

## Connecticut's Opioid Antagonist Laws

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### Issue

Provide an overview of Connecticut's opioid antagonist (e.g., Narcan) laws.

### Summary

Like many other states, Connecticut continues to face an increase in the number of emergency room visits and drug overdose deaths involving opioid drugs (e.g., heroin and prescription painkillers such as oxycodone, hydrocodone, and fentanyl). According to [Office of the Chief Medical Examiner](#) data, there were 1,452 unintentional drug overdose deaths in 2022, an increase of 4.7% from the prior year. Approximately 92% of those deaths involved an opioid drug and 86% involved fentanyl specifically.

In recent years, the legislature responded to this trend in part by enacting laws to increase access to opioid antagonists. These medications, when administered along with emergency medical care, can rapidly reverse opioid drug overdose symptoms and prevent overdose deaths. They are not controlled substances and (1) are administered by injection or a nasal spray, (2) are not addictive, and (3) do not cause a "high" or pose serious health effects when taken by someone not suffering from a drug overdose.

Connecticut's opioid antagonist laws aim to increase access to these medications by, among other things, (1) expanding individuals or entities that can prescribe, dispense, or administer them and providing civil and criminal immunity for those who do so in good faith; (2) addressing their use in primary and secondary schools and higher education institutions; (3) establishing requirements for training in administering the medication, patient education, and insurance coverage; (4) providing funding to give the medication to municipalities, emergency medical services (EMS) organizations,

and other eligible entities; and (5) providing a sales tax exemption for non-prescription opioid antagonists.

This report highlights provisions of Connecticut law related to opioid antagonists but does not include all of the laws' provisions; to read the laws in their entirety, visit the Connecticut General Assembly's website.

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## **Distribution by Local Agencies**

### ***EMS Provision of Opioid Antagonist Kits***

Legislation enacted this year requires EMS personnel to give opioid antagonist kits with a personal supply of the medication and a one-page fact sheet to patients who (1) they are treating for an opioid overdose, (2) show symptoms of opioid use disorder, or (3) are treated at a location where the EMS personnel observe evidence of illicit opioid use. They must give the kits to the patients themselves or their family members, caregivers, or friends who are at the location.

The law creates an Opioid Bulk Purchasing Fund to provide the medication to EMS organizations, among others (see below).

Under the law, EMS personnel include emergency medical responders, emergency medical technicians (EMT), advanced EMTs, EMS instructors, and paramedics. The law requires them to document the number of kits they distribute through the program, including the number of doses of opioid antagonists in each kit.

EMS organizations can obtain opioid antagonists from pharmacists to distribute through the program through a qualified pharmacist's prescription, standing order, or distribution agreement with the pharmacist ([PA 23-97](#), § 5).

### ***Law Enforcement Units***

In 2021, the legislature enacted a law that requires law enforcement units to (1) require their police officers to be trained in using opioid antagonists and (2) acquire and maintain a supply of these medications for use by the officers when responding to a medical emergency. A police officer who completes the training must be permitted to carry opioid antagonists and administer the medication to a person whom the officer believes in good faith is experiencing an opioid-related drug overdose ([PA 21-108](#), § 1, codified at [CGS § 7-294u](#)).

### ***Local Agency Distribution Agreements***

Legislation passed in 2018 allows prescribing practitioners and pharmacists authorized to prescribe an opioid antagonist to enter into an agreement with a law enforcement agency, EMS provider, government agency, or community health organization ("agencies") to distribute and administer opioid antagonists.

The prescribers and pharmacists must train the above listed agencies that will distribute or administer opioid antagonists under such an agreement. But they cannot, as a result of an

agency's administration or dispensing of an opioid antagonist, be (1) held liable for damages in a civil action or (2) subjected to administrative or criminal prosecution ([PA 18-166](#), § 3, codified at [CGS § 21a-286](#)).

### ***Local EMS Plans***

By law, local EMS plans must require that at least one EMS provider who is likely to arrive first on the scene of a medical emergency carry an opioid antagonist and complete a Department of Public Health (DPH)-approved training on how to administer it. Each municipality had to amend its local EMS plan to include this requirement by October 1, 2017 ([PA 16-43](#), § 1, and [PA 17-131](#), § 11, codified at [CGS § 17a-714a](#)).

### ***Vending Machines and Secured Boxes***

Legislation enacted in 2023 allows prescribing practitioners and pharmacists to enter into agreements with community health organizations, EMS providers, government agencies, law enforcement agencies, local and regional boards of education, and syringe services programs to distribute opioid antagonists through secured boxes or machines or vending machines. The law specifies how these boxes and machines must be operated and maintained and provides liability protection to prescribing practitioners and pharmacists who enter into agreements to supply opioid antagonists through these means ([PA 23-52](#), § 12).

## **Education and Training**

### ***Mobile Pharmacies***

In 2023, the legislature enacted a law allowing retail pharmacies to apply to the Department of Consumer Protection (DCP) to operate a mobile pharmacy that conducts temporary opioid antagonist training and prescribing events. It requires pharmacies to obtain prior approval from DCP in order for their mobile pharmacies to (1) operate in one place for more than seven consecutive days; (2) operate for more than 14 days within a five-mile radius of the prior mobile pharmacy location; or (3) serve as an overnight storage space for drugs ([PA 23-19](#), § 3).

### ***Opioid Fact Sheet***

By law, the state's Alcohol and Drug Policy Council (ADPC) must develop a one-page [fact sheet](#) on opioid drugs that includes the (1) risks of opioid drug use, (2) symptoms of opioid use disorders, and (3) available services in Connecticut for those experiencing these symptoms or who are otherwise affected by an opioid use disorder.

The council must make the fact sheet available on the Department of Mental Health and Addiction Services's (DMHAS) website for health care providers and pharmacists to use and encourage them to disseminate it to anyone whom a (1) provider treats for opioid use disorder symptoms; (2) provider issues a prescription for or administers an opioid drug or opioid antagonist; or (3) pharmacist dispenses an opioid drug or issues a prescription for or dispenses an opioid antagonist ([PA 17-131](#), § 7, codified at [CGS § 17a-667a](#)).

### ***Patient Education Requirements for Treatment Programs***

A 2019 law requires DMHAS-operated or -approved substance use treatment programs that treat patients with opioid use disorder to offer education on opioid antagonists to these patients and their relatives. It also requires affiliated prescribers to provide a prescription for at least one dose of an opioid antagonist to a patient the prescriber determines would benefit from it ([PA 19-191](#), § 9, codified at [CGS § 17a-673a](#)).

### ***Regional Behavioral Health Action Organizations***

In 2022, the legislature enacted a law requiring the state's five Regional Behavioral Health Action Organizations (RBHAO), within available appropriations, to provide training in administering opioid antagonists and distribute them to communities ([PA 22-69](#)).

By law, RBHAOs are responsible for (1) behavioral health planning, education, and promotion; (2) coordinating behavioral health issues prevention; and (3) advocacy for behavioral health needs and services within its mental health region.

### ***Sober Living Homes***

A 2018 law contains several provisions on the oversight of sober living homes. Among other things, it (1) allows a certified sober living home's owner to report the home's certified status to DMHAS, (2) requires DMHAS to post on its website a list of these certified homes as well as the number of available beds at each home and update the information weekly, and (3) establishes certain advertising requirements and restrictions for operators.

It also requires operators who report their home's certified status to maintain at least two doses of an opioid antagonist on the premises and train all residents in how to administer it. The operator must do this when the home is occupied by at least one resident diagnosed with an opioid use disorder ([PA 18-171](#), codified at [CGS § 17a-716](#)).

## Good Samaritan Laws

### ***Automatic External Defibrillators and Opioid Antagonists***

In 2019, the legislature enacted a law that grants civil immunity, under certain conditions, to people or entities that provide or maintain an automatic external defibrillator in a cabinet which also contains an opioid antagonist. Under the law, these individuals are not liable for ordinary negligence for their acts or omissions in making the opioid antagonist available. The immunity does not apply to gross, willful, or wanton negligence ([PA 19-169](#), codified at [CGS § 52-557b](#)).

### ***Prescribing or Administering Opioid Antagonists***

Connecticut law allows licensed health care professionals authorized to prescribe an opioid antagonist to prescribe, dispense, or administer it to treat or prevent a drug overdose without being (1) civilly or criminally liable for the action or for the antagonist's subsequent use or (2) deemed to violate their professional standard of care ([CGS § 17a-714a](#)). Legislation from 2016 extended this immunity to all licensed health care professionals ([PA 16-43](#)).

Additionally, people who are not health professionals and who, if acting with reasonable care, administer an opioid antagonist to a person they believe in good faith is experiencing an opioid-related drug overdose are given civil and criminal immunity ([PA 14-61](#), codified at [CGS § 17a-714a](#)).

## Insurance

### ***Opioid Antagonist Prescriptions and Life Insurance and Annuity Policies***

The legislature enacted a law in 2019 prohibiting life insurance or annuity policies or contracts delivered, issued, renewed, or continued in the state from excluding coverage solely due to a person having received a prescription for naloxone (i.e., an opioid antagonist) or for a naloxone biosimilar or generic ([PA 19-191](#), § 5, codified at [CGS § 38a-447a](#)).

### ***Prior Authorization for Opioid Antagonists***

The law prohibits certain health insurance policies from requiring prior authorization for coverage of opioid antagonists. It applies to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; (4) hospital or medical services, including those provided under an HMO plan; or (5) single ancillary services (e.g., prescription drugs). Because of the Employee Retirement Income Security Act (ERISA), state insurance benefit

mandates do not apply to self-insured benefit plans ([PA 16-43](#), §§ 2 & 3, codified at [CGS §§ 38a-510b](#) & [-544b](#)).

## **Prescriptions**

### ***Authorized Prescribers***

Connecticut law allows physicians, dentists, podiatrists, optometrists, physician assistants (PA), advanced practice registered nurses (APRN), nurse-midwives, and veterinarians to prescribe opioid antagonists within the scope of their professional practice (“prescribing practitioners”). In 2015, the legislature extended this prescriptive authority to pharmacists, if they do the following:

1. complete a training and certification program approved by the DCP commissioner;
2. act in good faith;
3. train the recipient of the opioid antagonist in how to administer it;
4. maintain a record of the dispensing and training under the law’s record keeping requirements; and
5. refrain from delegating or directing another person to prescribe the medication or provide the training to the recipient ([PA 15-198](#), § 6, codified at [CGS § 20-633c](#)).

### ***Encouraging Patients to Obtain Opioid Antagonists***

In 2023, the legislature enacted a law that requires prescribing practitioners, when prescribing an opioid, to encourage the patient to obtain an opioid antagonist. If the patient is a minor, the prescriber must also encourage the patient’s custodial parent, guardian, or other person with legal custody to obtain an opioid antagonist, if they are present when the prescription is being issued ([PA 23-97](#), § 6).

### ***Standing Orders for Pharmacies***

Legislation enacted in 2017 allows a prescribing practitioner to issue a standing order (i.e., non-patient specific prescription) to a licensed pharmacist for an opioid antagonist that is:

1. administered nasally or by auto-injection;
2. approved by the federal Food and Drug Administration (FDA); and
3. dispensed by the pharmacist to a person at risk of an opioid drug overdose or family member, friend, or other person who may assist a person at risk of an overdose.



When dispensing an opioid antagonist under a standing order, the pharmacist must train the person to administer it and keep a record of the dispensing and training under the law's recordkeeping requirements. The pharmacist must also send a copy of the dispensing record to the prescribing practitioner who entered into a standing order agreement with the pharmacy. Additionally, the pharmacy must provide DCP with a copy of each standing order it enters into with a prescribing practitioner ([PA 17-131](#), § 12, codified at [CGS § 20-633d](#)).

### ***Third-Party Prescriptions***

Historically, Connecticut prohibited prescribing opioid antagonists to a person other than the drug user in need of intervention (i.e., third-party prescriptions), but in 2012 the legislature changed the law to allow licensed health care practitioners authorized to prescribe opioid antagonists to prescribe, dispense, or administer them to anyone (e.g., family members or other people) to treat or prevent a drug overdose ([PA 12-159](#), codified at [CGS § 17a-714a](#)).

## **School-Based Health**

### ***Higher Education Institutions***

Legislation passed in 2019 required higher education institutions to (1) develop and implement policies on the availability and use of opioid antagonists by students and employees and (2) generally notify emergency medical providers when an opioid antagonist is used ([PA 19-191](#), § 7, codified at [CGS § 10a-55t](#)).

### ***Opioid Antagonists in Schools***

In 2022, the legislature enacted a law that generally allows school nurses and qualified school employees to maintain and administer opioid antagonists to students who do not have prior written authorization to receive the medication and required the State Department of Education to develop related guidelines by October 1, 2022.

The law also authorizes certain prescribers and pharmacists to enter into agreements with school boards to distribute and administer opioid antagonists and requires DCP to provide school boards with information on how to acquire the medication from manufacturers ([PA 22-80](#), §§ 7-9, codified at [CGS § 10-212a](#)).

## **State Funding and Tax Exemptions**

### ***Opioid Antagonist Bulk Purchase Fund***

Legislation enacted in 2023 created an Opioid Antagonist Bulk Purchase Fund as a separate, nonlapsing General Fund account. Starting by January 1, 2024, DMHAS, in collaboration with DPH, must use the account's funds to provide opioid antagonists to municipalities, EMS organizations, and other eligible entities and for EMS personnel to provide this medication to certain members of the public, as described above.

The law allows the DMHAS commissioner, within available appropriations, to contract with a drug wholesaler or distributor to purchase and distribute opioid antagonists in bulk to eligible entities through the program ([PA 23-97](#), § 5).

### ***Sales and Use Tax Exemption for Nonprescription Opioid Antagonists***

In 2023, the legislature added nonprescription opioid antagonists to the list of nonprescription drugs that are exempt from the state sales and use tax. The FDA recently approved a four-milligram naloxone hydrochloride nasal spray for over-the-counter, nonprescription use ([PA 23-204](#), § 380).

### ***Use of Opioid Settlement Funds to Equip Police With Opioid Antagonists***

In 2022, the legislature created an Opioid Settlement Fund as a separate, non-lapsing fund administered by an Opioid Settlement Advisory Committee with assistance from DMHAS. The fund must contain moneys the state receives from opioid-related judgments, consent decrees, or settlements finalized on or after July 1, 2021. (Connecticut is part of a \$26 billion multistate opioid settlement agreement with several prescription drug manufacturers and is expected to receive approximately \$300 million over 18 years; the state will receive an additional \$95 million to fund an Opioid Survivors Fund resulting from a separate settlement agreement with Purdue Pharma and the Sackler family.)

Opioid Settlement Fund moneys must generally be used prospectively and only for specified substance use disorder abatement purposes. Legislation enacted in 2023 expands the purposes for which these moneys may be used to include providing funds to municipal police departments to equip officers with opioid antagonists. Priority for these funds must be given to departments that do not currently have a supply of them ([PA 23-204](#), § 184).

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