

2026 DMHAS Legislative Proposal #2: An Act Expanding Access to Opioid Overdose Reversal Medication

High Level Summary:

This proposal removes barriers to access for opioid antagonists by (1) updating education statutes to conform with changes in FDA designations and (2) clearly allowing distribution of over-the-counter (OTC) opioid antagonists by state agencies and other organizations, as well as exempting free distribution from the nonlegend drug permit requirement.

EXPANDING OVERDOSE REVERSAL DRUG ACCESS IN SCHOOLS

Sections 1 and 2 of this proposal make four main changes to education statutes relating to opioid antagonist administration:

1. remove outdated language that narrowly identifies who can administer opioid antagonists on school grounds;
2. expand immunity to those who can administer an opioid antagonist;
3. add DMHAS to the list of agencies advising on the guidelines for storage and administration of OTC opioid antagonists in schools used by local and regional boards of education; and
4. limit training requirements only to those who are using opioid antagonist delivery mechanisms not yet approved by the FDA to be OTC.

Key Facts:

- In 2023, the US FDA approved the first naloxone hydrochloride nasal spray for OTC, nonprescription use (in CT, we refer to these as nonlegend drugs). Previous to this approval, prescriptions were required to access this life-saving medication, and many statutes still reference “training” requirements or refer to clinician/pharmacist prescriptive authority. OTC status indicates that consumers can understand how to use the drug safely and effectively without the supervision of a health care professional or specialized training.
- DMHAS worked with the State Department of Education, Department of Public Health, and Department of Consumer Protection to review statutory language on the administration of opioid antagonists on school grounds. While conducting the review, it was determined that the language was outdated and limiting given that certain types of naloxone are now accessible over the counter.

EXPANDING OVERDOSE REVERSAL DRUG ACCESS IN COMMUNITIES

Section 3 updates the opioid antagonist Good Samaritan law by extending liability protections to those distributing OTC opioid antagonists and exempting free distribution from the nonlegend drug permit requirement.

Key Facts:

- In Connecticut, overdose deaths have declined for four consecutive years, yet continued efforts are needed.
- Opioid antagonists reverse active overdoses and are a cornerstone of harm reduction. DMHAS prioritizes broad access, supplying hospital emergency departments, treatment and recovery providers, municipalities, and harm reduction organizations.
- In 2025, DMHAS distributed nearly 80,000 kits, exceeding its saturation goal. Intranasal naloxone is also available OTC at most pharmacies and covered by Medicaid, though some individuals prefer to receive it from trusted sources. Additional distribution occurs through the Department of Correction, pharmacies, and municipal emergency response programs. DMHAS maintains an efficient system, purchasing opioid antagonists from a distributor who ships directly to requesting organizations.
- While this work has contributed to a significant, multi-year decrease in overdose fatalities, perceived legal or regulatory barriers to distribution and liability remain.
- By clarifying that OTC distribution is allowed for state agencies and organizations, and exempting free distribution from nonlegend drug permit requirements, the proposal removes friction points that slow or block expansion of opioid antagonist access. In doing so, it seeks to deepen saturation of opioid antagonists into underserved areas, ensure equity in distribution, and ultimately prevent avoidable overdose deaths.

Proposal Language:**Section 1. Subsection (c) of section 10-212a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):**

(c) The State Board of Education, in consultation with the Commissioner of Public Health, shall adopt regulations, in accordance with the provisions of chapter 54, determined to be necessary by the board to carry out the provisions of this section, including, but not limited to, regulations that (1) specify conditions under which a coach of intramural and interscholastic athletics may administer medicinal preparations, including controlled drugs specified in the regulations adopted by the commissioner, to a child participating in such intramural and interscholastic athletics, (2) specify conditions and procedures for the administration of medication by school personnel to students, including, but not limited to, (A) the conditions and procedures for the storage and administration of epinephrine by school personnel to students for the purpose of emergency first aid to students who experience allergic reactions and who do not have a prior written authorization for the administration of epinephrine, in accordance with the provisions of subdivision (2) of subsection (d) of this section, and (B) the conditions and procedures for the storage and administration of opioid antagonists by school personnel to students who experience an opioid-related drug overdose [and who do not have a prior written authorization for the administration of an opioid antagonist], in accordance with the provisions of subdivision (1) of subsection (g) of this section, and (3) specify conditions for the possession, self-administration or possession and self-administration of medication by students, including permitting a child diagnosed with: (A) Asthma to retain possession of an asthmatic inhaler at all times while attending school for prompt treatment of the child's asthma and to protect the child against serious harm or death provided a written authorization for self-administration of medication signed by the child's parent or guardian and an authorized prescriber is submitted to the school nurse; and (B) an allergic condition to retain possession of an automatic prefilled cartridge injector or similar automatic injectable equipment at all times, including while attending school or receiving school transportation services, for prompt treatment of the child's allergic condition and to protect the child against serious harm or death provided a written authorization for self-administration of medication signed by the child's parent or guardian and an authorized prescriber is submitted to the school nurse. The regulations shall require authorization pursuant to: (i) The written order of a physician licensed to practice medicine in this or another state, a dentist licensed to practice dental medicine in this or another state, an advanced practice registered nurse licensed under chapter 378, a physician assistant licensed under chapter 370, a podiatrist licensed under chapter 375, or an optometrist licensed under chapter 380; and (ii) the written authorization of a parent or guardian of such child.

Section 2. Subsection (g) of section 10-212a of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(g) (1) A school nurse or ~~[, in the absence of a school nurse,]~~ a qualified school employee may maintain opioid antagonists for the purpose of emergency first aid to students who experience an opioid-related drug overdose ~~[and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional]~~ for the administration of such opioid antagonist. A school nurse or a school principal shall select qualified school employees to administer such opioid antagonist under this subdivision, and there shall be at least one such qualified school employee on the grounds of the school during regular school hours in the absence of a school nurse. A school nurse or ~~[, in the absence of such school nurse,]~~ such qualified school employee may administer ~~[such]~~ [a legend](#) opioid antagonist under this subdivision, provided such administration of the [legend](#) opioid antagonist is in accordance with policies and procedures adopted pursuant to subsection (a) of this section. ~~[Such administration of an opioid antagonist by a qualified school employee shall be limited to situations when the school nurse is absent or unavailable.]~~ No school nurse or qualified school employee shall administer such [legend](#) opioid antagonist under this subdivision unless such school nurse or qualified school employee completes a training program in the distribution and administration of ~~[an]~~ [a legend](#) opioid antagonist developed [or approved](#) by the Department of Education, Department of Public Health, ~~[and the]~~ Department of Consumer Protection, [and Department of Mental Health and Addiction Services](#). ~~[or under an agreement entered into pursuant to section 21a-286. The parent or guardian of a student may submit a request, in writing, to the school nurse and school medical advisor, if any, that an opioid antagonist shall not be administered to such student under this subdivision.]~~ [Nothing in this section shall prevent such school nurse, qualified school employee or any person in a school setting from administering a nonlegend opioid antagonist to any person who experiences an opioid-related drug overdose. No individual administering a nonlegend opioid antagonist to any person shall be liable to such person or any parent, guardian, or family member of such person for civil damages for any personal injuries that result from acts or omissions arising from the administration of such nonlegend opioid antagonists pursuant to this section that may constitute ordinary negligence. This immunity does not apply to acts or omissions constituting gross, wilful or wanton negligence.](#)

(2) ~~[Not later than October 1, 2022, the]~~ [The](#) Department of Education, in consultation with the Departments of Consumer Protection, [Mental Health and Addiction Services](#) and Public Health, shall develop guidelines for use by local and regional boards of education on the storage and administration of [nonlegend](#) opioid antagonists in schools in accordance with the provisions of this subsection.

(3) For purposes of this subsection, (A) "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 a drug overdose, (B) ["legend drug" has the same meaning as in section 20-571 and \[\(B\)\] \(C\)](#) "qualified school employee" means a principal, teacher, certified staff, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or paraeducator, [\[, and \(C\) "qualified medical professional" means \(i\) a physician licensed under chapter 370, \(ii\) an optometrist licensed to practice optometry under chapter 380, \(iii\) an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or \(iv\) a physician assistant licensed to prescribe in accordance with section 20-12d.\]](#)

Section 3. Section 17a-714a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(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 prescribe or dispense an opioid antagonist to any individual to treat or prevent a drug overdose without being liable for damages in a civil action or subject to criminal prosecution for prescribing or dispensing such opioid antagonist or for any subsequent use of such opioid antagonist. A licensed health care professional who prescribes or dispenses an opioid antagonist in accordance with the provisions of this subsection shall be deemed not to have violated the standard of care for such licensed health care professional.

(c) A licensed health care professional may administer an opioid antagonist to any person to treat or prevent an opioid-related drug overdose. Such licensed health care professional who administers an opioid antagonist in accordance with the provisions of this subsection shall not be liable for damages in a civil action or subject to criminal prosecution for administration of such opioid antagonist and shall not be deemed to have violated the standard of care for such licensed health care professional.

[\(d\) Any person may provide a nonlegend opioid antagonist to any person for the purposes of treating or preventing an opioid-drug related overdose. Any person that distributes such a nonlegend opioid antagonist in accordance with the provisions of this subsection shall not be liable for payments or damages in a claim or civil action or subject to criminal prosecution for such distribution or use of such opioid antagonist. No person who solely distributes a nonlegend opioid antagonist to the public, without compensation or consideration, shall be required to obtain a permit to sell nonlegend drugs under section 20-624.](#)

~~[(d)]~~ (e) Any person who in good faith believes that another person is experiencing an opioid-related drug overdose may, if acting with reasonable care, administer an opioid antagonist to such other person. Any person, other than a licensed health care professional acting in the ordinary course of such person's employment, who administers an opioid antagonist in accordance with this subsection shall not be liable for damages in a civil action or subject to criminal prosecution with respect to the administration of such opioid antagonist.

~~[(e)]~~ (f) Not later than October 1, 2017, each municipality shall amend its local emergency medical services plan, as described in section 19a-181b, to ensure that at least one emergency medical services provider, as defined in the regulations of Connecticut state agencies pertaining to emergency medical services, who is likely to be the first person to arrive on the scene of a medical emergency in the municipality, including, but not limited to, emergency medical services personnel, as defined in section 20-206jj, or a resident state trooper, is equipped with an opioid antagonist and such person has received training, approved by the Commissioner of Public Health, in the administration of an opioid antagonist.

