the intent to manufacture a controlled substance or possession with intent to deliver a controlled substance, if the evidence for the charge was gained as a result of the overdose and the need for medical assistance." RIGL 21-28 is the state controlled substances act, and governs a large number of offenses other than those listed here.
[104] Under the law, the listed actions "shall not be a crime." This precludes charge and prosecution as well as lawful arrest.
[105] Also states that "it shall not be a crime for a person to be under the influence of.. a controlled substance."
[106] The law states that the listed actions (described below) "shall not be considered crimes," which would prohibit arrest as well as charge and prosecution. However, the law also states that a law enforcement officer shall not be subject to criminal prosecution or civil liability for false arrest or imprisonment if he arrests a person for one of the listed offenses, so long as he does so based on probable cause.
[107] In addition to possession of certain drugs and drug paraphernalia, the law also declares that possession and administration of an opioid antagonist, possession of alcohol by a minor, providing alcohol to a minor of at least 16 years of age by a person 25 years of age or younger, and various other alcohol-related offenses "shall not be considered crimes" so long as the requirements of the law are met. Further, the bill states that "..the offenses listed in subsection (b) of this section.. shall not serve as the sole basis for revoking or modifying a person's supervision status.."
[108] Immunity is limited to misdemeanor possession, and possession of less than one gram of cocaine or heroin.

[109] Provides protection from prosecution for underage possession or consumption of alcohol for a person who acts in good faith, upon a reasonable belief that he or she was the first to call for assistance, provides his or her own name when contacting authorities, and remains with the person needing medical assistance until help arrives. This alcohol-related immunity applies only to the person who seeks help, not the person needing medical assistance.

[110] The Vermont law provides that the Good Samaritan "shall not be cited, arrested, or prosecuted for a violation of this chapter." The chapter referenced is Title 18, Chapter 84, which covers a wide variety of drug crimes. The law also provides protection for "procuring, possessing or consuming alcohol by someone under 21 or providing or enabling consumption of alcohol by someone under age 21," and a person who seeks medical assistance "shall not be subject to any of the penalties for violation of 13 V.S.A. § 1030 (violation of a protection order) for a violation of this chapter or 7 V.S.A §§ 656 and 657, for being at the scene of the drug overdose, or for being within close proximity to any person at the scene of the drug overdose." Additionally, a person who seeks medical assistance for a drug overdose "shall not be subject to any sanction for a violation of a condition of pretrial release, probation, furlough, or parole for a violation of this chapter or 7 V.S.A. 656 and 657, for being at the scene of the drug overdose, or for being within close proximity to any person at the scene of the drug overdose."

[111] Under the law, neither the Good Samaritan nor the victim may be "arrested, charged, prosecuted or convicted" of the listed crimes, so long as the required conditions are met.

[112] The law also provides protection from a number of other drug crimes, including "obtaining, possessing, using, being under the influence of, or failing to make lawful disposition of, a controlled dangerous substance or controlled substance analog," "inhaling the fumes of or possessing any toxic chemical," "obtaining, attempting to obtain, or possessing any prescription legend drug or stramonium preparation," and "acquiring or obtaining possession of a controlled dangerous substance or controlled substance analog by fraud" as otherwise prohibited by law. The law also states that a person may not be "subject to revocation of parole or probation based only upon a violation of offenses described in" the law, "provided, however, this circumstance may be considered in establishing or modifying the conditions of parole or probation supervision."

[113] The person must also provide "all relevant medical information as to the cause of the overdose or other life threatening medical emergency that the person possesses at the scene of the event when a medical provider arrives, or when the person is at the facilities of the medical provider."

[114] The law protects from arrest, charge and prosecution for possession of controlled substances, drug paraphernalia, and marijuana; certain underage drinking offenses; possession and delivery of noncontrolled prescription drugs; and certain "miscellaneous drug crimes." Also notes that "It shall be an affirmative defense to a drug dealing charge as defined in §§ 4752 and 4753 of this Chapter with respect to good faith seeking of health care for an emergency which arose proximate to the offense."

[115] However, "It shall be an affirmative defense to a drug dealing charge as defined in §§ 4752 and 4753 of this Chapter with respect to good faith seeking of health care for an emergency which arose proximate to the offense."

[116] Only if "the aggregate weight, including any mixture, is less than four grams of a solid substance, less than one milliliter of liquid substance, or if the substance is placed onto a secondary medium with a combined weight of less than four grams" or less than one ounce of marijuana. Also protects against arrest.

[117] Only if "the aggregate weight, including any mixture, is less than four grams of a solid substance, less than one milliliter of liquid substance, or if the substance is placed onto a secondary medium with a combined weight of less than four grams" or less than one ounce of marijuana. Also protects against arrest.

[118] Also protects against arrest.

[119] Person shall also not be subject to: (1) Penalties for a violation of a permanent or temporary protective order or restraining order; or (2) Sanctions for a violation of a condition of pretrial release, condition of probation, or condition of parole based on a drug violation. Also includes similar protections for underage alcohol violations.

[120] In all cases, protection is provided only if "the person who seeks the medical assistance is the first person to seek the assistance, provides a name and contact information, remains on the scene until assistance arrives or is provided, and cooperates with the authorities." Minn. Stat. § 604A.05 (2014).

[121] "A person's pretrial release, probation, furlough, supervised release, or parole shall not be revoked based on an incident for which the person would be immune from prosecution under subdivision 1 or 2." Minn. Stat. § 604A.05 (2014).

[122] The law is not entirely clear. Under the law, "The act of providing first aid or other medical assistance to someone who is experiencing a drug-related overdose may be used as a mitigating factor in a criminal prosecution for which immunity is not provided." It is assumed that the intent of this section was to include the seeking of medical assistance, as well as its provision.