



House of Representatives

General Assembly

File No. 541

February Session, 2026

Substitute House Bill No. 5515

House of Representatives, April 9, 2026

The Committee on Public Health reported through REP. MCCARTHY VAHEY of the 133rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' RECOMMENDATIONS REGARDING ACCESS TO OPIOID OVERDOSE REVERSAL MEDICATION.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsections (c) to (g), inclusive, of section 10-212a of the
2 2026 supplement to the general statutes are repealed and the following
3 is substituted in lieu thereof (*Effective July 1, 2026*):

4 (c) The State Board of Education, in consultation with the
5 Commissioner of Public Health, shall adopt regulations, in accordance
6 with the provisions of chapter 54, determined to be necessary by the
7 board to carry out the provisions of this section, including, but not
8 limited to, regulations that (1) specify conditions under which a coach
9 of intramural and interscholastic athletics may administer medicinal
10 preparations, including controlled drugs specified in the regulations
11 adopted by the commissioner, to a child participating in such intramural
12 and interscholastic athletics, (2) specify conditions and procedures for
13 the administration of medication by school personnel to students,
14 including, but not limited to, (A) the conditions and procedures for the

15 storage and administration of epinephrine by school personnel to
16 students for the purpose of emergency first aid to students who
17 experience allergic reactions and who do not have a prior written
18 authorization for the administration of epinephrine, in accordance with
19 the provisions of subdivision (2) of subsection (d) of this section, and (B)
20 the conditions and procedures for the storage and administration of
21 opioid antagonists by school personnel to students who experience an
22 opioid-related drug overdose, [and who do not have a prior written
23 authorization for the administration of an opioid antagonist,] in
24 accordance with the provisions of subdivision (1) of subsection (g) of
25 this section, and (3) specify conditions for the possession, self-
26 administration or possession and self-administration of medication by
27 students, including permitting a child diagnosed with: (A) Asthma to
28 retain possession of an asthmatic inhaler at all times while attending
29 school for prompt treatment of the child's asthma and to protect the
30 child against serious harm or death provided a written authorization for
31 self-administration of medication signed by the child's parent or
32 guardian and an authorized prescriber is submitted to the school nurse;
33 and (B) an allergic condition to retain possession of an automatic
34 prefilled cartridge injector or similar automatic injectable equipment at
35 all times, including while attending school or receiving school
36 transportation services, for prompt treatment of the child's allergic
37 condition and to protect the child against serious harm or death
38 provided a written authorization for self-administration of medication
39 signed by the child's parent or guardian and an authorized prescriber is
40 submitted to the school nurse. The regulations shall require
41 authorization pursuant to: (i) The written order of a physician licensed
42 to practice medicine in this or another state, a dentist licensed to practice
43 dental medicine in this or another state, an advanced practice registered
44 nurse licensed under chapter 378, a physician assistant licensed under
45 chapter 370, a podiatrist licensed under chapter 375, or an optometrist
46 licensed under chapter 380; and (ii) the written authorization of a parent
47 or guardian of such child.

48 (d) (1) (A) With the written authorization of a student's parent or
49 guardian, and (B) pursuant to the written order of a qualified medical

50 professional, a school nurse and a school medical advisor, if any, may
51 jointly approve and provide general supervision to an identified
52 paraeducator to administer medication, including, but not limited to,
53 medication administered with a cartridge injector, to a specific student
54 with a medically diagnosed allergic condition that may require prompt
55 treatment in order to protect the student against serious harm or death.
56 Each such paraeducator and any qualified school employee authorized
57 to administer epinephrine in the absence of a school nurse pursuant to
58 policies and procedures adopted by a board of education in accordance
59 with subdivision (2) of subsection (a) of this section shall annually
60 complete the training program described in section 10-212g.

61 (2) A school nurse or, in the absence of a school nurse, a qualified
62 school employee shall maintain epinephrine for the purpose of
63 emergency first aid to students who experience allergic reactions and do
64 not have a prior written authorization of a parent or guardian or a prior
65 written order of a qualified medical professional for the administration
66 of epinephrine. A school nurse or a school principal shall select qualified
67 school employees to administer such epinephrine under this
68 subdivision, and there shall be at least one such qualified school
69 employee on the grounds of the school during regular school hours in
70 the absence of a school nurse. A school nurse or, in the absence of such
71 school nurse, such qualified school employee may administer such
72 epinephrine under this subdivision, provided such administration of
73 epinephrine is in accordance with policies and procedures adopted
74 pursuant to subsection (a) of this section. Such administration of
75 epinephrine by a qualified school employee shall be limited to situations
76 when the school nurse is absent or unavailable. No qualified school
77 employee shall administer such epinephrine under this subdivision
78 unless such qualified school employee annually completes the training
79 program described in section 10-212g. The parent or guardian of a
80 student may submit, in writing, to the school nurse and school medical
81 advisor, if any, that epinephrine shall not be administered to such
82 student under this subdivision.

83 (3) In the case of a student with a medically diagnosed life-

84 threatening allergic condition, (A) with the written authorization of
85 such student's parent or guardian, and (B) pursuant to the written order
86 of a qualified medical professional, such student may possess, self-
87 administer or possess and self-administer medication, including, but
88 not limited to, medication administered with a cartridge injector, to
89 protect such student against serious harm or death.

90 (4) For purposes of this subsection, (A) "epinephrine" means an
91 automatic prefilled cartridge injector or similar automatic injectable
92 equipment, a nasal spray or any other medical equipment approved by
93 the United States Food and Drug Administration that is used to deliver
94 epinephrine in a standard dose for emergency first aid response to
95 allergic reactions, (B) "qualified school employee" means a principal,
96 teacher, licensed athletic trainer, licensed physical or occupational
97 therapist employed by a school district, coach or paraeducator, and (C)
98 "qualified medical professional" means (i) a physician licensed under
99 chapter 370, (ii) an optometrist licensed to practice optometry under
100 chapter 380, (iii) an advanced practice registered nurse licensed to
101 prescribe in accordance with section 20-94a, or (iv) a physician assistant
102 licensed to prescribe in accordance with section 20-12d.

103 (e) (1) With the written authorization of a student's parent or
104 guardian, and (2) pursuant to a written order of the student's physician
105 licensed under chapter 370 or the student's advanced practice registered
106 nurse licensed under chapter 378, a school nurse or a school principal
107 shall select, and a school nurse shall provide general supervision to, a
108 qualified school employee to administer medication with equipment
109 used to administer glucagon to a student with diabetes that may require
110 prompt treatment in order to protect the student against serious harm
111 or death. Such authorization shall be limited to situations when the
112 school nurse is absent or unavailable. No qualified school employee
113 shall administer medication under this subsection unless (A) such
114 qualified school employee annually completes any training required by
115 the school nurse and school medical advisor, if any, in the
116 administration of medication with equipment used to administer
117 glucagon, (B) the school nurse and school medical advisor, if any, have

118 attested, in writing, that such qualified school employee has completed
119 such training, and (C) such qualified school employee voluntarily
120 agrees to serve as a qualified school employee. For purposes of this
121 subsection, "equipment used to administer glucagon" means an injector
122 or injectable equipment, nasal spray or any other medical equipment
123 approved by the United States Food and Drug Administration that is
124 used to deliver glucagon in an appropriate dose for emergency first aid
125 response to diabetes. For purposes of this subsection, "qualified school
126 employee" means a principal, teacher, licensed athletic trainer, licensed
127 physical or occupational therapist employed by a school district, coach
128 or paraeducator.

129 (f) (1) (A) With the written authorization of a student's parent or
130 guardian, and (B) pursuant to the written order of a physician licensed
131 under chapter 370 or an advanced practice registered nurse licensed
132 under chapter 378, a school nurse and a school medical advisor, if any,
133 shall select, and a school nurse shall provide general supervision to, a
134 qualified school employee to administer antiepileptic medication,
135 including by rectal syringe, to a specific student with a medically
136 diagnosed epileptic condition that requires prompt treatment in
137 accordance with the student's individual seizure action plan. Such
138 authorization shall be limited to situations when the school nurse is
139 absent or unavailable. No qualified school employee shall administer
140 medication under this subsection unless (i) such qualified school
141 employee annually completes the training program described in
142 subdivision (2) of this subsection, (ii) the school nurse and school
143 medical advisor, if any, have attested, in writing, that such qualified
144 school employee has completed such training, (iii) such qualified school
145 employee receives monthly reviews by the school nurse to confirm such
146 qualified school employee's competency to administer antiepileptic
147 medication under this subsection, and (iv) such qualified school
148 employee voluntarily agrees to serve as a qualified school employee. For
149 purposes of this subsection, "qualified school employee" means a
150 principal, teacher, licensed athletic trainer, licensed physical or
151 occupational therapist employed by a school district, coach or
152 paraeducator.

153 (2) The Department of Education, in consultation with the School
154 Nurse Advisory Council, established pursuant to section 10-212f, and
155 the Association of School Nurses of Connecticut, shall develop an
156 antiepileptic medication administrating training program. Such training
157 program shall include instruction in (A) an overview of childhood
158 epilepsy and types of seizure disorders, (B) interpretation of individual
159 student's emergency seizure action plan and recognition of individual
160 student's seizure activity, (C) emergency management procedures for
161 seizure activity, including administration techniques for emergency
162 seizure medication, (D) when to activate emergency medical services
163 and postseizure procedures and follow-up, (E) reporting procedures
164 after a student has required such delegated emergency seizure
165 medication, and (F) any other relevant issues or topics related to
166 emergency interventions for students who experience seizures.

167 (g) (1) A school nurse or [, in the absence of a school nurse,] a qualified
168 school employee may maintain opioid antagonists for the purpose of
169 [emergency first aid] administering an opioid antagonist to [students] a
170 student who [experience] experiences an opioid-related drug overdose.
171 [and do not have a prior written authorization of a parent or guardian
172 or a prior written order of a qualified medical professional for the
173 administration of such opioid antagonist.] A school nurse or a school
174 principal shall select qualified school employees to administer such
175 opioid antagonist under this subdivision, and there shall be at least one
176 such qualified school employee on the grounds of the school during
177 regular school hours in the absence of a school nurse. A school nurse or
178 [, in the absence of such school nurse, such] qualified school employee
179 may administer [such] a legend opioid antagonist under this
180 subdivision, provided such administration of the legend opioid
181 antagonist is in accordance with policies and procedures adopted
182 pursuant to subsection (a) of this section. [Such administration of an
183 opioid antagonist by a qualified school employee shall be limited to
184 situations when the school nurse is absent or unavailable.] No school
185 nurse or qualified school employee shall administer [such] a legend
186 opioid antagonist under this subdivision unless such school nurse or
187 qualified school employee completes a training program in the

188 distribution and administration of [an] a legend opioid antagonist
189 developed or approved by the [Department of Education, Department
190 of Public Health and the Department of Consumer Protection]
191 Departments of Education, Public Health, Consumer Protection and
192 Mental Health and Addiction Services, or under an agreement entered
193 into pursuant to section 21a-286. [The parent or guardian of a student
194 may submit a request, in writing, to the school nurse and school medical
195 advisor, if any, that an opioid antagonist shall not be administered to
196 such student under this subdivision] The provisions of this subsection
197 shall not be construed to prevent a school nurse, qualified school
198 employee or any other person in a school setting from administering a
199 nonlegend opioid antagonist to any person at a school who experiences
200 an opioid-related drug overdose. Any person who administers a
201 nonlegend opioid antagonist to any person at a school shall not be liable
202 to such person or such person's parents, guardians or family members
203 for civil damages for any personal injuries that result from acts or
204 omissions arising from the administration of a nonlegend opioid
205 antagonist pursuant to the provisions of this subsection that may
206 constitute ordinary negligence. This immunity shall not apply to acts or
207 omissions constituting gross, wilful or wanton negligence.

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

214 (3) For purposes of this subsection, (A) "legend opioid antagonist"
215 means an opioid antagonist that is required by any applicable federal or
216 state law to be dispensed pursuant only to a prescription or is restricted
217 to use by prescribing practitioners only, or means an opioid antagonist
218 that, under federal law, is required to bear either of the following
219 legends: (i) "RX ONLY IN ACCORDANCE WITH GUIDELINES
220 ESTABLISHED IN THE FEDERAL FOOD, DRUG AND COSMETIC
221 ACT"; or (ii) "CAUTION: FEDERAL LAW RESTRICTS THIS DRUG

222 FOR USE BY OR ON THE ORDER OF A LICENSED VETERINARIAN",
223 (B) "opioid antagonist" means naloxone hydrochloride or any other
224 similarly acting and equally safe drug approved by the federal Food and
225 Drug Administration for the treatment of a drug overdose, [(B)] and (C)
226 "qualified school employee" means a principal, teacher, licensed athletic
227 trainer, licensed physical or occupational therapist employed by a
228 school district, coach or paraeducator,] and (C) "qualified medical
229 professional" means (i) a physician licensed under chapter 370, (ii) an
230 optometrist licensed to practice optometry under chapter 380, (iii) an
231 advanced practice registered nurse licensed to prescribe in accordance
232 with section 20-94a, or (iv) a physician assistant licensed to prescribe in
233 accordance with section 20-12d.]

234 Sec. 2. Section 17a-714a of the general statutes is repealed and the
235 following is substituted in lieu thereof (*Effective from passage*):

236 (a) For purposes of this section, "opioid antagonist" means naloxone
237 hydrochloride or any other similarly acting and equally safe drug
238 approved by the federal Food and Drug Administration for the
239 treatment of drug overdose.

240 (b) A licensed health care professional who is permitted by law to
241 prescribe an opioid antagonist may prescribe or dispense an opioid
242 antagonist to any individual to treat or prevent a drug overdose without
243 being liable for damages in a civil action or subject to criminal
244 prosecution for prescribing or dispensing such opioid antagonist or for
245 any subsequent use of such opioid antagonist. A licensed health care
246 professional who prescribes or dispenses an opioid antagonist in
247 accordance with the provisions of this subsection shall be deemed not
248 to have violated the standard of care for such licensed health care
249 professional.

250 (c) A licensed health care professional may administer an opioid
251 antagonist to any person to treat or prevent an opioid-related drug
252 overdose. Such licensed health care professional who administers an
253 opioid antagonist in accordance with the provisions of this subsection
254 shall not be liable for damages in a civil action or subject to criminal

255 prosecution for administration of such opioid antagonist and shall not
256 be deemed to have violated the standard of care for such licensed health
257 care professional.

258 (d) (1) Any person may provide a nonlegend opioid antagonist to any
259 person for the purposes of treating or preventing an opioid-related drug
260 overdose. Any person that distributes such a nonlegend opioid
261 antagonist in accordance with the provisions of this subsection shall not
262 be liable for payments or damages in a claim or civil action or subject to
263 criminal prosecution for such distribution or use of such nonlegend
264 opioid antagonist.

265 (2) Any person who solely distributes a nonlegend opioid antagonist
266 to the public, without compensation or consideration, shall not be
267 required to obtain a permit pursuant to the provisions of section 20-624.

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

276 ~~[(e)]~~ (f) Not later than October 1, 2017, each municipality shall amend
277 its local emergency medical services plan, as described in section 19a-
278 181b, to ensure that at least one emergency medical services provider,
279 as defined in the regulations of Connecticut state agencies pertaining to
280 emergency medical services, who is likely to be the first person to arrive
281 on the scene of a medical emergency in the municipality, including, but
282 not limited to, emergency medical services personnel, as defined in
283 section 20-206jj, or a resident state trooper, is equipped with an opioid
284 antagonist and such person has received training, approved by the
285 Commissioner of Public Health, in the administration of an opioid
286 antagonist.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>July 1, 2026</i>	10-212a(c) to (g)
Sec. 2	<i>from passage</i>	17a-714a

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 26 \$	FY 27 \$
Resources of the General Fund	GF - Potential Revenue Loss	See Below	See Below

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill makes changes to opioid antagonist administration in schools and by school personnel, as well as by the general public, resulting in a potential revenue loss to the General Fund as described below.

Section 2 removes the permitting requirement from certain distributors of nonlegend drugs resulting in a potential revenue loss to the General Fund beginning in FY 26 to the extent fewer nonlegend drug permits are applied for.¹ In FY 25 there were over 2,000 application and renewal requests for a nonlegend drug permit.

The bill makes additional changes that have no fiscal impact as they are clarifying and procedural in nature.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to the number of permits applied for.

¹The application fee for a nonlegend drug permit is \$140 and the renewal fee is \$100.

OLR Bill Analysis**sHB 5515*****AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' RECOMMENDATIONS REGARDING ACCESS TO OPIOID OVERDOSE REVERSAL MEDICATION.*****SUMMARY**

This bill expands the instances an opioid antagonist (used to treat opioid overdose, such as Narcan) may be administered to students in public schools. It updates education statutes on administering opioid antagonists to reflect federal Food and Drug Administration changes to these medications' designation. Prior to 2023, all opioid antagonists were legend drugs, meaning a prescription was required to access them, but this bill makes changes to reflect the recent availability of a non-legend (over-the-counter) version. (The non-legend version is a nasal spray whereas legend versions are typically administered by injection.)

The bill also more broadly allows any person to give someone a non-legend opioid antagonist to treat or prevent an opioid drug overdose, including in a school, and gives them immunity from civil and criminal liability for doing so. The bill exempts anyone who distributes these medications for free from needing a non-legend drug permit to do so. Existing law already generally immunizes anyone who in good faith believes that another person is experiencing an opioid-related drug overdose and administers an opioid antagonist to the other person.

Lastly, the bill makes minor and technical changes.

EFFECTIVE DATE: July 1, 2026, except the provision on the general non-legend opioid antagonist immunity is effective upon passage.

OPIOID ANTAGONIST IN SCHOOLS

Under current law, only school nurses, or, in their absence, a qualified school employee who has completed a training program, may administer an opioid antagonist to students who do not have prior

written authorization from a parent, guardian, or qualified medical professional.

Non-legend

The bill allows any person to administer a non-legend opioid antagonist to a student experiencing an opioid drug overdose. It gives a person who administers a non-legend opioid antagonist immunity from civil liability for any injuries that may result from actions that are considered ordinary negligence. However, this immunity does not apply to acts or omissions that constitute gross, willful, or wanton negligence.

Under current law, the Department of Education (SDE) must consult with the Public Health (DPH) and Consumer Protection (DCP) departments to develop guidelines on storing and administering opioid antagonists in schools. The bill also requires SDE to consult the Department of Mental Health and Addiction Services (DMHAS) and limits these guidelines to non-legend opioid antagonists.

Legend

The bill generally extends current law’s requirements to the administration of legend opioid antagonists, while expanding the circumstances in which they may be administered. It allows a qualified school employee to administer the medication to a student experiencing an opioid drug overdose at any time, regardless of any prior approvals. It also removes the option for a student’s parent or guardian to request that the student not be given an opioid antagonist.

Under current law, the training program nurses and qualified employees must complete is one developed by SDE, DPH, and DCP. The bill instead allows the program to be approved or developed by these departments, along with DMHAS.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 32 Nay 0 (03/23/2026)