



## 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 47,000 Americans every year.<sup>1</sup> Opioids — both prescription painkillers and heroin — are responsible for most of these deaths. The death rate from prescription opioid-associated overdose nearly quadrupled from 1999 to 2013, while deaths from heroin more than tripled from 2010 to 2014.<sup>1,2</sup> Together, heroin and prescription pain medications take the lives of more than 28,000 Americans per year — over 75 people per day. They also cause hundreds of thousands of non-fatal overdoses and an incalculable amount of emotional suffering and preventable health care expenses.

Opioid overdose is reversible through the timely administration of the medication naloxone and the provision of other emergency care.<sup>3</sup> However, community access to naloxone was historically limited by laws and regulations that pre-date the overdose epidemic. In an attempt to reverse the unprecedented increase in preventable overdose deaths, the majority 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 is a prescription drug, it is not a controlled substance and has no abuse potential.<sup>4</sup> It is regularly carried by medical first responders and can be administered by ordinary citizens with little or no formal training.<sup>5</sup> 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 are often the best situated to act to save his or her life by administering naloxone. Unfortunately, in many cases neither the victim nor his or her companions have the medication on hand. Law is at least partially responsible for this inability to access appropriate medical care. State practice laws generally discourage or prohibit the prescription of drugs to a person other than the person to whom they will be administered (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.<sup>6</sup> Likewise, even where naloxone is available, bystanders to a drug overdose may be afraid to administer it because of liability concerns.<sup>7</sup> Finally, overdose bystanders sometimes fail to summon medical assistance for fear of being prosecuted for possession of illegal drugs or similar crimes.<sup>8</sup>

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, the American Public Health Association, and the National Association of Boards of Pharmacy, the majority of states have removed some legal barriers to the seeking of emergency medical care and the timely administration of naloxone.<sup>9</sup> 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.<sup>10</sup> The second encourages bystanders to become “Good Samaritans” by summoning emergency responders without fear of arrest or other negative legal consequences.<sup>11</sup>

## Overview of naloxone access and Good Samaritan laws

By June 22, 2016, all but three states (KS, MT, WY) had passed legislation designed to improve layperson naloxone access. These states have made it easier for people who might be in a position to assist in an overdose to access the medication, encouraged those individuals to summon emergency responders, or both.<sup>12</sup> 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.<sup>13</sup> As of June 22, 2015, forty-six other states and the District of Columbia have made similar changes (48 total).<sup>14</sup> Largely because of these legal changes, over 150,000 laypeople had received training and naloxone kits as of 2014, and naloxone program participants reported reversing more than 26,000 overdoses.<sup>15</sup> 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.<sup>16</sup>

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 June 22, 2016, thirty-five other states and the District of Columbia have followed suit (37 total).<sup>17</sup> 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.<sup>18</sup>

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. Table 1 shows laws aimed at increasing lay access to naloxone by reducing barriers to prescription and administration. Table 2 contains laws that address criminal concerns for Good Samaritans who summon aid in overdose situations. These tables are limited to laws that increase access to naloxone among non-professional responders, and so may not capture states that have expanded access only to professional responders such as police, firefighters, and EMS personnel.

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. The categories listed were chosen because of their prevalence in existing laws and may not necessarily reflect best practices.<sup>19</sup>

## 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 reductions in inappropriate opioid prescribing, increased access to evidence-based treatment and de-stigmatization of addiction is likely necessary to create large-scale, lasting change. Rigorous evaluation of these changes should be a priority to ensure that legal changes have the intended effect and to suggest additional amendments.<sup>20</sup>

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 June 22, 2016

State	Cite	Has law	Eff. Date	Immunity: Prescribers			Immunity: Dispensers			Immunity: Lay administrators		Lay distribution and possession		Prescribing permitted	
				Civil	Criminal	Disciplinary	Civil	Criminal	Disciplinary	Civil	Criminal	Lay distribution	Poss. w/o Rx	3 <sup>rd</sup> Party	Standing order
AL	<a href="#">Ala. Code § 20-2-280</a>	Yes	June 12, 2015	Yes	Yes	-	Yes	Yes	-	Yes	Yes	-	-	Yes	Yes
AK	<a href="#">SB 23 (2016)</a>	Yes	Mar. 15, 2016	Yes	-	-	Yes	-	-	Yes	-	Yes	-	Yes	Yes
AZ	<a href="#">HB 2355 (2016)</a>	Yes	Aug. 6, 2016	-	Yes	Yes	-	Yes	Yes	Yes	-	-	-	Yes	Yes
AR	<a href="#">Act 1222 (2015)</a>	Yes	July 22, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*	-	Yes	Yes
CA	<a href="#">Cal. Civ. Code § 1714.22 (West 2014); Cal. Bus. &amp; Prof. Code § 4052.01</a>	Yes	Jan. 1, 2014; Jan. 1, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*	-	Yes	Yes
CO	<a href="#">CO SB15-053 (2015)</a>	Yes	Apr. 3, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*	Yes*	Yes	Yes
CT	<a href="#">Public Act No. 15-198 (2015)</a>	Yes	June 30, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	Yes	-
DC	<a href="#">D.C. Code § 7-403(f) (2013)</a>	Yes	Mar. 19, 2013	-	-	-	-	-	-	Yes	Yes	-	Yes	-	-
DE	<a href="#">Del. Code tit. 16, § 138; Del. Code tit. 16, § 3001G</a>	Yes	June 25, 2014; Aug. 4, 2014	Yes	Yes	Yes	Yes <sup>21</sup>	Yes <sup>22</sup>	Yes <sup>23</sup>	-	-	-	-	-	Yes
FL	<a href="#">CB/HB 751 (2015); HB 1241 (2016)</a>	Yes	June 10, 2015; July 1, 2016	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-	Yes	Yes <sup>24</sup>

State	Cite	Has law	Eff. Date	Immunity: Prescribers			Immunity: Dispensers			Immunity: Lay administrators		Lay distribution and possession		Prescribing permitted	
				Civil	Criminal	Disciplinary	Civil	Criminal	Disciplinary	Civil	Criminal	Lay distribution	Poss. w/o Rx	3 <sup>rd</sup> Party	Standing order
GA	<a href="#">Ga. Code Ann. § 26-4-116.2 (2014)</a>	Yes	Apr. 24, 2014	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*	-	Yes	Yes*
HI	<a href="#">Act 068 (2016)</a>	Yes	July 1, 2016	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
IA	<a href="#">2016 Senate File 2218; 2016 House File 2460</a>	Yes	Apr. 6, 2016	Yes	-	-	-	-	-	Yes	-	-	Yes*	Yes	Yes* <sup>25</sup>
ID	<a href="#">HB 108 (2015)</a>	Yes	July 1, 2015	Yes	Yes	Yes	-	-	-	Yes	Yes	-	-	Yes	-
IL	<a href="#">20 Ill. Comp. Stat. Ann. 301/5-23 (2010); Public Act 099-0480 (2015)</a>	Yes	Jan. 1, 2010; Sept. 9, 2015	-	Yes	Yes	Yes <sup>26</sup>	Yes	Yes	Yes	Yes	-	-	Yes	Yes
IN	<a href="#">SB 406 (2015)</a>	Yes	Apr. 17, 2015	Yes	-	-	Yes	-	-	Yes	-	Yes*	-	Yes	Yes
KS	N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-
KY	<a href="#">Ky. Rev. Stat. Ann. § 217.186; 201 Ky. Admin. Regs. 2:360E (2015)</a>	Yes	Mar. 25, 2015	-	-	Yes	-	-	Yes	Yes	Yes	-	-	Yes	Yes
LA	<a href="#">HB 210 (2015); Act 370 (2016)</a>	Yes	June 6, 2016	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
MA	<a href="#">Mass. Gen. Laws ch. 94c, § 34A (2012); Mass. Gen. Laws ch. 94c, § 19(d) (2012); M.G.L.A. 94C § 19B</a>	Yes	Aug. 2, 2012; July 1, 2014	-	-	- <sup>27</sup>	-	-	-	-	Yes	-	Yes	Yes	Yes
MD	<a href="#">Md. Code Ann., Health-Gen. §§ 13-3101 to 3111</a>	Yes	Oct. 1, 2015	Yes	-	Yes	Yes	-	Yes <sup>28</sup>	Yes	Yes*	Yes	-	Yes	Yes
ME	<a href="#">Me. Rev. Stat. tit. 22, § 2353; Public Law 508 (2016).</a>	Yes	Oct. 15, 2015; July 28, 2016	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
MI	<a href="#">Mich. Comp. Laws § 691.1503; Mich. Comp. Laws § 333.17744b</a>	Yes	Oct. 14, 2014	Yes	-	-	Yes	-	-	Yes	-	Yes	Yes	Yes	-

State	Cite	Has law	Eff. Date	Immunity: Prescribers			Immunity: Dispensers			Immunity: Lay administrators		Lay distribution and possession		Prescribing permitted	
				Civil	Criminal	Disciplinary	Civil	Criminal	Disciplinary	Civil	Criminal	Lay distribution	Poss. w/o Rx	3 <sup>rd</sup> Party	Standing order
MN	<a href="#">Minn. Stat. § 604A.04 (2014)</a>	Yes	May 10, 2014	Yes	Yes	-	Yes <sup>29</sup>	Yes <sup>30</sup>	-	Yes	Yes	-	-	-	Yes
MO	<a href="#">HB 1568 (2016)</a>	Yes	Aug. 28, 2016	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*	Yes <sup>31</sup>
MS	<a href="#">HB 692 (2015)</a>	Yes	July 1, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	Yes	Yes
MT	N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NC	<a href="#">N.C. Gen. Stat. § 90-106.2.</a>	Yes	Apr. 9, 2013; Aug. 1, 2015	Yes	Yes	-	Yes <sup>32</sup>	Yes <sup>33</sup>	-	Yes	Yes	-	-	Yes	Yes
ND	<a href="#">N.D.C.C. § 23-01-42</a>	Yes	Aug. 1, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes	Yes
NE	<a href="#">Neb. Rev. Stat. § 28-470</a>	Yes	May 28, 2015	-	Yes	Yes	-	Yes	Yes	-	Yes	-	-	Yes	-
NH	<a href="#">N.H. Rev. Stat. § 318-B:15</a>	Yes	June 2, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
NJ	<a href="#">N.J. Stat. Ann. § 24:6J</a>	Yes	July 1, 2013; Feb. 5, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes <sup>34</sup>	-	Yes	Yes
NM	<a href="#">NM Stat § 24-23-1</a>	Yes	Apr. 3, 2001; Mar. 4, 2016	-	-	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
NV	<a href="#">SB 459</a>	Yes	Oct. 1, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
NY	<a href="#">N.Y. Pub. Health Law § 3309 (2014)</a>	Yes	June 24, 2014	-	-	-	-	-	-	Yes	Yes	Yes	Yes	Yes	Yes
OH	<a href="#">H.B. 170 (2014); H.B. 4 (2015)</a>	Yes	Mar. 11, 2014; July 16, 2015	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes**	Yes	-	Yes	Yes*

State	Cite	Has law	Eff. Date	Immunity: Prescribers			Immunity: Dispensers			Immunity: Lay administrators		Lay distribution and possession		Prescribing permitted	
				Civil	Criminal	Disciplinary	Civil	Criminal	Disciplinary	Civil	Criminal	Lay distribution	Poss. w/o Rx	3 <sup>rd</sup> Party	Standing order
OK	<a href="#">Okla. Stat. Ann. tit. 63, § 1-2506.2; Ok. Stat. Ann. tit. 63 § 2-312.2</a>	Yes	Nov. 1, 2013; Nov. 1, 2014	-	-	-	-	-	-	-	-	-	-	Yes	Yes*
OR	<a href="#">Or. Rev. Stat. § 689.681</a>	Yes	June 6, 2013	-	-	-	-	-	-	Yes	-	Yes	-	Yes	-
PA	<a href="#">Act 139 (2014)</a>	Yes	Nov. 29, 2014	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
RI	<a href="#">31-2-9 R.I. Code R. §§ 1.0-5.1 R.I. Gen. Laws § 21-28.9-1 to -5</a>	Yes	Oct. 23, 2014; Jan. 27, 2016	-	-	Yes	-	-	Yes	Yes	Yes	Yes*	Yes	Yes	Yes
SC	<a href="#">Act No. 54 (2015)</a>	Yes	June 3, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	Yes	-
SD	<a href="#">H.B. 1079 (2016)</a>	Yes	July 1, 2016	Yes	Yes	Yes	Yes	Yes	Yes	-	-	Yes	-	Yes	Yes
TN	<a href="#">Tenn. Code Ann. § 63-1-152 (2014)</a>	Yes	July 1, 2014	Yes	-	Yes	Yes	-	Yes	Yes	-	-	-	Yes	Yes
TX	<a href="#">SB 1462 (2015)</a>	Yes	Sept. 1, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
UT	<a href="#">H.B. 119 (2014); H.B. 240 (2016)</a>	Yes	May 13, 2014; May 10, 2016	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-	Yes	Yes
VA	<a href="#">VA Code §§ 8.01-225(A)(16); 54.1-3408(X)</a>	Yes	Apr. 15, 2015	Yes	-	-	Yes	-	-	Yes	Yes*	-	-	-	Yes
VT	<a href="#">VT. STAT. ANN. Tit. 18, § 4240 (2013); 26 V.S.A. § 2080</a>	Yes	July 1, 2013; July 1, 2014	Yes	Yes	-	Yes	Yes	-	Yes	Yes	Yes*	Yes	Yes	Yes
WA	<a href="#">Chapter 205, 2015 Laws</a>	Yes	July 24, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes*	Yes	Yes

State	Cite	Has law	Eff. Date	Immunity: Prescribers			Immunity: Dispensers			Immunity: Lay administrators		Lay distribution and possession		Prescribing permitted	
				Civil	Criminal	Disciplinary	Civil	Criminal	Disciplinary	Civil	Criminal	Lay distribution	Poss. w/o Rx	3 <sup>rd</sup> Party	Standing order
WI	<a href="#">Act 200 (2014)</a> <a href="#">AB 427 (2015)</a>	Yes	Apr. 8, 2014; Dec. 10, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
WV	<a href="#">SB 335 (2015)</a> <a href="#">SB 431 (2016)</a>	Yes	May 27, 2015; June 10, 2016	Yes	Yes	-	Yes	Yes	-	Yes	Yes	-	Yes	Yes	-
WY	N/A	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>		48		37	33	32	37	33	32	42	33, 3*	18, 8*	14, 3*	43, 1*	35, 4*

\* = Implied by statutory text

\*\* = Limited to violations of medical practice code

**Table 2: Characteristics of state overdose Good Samaritan laws**

As of June 22, 2016

State	Cite	Eff. Date	Has Law	Immunity: Controlled Substance Possession			Immunity: Paraphernalia			Immunity: Other Violations			Other Protections	
				Arrest	Charge	Prosecution	Arrest	Charge	Prosecution	Protective or Restraining Order	Pretrial, Probation, or Parole Conditions	Other CS Crimes	Reporting Mitigating Factor	Civil Forfeiture
AL	<a href="#">HB 208 (2015)</a>	June 12, 2015	Yes	-	-	Yes	-	-	Yes	-	-	-	-	-
AK	<a href="#">Alaska Stat. § 12.55.155 (2008)</a> ; <a href="#">Alaska Stat. § 11.71.311 (2014)</a>	Sept. 8, 2008; Oct. 8, 2014	Yes	-	-	Yes	***35	***	***	-	-	-	Yes	-
AZ	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AR	<a href="#">Act 1114 (2015)</a>	July 22, 2015	Yes	Yes	Yes	Yes	-	-	-	Yes	Yes	-	-	-
CA	<a href="#">CA Health &amp; Safety Code 11376.5 (2012)</a>	Jan. 1, 2013	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-	-	-
CO	<a href="#">Colo. Rev. Stat. § 18-1-711 (2012)</a>	May 29, 2012	Yes	-	-	Yes	-	-	Yes	-	-	-	-	-
CT	<a href="#">Conn. Gen. Stat. § 21a-267(e) (2011)</a> ; <a href="#">Conn. Gen. Stat. § 21a-279(d) (2011)</a>	Oct. 1, 2011	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-	-	-
D.C.	<a href="#">D.C. Code § 7-403 (2013)</a>	Mar. 19, 2013	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	-	Yes	-

State	Cite	Eff. Date	Has Law	Immunity: Controlled Substance Possession			Immunity: Paraphernalia			Immunity: Other Violations			Other Protections	
				Arrest	Charge	Prosecution	Arrest	Charge	Prosecution	Protective or Restraining Order	Pretrial, Probation, or Parole Conditions	Other CS Crimes	Reporting Mitigating Factor	Civil Forfeiture
DE	<a href="#">Del. Code Ann. Tit. 16, § 4769 (2013)</a>	Aug. 31, 2013	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes	-	-
FL	<a href="#">Fla. Stat. Ann. § 893.21 (2012); Fla. Stat. Ann. § 921.0026(n)</a>	Oct. 1, 2012	Yes	-	Yes	Yes	-	-	-	-	-	-	Yes	-
GA	<a href="#">Ga. Code Ann §§ 3-3-23, 16-13-5 (2014)</a>	Apr. 24, 2014	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	-
HI	<a href="#">Act 217 (2015)</a>	July 7, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
ID	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IL	<a href="#">730 Ill. Comp. Stat. Ann. 5/5-5-3.1 (2012); 720 Ill. Comp. Stat. Ann. 646/115 (West 2012); 720 Ill. Comp. Stat. Ann. 570/414 (West 2012);</a>	June. 1, 2012	Yes	-	Yes	Yes	-	-	-	-	-	-	Yes	-
IN	<a href="#">Ind. Code § 35-38-1-7.1(b)(12) (2014); SB 187 (2016)</a>	Mar. 26, 2014	Yes	Yes <sup>36</sup>	-	Yes <sup>37</sup>	Yes <sup>38</sup>	-	Yes <sup>39</sup>	-	-	-	Yes	-

State	Cite	Eff. Date	Has Law	Immunity: Controlled Substance Possession			Immunity: Paraphernalia			Immunity: Other Violations			Other Protections	
				Arrest	Charge	Prosecution	Arrest	Charge	Prosecution	Protective or Restraining Order	Pretrial, Probation, or Parole Conditions	Other CS Crimes	Reporting Mitigating Factor	Civil Forfeiture
IA	-	-	-	-	-	-	-	-	-	-	-	-	-	-
KS	-	-	-	-	-	-	-	-	-	-	-	-	-	-
KY	<a href="#">SB 192 (2015)</a>	Mar. 25, 2015	Yes	-	Yes	Yes	-	Yes	Yes	-	-	-	-	-
LA	<a href="#">LSA- R.S. 14:403.10</a>	Aug. 1, 2014	Yes	-	Yes	Yes	-	-	-	-	-	-	-	-
MA	<a href="#">Mass. Gen. Laws ch. 94c, § 34A (2012)</a>	Aug. 2, 2012	Yes	-	Yes	Yes	-	-	-	-	-	-	Yes	-
MD	<a href="#">Md. Code Ann., Crim. Proc. § 1-210 (2015)</a>	Oct. 1, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	-	Yes	-
ME	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MI	<a href="#">HB 4843 (2015)</a>	Mar. 15, 2016	-	_ <sub>40</sub>	_ <sub>41</sub>	_ <sub>42</sub>	-	-	-	-	-	-	-	-
MN	<a href="#">Minn. Stat. § 604A.05 (2014)</a>	July 1, 2014	Yes	-	Yes	Yes	-	Yes	Yes	-	Yes	Yes	Yes	-
MO	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MS	<a href="#">HB 692 (2015)</a>	July 1, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	-	Yes
MT	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NC	<a href="#">SB 154 (2015)</a>	Aug. 1, 2015	Yes	-	-	Yes	-	-	Yes	-	Yes	-	-	-
ND	<a href="#">SB 2070 (2015)</a>	Aug. 1, 2015	Yes	-	-	Yes	-	-	Yes	-	-	-	-	-
NE	-	-	-	-	-	-	-	-	-	-	-	-	-	-

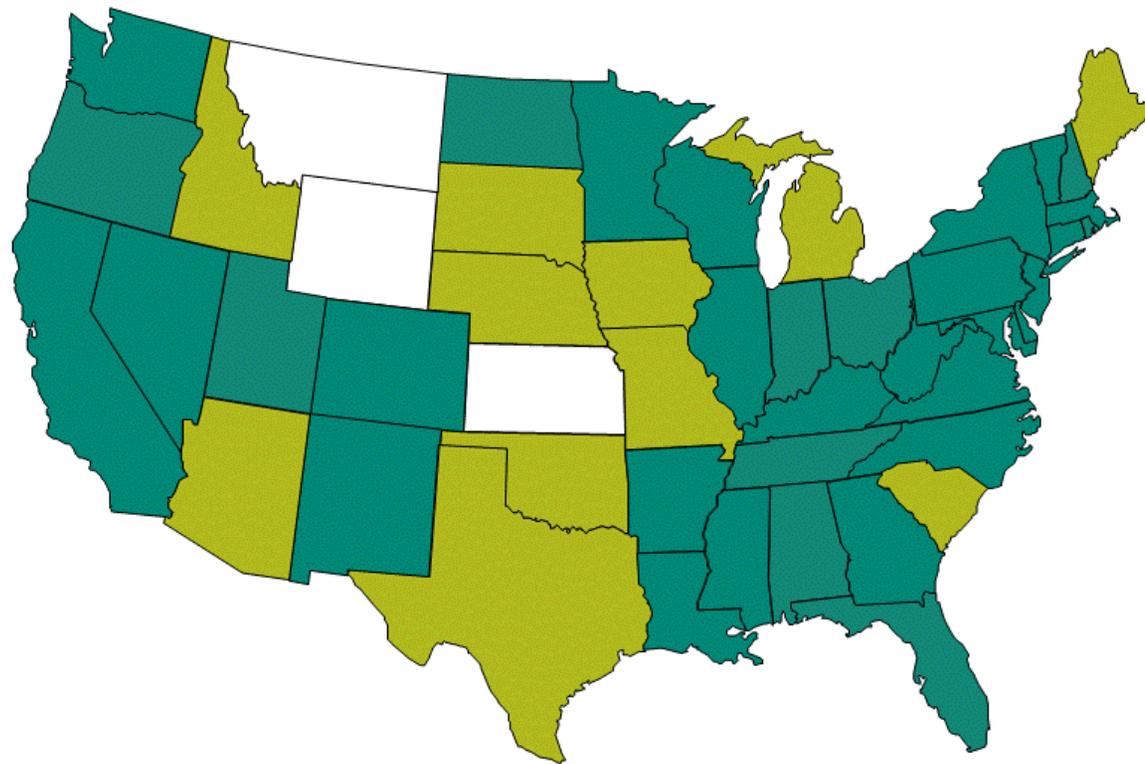
State	Cite	Eff. Date	Has Law	Immunity: Controlled Substance Possession			Immunity: Paraphernalia			Immunity: Other Violations			Other Protections	
				Arrest	Charge	Prosecution	Arrest	Charge	Prosecution	Protective or Restraining Order	Pretrial, Probation, or Parole Conditions	Other CS Crimes	Reporting Mitigating Factor	Civil Forfeiture
NH	<a href="#">HB 270 (2015)</a>	Sept. 6, 2015	Yes	Yes	-	Yes	-	-	-	-	-	-	-	-
NJ	<a href="#">N.J. Stat. Ann. § 2C:35-30 (2013)</a>	July 1, 2013	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes	-	-
NM	<a href="#">N.M. Stat. Ann. § 30-31-27.1 (2007)</a>	June 15, 2007	Yes	-	Yes	Yes	-	-	-	-	-	-	Yes	-
NV	<a href="#">SB 459</a>	Oct. 1, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes	Yes
NY	<a href="#">N.Y. Penal Law §§ 220.03; 220.78 (Consol. 2011)</a>	Sept. 18, 2011	Yes	Yes	Yes	Yes	-	Yes	Yes	-	-	Yes**	Yes	-
OH	<a href="#">HB 110 (2016)</a>	Sept. 13, 2016	Yes <sup>43</sup>	Yes <sup>44</sup>	Yes	Yes	-	-	-	-	-	-	Yes	-
OK	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OR	<a href="#">SB 839 (2015)</a>	Jan. 1, 2016	Yes	Yes	-	Yes	Yes	-	Yes	-	Yes	-	-	-
PA	<a href="#">Act 139 (2014)</a>	Nov. 29, 2014	Yes	-	Yes	Yes	-	Yes	Yes	-	Yes	Yes	-	-
RI	<a href="#">R.I. Gen Laws § 21-28.9-4</a>	Jan. 27, 2016	Yes	-	Yes	Yes	-	Yes	Yes	-	Yes	-	Yes	-
SC	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SD	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TN	<a href="#">Pub. Ch. 396 (2015)</a>	July 1, 2015	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-
TX	-	-	-	-	-	-	-	-	-	-	-	-	-	-

State	Cite	Eff. Date	Has Law	Immunity: Controlled Substance Possession			Immunity: Paraphernalia			Immunity: Other Violations			Other Protections	
				Arrest	Charge	Prosecution	Arrest	Charge	Prosecution	Protective or Restraining Order	Pretrial, Probation, or Parole Conditions	Other CS Crimes	Reporting Mitigating Factor	Civil Forfeiture
UT	<a href="#">Utah Code Ann. §§ 58-37-8(16); 76-3-203.11 (2014)</a>	Mar. 20, 2014	Yes	-	-	Yes**	-	-	Yes**	-	-	-	Yes	-
VA	<a href="#">Va. Code Ann. § 18.2-251.03</a>	July 1, 2015	Yes	-	-	Yes**	-	-	Yes**	-	-	-	-	-
VT	<a href="#">Vt. Stat. Ann. Tit. 18, § 4254 (2013)</a>	June 5, 2013	Yes	Yes	-	Yes	***45	***	***	Yes	Yes	Yes	Yes	Yes
WA	<a href="#">Wash. Rev. Code § 69.50.315 (2010); Wash. Rev. Code § 9.94A.535 (2010); Chapter 205, 2015 Laws</a>	June 10, 2010; July 24, 2015	Yes	-	Yes	Yes	-	-	-	-	-	-	Yes	-
WI	<a href="#">Wis. Stat. § 961.443 (2014)</a>	Apr. 9, 2014	Yes	-	-	Yes	-	-	Yes	-	-	-	-	-
WV	<a href="#">SB 523 (2015)</a>	June 12, 2015	Yes	-	Yes*	Yes*	-	-	-	-	Yes	-	Yes	-
WY	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>			37	18	24, 1*	34, 1*, 2**	13	16	23, 2**	7	17	6, 1**	18	4

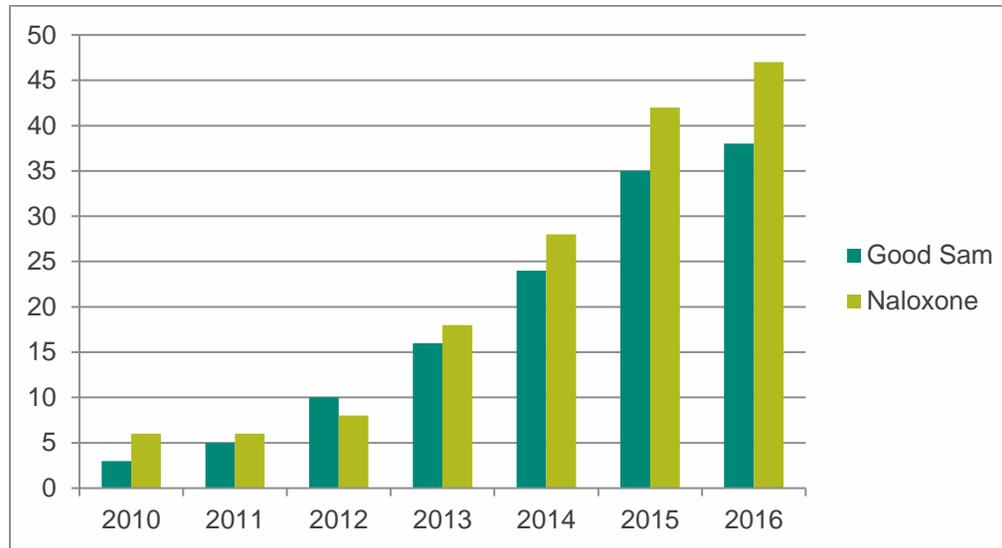
\* = Implied by statutory text

\*\* = Affirmative defense only

\*\*\* Alaska does not criminalize the possession, sale, or manufacture of drug paraphernalia. Vermont does not criminalize the possession of drug paraphernalia.



- States with naloxone access and drug overdose Good Sam laws
- States with naloxone access laws only



Adoption of naloxone access and overdose Good Samaritan laws over time

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

- <sup>1</sup> Rudd, R.A., Aleshire, N., Zibbell, J.E., Gladden, M., 2015. *Increases in Drug and Opioid Overdose Deaths — United States, 2000–2014*. Morbidity and Mortality Weekly Report (MMWR) 64, 1-5
- <sup>2</sup> Rudd RA, Paulozzi LJ, Bauer MJ, Bureson RW, Carlson RE, Dao D, et al. *Increases in heroin overdose deaths - 28 States, 2010 to 2012*. MMWR Morb Mortal Wkly Rep 2014;63(39):849-54; Hedegaard H, Chen LH, Warner M. *Drug-poisoning Deaths Involving Heroin: United States, 2000-2013*. NCHS Data Brief 2015(190):1-8.
- <sup>3</sup> Opioid overdose is caused by excessive depression of the respiratory and central nervous systems. Naloxone, a  $\kappa$ - and  $\delta$ , and  $\mu$ -opioid receptor competitive antagonist, works by displacing opioids from these receptors, thereby reversing their depressant effect.
- <sup>4</sup> See 21 U.S.C. § 801, 21 CFR § 1308.
- <sup>5</sup> 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); M. Doe-Simkins, et al., *Overdose rescues by trained and untrained participants an change in opioid use among substance-using participants in overdose education and naloxone distribution programs: a retrospective cohort study*, 14 *BMC Public Health* 297 (2014).
- <sup>6</sup> 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).
- <sup>7</sup> 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).
- <sup>8</sup> 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 most current laws is limited to drug (and in some cases, alcohol) crimes.
- <sup>9</sup> 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](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](http://naddi.org/aws/NADDI/pt/sd/news_article/62028/_PARENT/layout_details/false)
- <sup>10</sup> Some states are also moving to expand naloxone administration authority to first responders including EMRs, EMTs, firefighters, and law enforcement officers. Those expansions are generally not captured in this document, which is focused on increased access among laypersons. For a list of states that permit EMTs to administer naloxone, see Network for Public Health Law, *Legal Intervention to Reduce Overdose Mortality: Emergency Medical Services Naloxone Access*, available at [https://www.networkforphl.org/\\_asset/8b7kmi/EMS-naloxone-overview.pdf](https://www.networkforphl.org/_asset/8b7kmi/EMS-naloxone-overview.pdf).
- <sup>11</sup> 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.
- <sup>12</sup> For further background on these laws, please see Davis, C.S., Carr, D., 2015. *Legal changes to increase access to naloxone for opioid overdose reversal in the United States*. *Drug Alcohol Depend* 157, 112-120.
- <sup>13</sup> The provision of “take home” naloxone to reduce overdose risk was suggested as early as the mid-1990s. See John Strang et al., *Heroin Overdose: The Case for Take-Home Naloxone*, 312 *BRIT. MED. J.* 1435 (1996).
- <sup>14</sup> 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>. This number includes all states that have passed relevant laws, even if they have a later effective date. Effective dates are listed in the tables.
- <sup>15</sup> Wheeler E, Jones ST, Gilbert MK, Davidson PJ. Opioid overdose prevention programs providing naloxone to laypersons – United States, 2014. *MMWR Morb Mortal Wkly Rep* 2015;64(23):631-5.
- <sup>16</sup> 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).
- <sup>17</sup> For a graphical representation of these laws, please see the relevant LawAtlas map at <http://www.lawatlas.org/preview?dataset=good-samaritan-overdose-laws>.
- <sup>18</sup> 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>
- <sup>19</sup> 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).
- <sup>20</sup> 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.
- <sup>21</sup> Applies only to “[d]octors prescribing naloxone who, acting in good faith, directly or by standing order, prescribe or dispense the drug naloxone....”
- <sup>22</sup> Applies only to “[d]octors prescribing naloxone who, acting in good faith, directly or by standing order, prescribe or dispense the drug naloxone....”
- <sup>23</sup> Applies only to “[d]octors prescribing naloxone who, acting in good faith, directly or by standing order, prescribe or dispense the drug naloxone....”
- <sup>24</sup> Applies only to auto-injection delivery systems or intranasal application delivery systems.

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- <sup>25</sup> Iowa law does not clearly permit a prescriber to issue a standing order, but permits a pharmacist to dispense under one.
- <sup>26</sup> Pharmacists receive civil immunity when dispensing naloxone pursuant to a statewide protocol or standing order.
- <sup>27</sup> “[A]ny such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.”
- <sup>28</sup> Applies only to a licensed physician or advanced practice nurse with prescribing authority.
- <sup>29</sup> Applies only to licensed health care professionals who are permitted by law to prescribe an opiate antagonist.
- <sup>30</sup> Applies only to licensed health care professionals who are permitted by law to prescribe an opiate antagonist.
- <sup>31</sup> Law uses the term “physician protocol” but context makes clear that a standing order for pharmacy dispensing is intended.
- <sup>32</sup> Applies only to pharmacists who dispense an opioid antagonist in accordance with the naloxone access law.
- <sup>33</sup> Applies only to pharmacists who dispense an opioid antagonist in accordance with the naloxone access law.
- <sup>34</sup> Permits dispensing by “any professional entity which is deemed by the health care practitioner to employ professionals who are capable of dispensing opioid antidotes to recipients, for administration thereby, as part of the entity’s regular course of business or volunteer activities.”
- <sup>35</sup> Possession of drug paraphernalia is not a crime in Alaska.
- <sup>36</sup> Immunity is provided only if the individual: (1) obtained an overdose intervention drug in accordance with state law; (2) administered the overdose intervention drug in accordance with state law; (3) provided the individual’s full name and any other relevant information requested by the law enforcement officer; (4) remained at the scene with the individual who reasonably appeared to need medical assistance until emergency medical assistance arrived; (5) cooperated with emergency medical assistance personnel and law enforcement officers at the scene; and (6) came into contact with law enforcement because the individual requested emergency medical assistance for another individual who appeared to be experiencing an opioid-related overdose.
- <sup>37</sup> Immunity is provided only if the individual: (1) obtained an overdose intervention drug in accordance with state law; (2) administered the overdose intervention drug in accordance with state law; (3) provided the individual’s full name and any other relevant information requested by the law enforcement officer; (4) remained at the scene with the individual who reasonably appeared to need medical assistance until emergency medical assistance arrived; (5) cooperated with emergency medical assistance personnel and law enforcement officers at the scene; and (6) came into contact with law enforcement because the individual requested emergency medical assistance for another individual who appeared to be experiencing an opioid-related overdose.
- <sup>38</sup> Immunity is provided only if the individual: (1) obtained an overdose intervention drug in accordance with state law; (2) administered the overdose intervention drug in accordance with state law; (3) provided the individual’s full name and any other relevant information requested by the law enforcement officer; (4) remained at the scene with the individual who reasonably appeared to need medical assistance until emergency medical assistance arrived; (5) cooperated with emergency medical assistance personnel and law enforcement officers at the scene; and (6) came into contact with law enforcement because the individual requested emergency medical assistance for another individual who appeared to be experiencing an opioid-related overdose.
- <sup>39</sup> Immunity is provided only if the individual: (1) obtained an overdose intervention drug in accordance with state law; (2) administered the overdose intervention drug in accordance with state law; (3) provided the individual’s full name and any other relevant information requested by the law enforcement officer; (4) remained at the scene with the individual who reasonably appeared to need medical assistance until emergency medical assistance arrived; (5) cooperated with emergency medical assistance personnel and law enforcement officers at the scene; and (6) came into contact with law enforcement because the individual requested emergency medical assistance for another individual who appeared to be experiencing an opioid-related overdose.
- <sup>40</sup> Law provides immunity, but only to individuals under the age of 21.
- <sup>41</sup> Law provides immunity, but only to individuals under the age of 21.
- <sup>42</sup> Law provides immunity, but only to individuals under the age of 21.
- <sup>43</sup> For reasons that are not clear to this author, the Ohio law applies only to individuals who have been previously granted immunity under the law not more than twice. People on “Community control or post-release control” do not qualify for immunity. The law also requires any EMS personnel or firefighter to disclose the name and address of any person to whom the EMS personnel or firefighter administered naloxone due to an actual or suspected drug overdose to a law enforcement agency with jurisdiction over the place where the naloxone was administered.
- <sup>44</sup> Immunity from arrest, charge and prosecution is only granted if the caller or victim, within 30 days of seeking or obtaining assistance, “seeks and obtains a screening and receives a referral for treatment..”
- <sup>45</sup> Simple possession of drug paraphernalia is not a crime in Vermont. Vt. Stat. Ann. tit. 18, § 4476.