

Public Health Committee JOINT FAVORABLE REPORT

Bill No: HB-5515 / [Bill Status](#) / [Public Hearing Testimony](#)

AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' RECOMMENDATIONS REGARDING ACCESS TO

Title: OPIOID OVERDOSE REVERSAL MEDICATION.

Vote Date: 3/23/2026

Vote Action: Joint Favorable Substitute

PH Date: 3/13/2026

File No.: 541

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SPONSORS OF BILL:

The Public Health Committee.

REASONS FOR BILL:

Opioid use and overdose can impact any age group or setting. Connecticut has experienced numerous opioid-related incidents among minors. The intent of this bill is to authorize school nurses and qualified school employees to maintain and administer legend opioid antagonists, such as naloxone, to students experiencing an opioid overdose. "Legend opioid antagonist" is a medication that, by federal law, requires a prescription from a licensed healthcare professional. Qualified school employees must be selected by the school nurse or principal and be present during school hours and only in the absence of the school nurse. To administer legend opioid antagonists, school nurses and qualified school employees must complete a training program on the distribution and administration of legend opioid antagonists. Among other things, this bill allows any person to administer an over the counter (OTC) opioid antagonist to someone to treat or prevent opioid drug overdose, including in school settings. Additionally, this bill grants immunity from civil and criminal liability for doing so. This bill also exempts free distribution of OTC legends from the non-legend drug permit requirement.

SUBSTITUTE LANGUAGE (IF APPLICABLE):

The substitute language makes minor technical changes such as adding the Department of Mental Health and Addiction Services (DMHAS) to the list of agencies that may develop or approve training for school employees on distributing and administering legend opioid antagonists.

RESPONSE FROM ADMINISTRATION/AGENCY:

Nancy Navaretta, Commissioner, Department of Mental Health and Addiction Services (DMHAS):

In 2023, the FDA approved the first over-the-counter naloxone nasal spray, eliminating the need for a prescription. As a result, outdated state laws referencing prescriptive authority and mandatory training especially in school settings were reviewed and revised to reflect this expanded access. Although Connecticut has seen four consecutive years of declining overdose deaths, continued efforts to address this issue remain essential, with DMHAS distributing nearly 80,000 naloxone kits in 2025. To further reduce barriers, proposed updates clarify that OTC naloxone can be distributed freely by agencies without special permits, aiming to expand access, particularly in underserved communities, and prevent avoidable overdose deaths.

Charlene M. Russell-Tucker, Commissioner, Department of Education (CSDE):

Ms. Russell-Tucker, on behalf of the Department, requested that the phrase “or under an agreement entered into pursuant to section 21a-286” be inserted after “Services” in line 196. This section of the general statutes allows a prescribing practitioner, or a pharmacist to establish an agreement with a host agency, such as a school district, for the distribution and administration of an opioid antagonist. These agreements require that individuals responsible for distributing and administering the medication receive appropriate training in accordance with the agreement’s terms. CSDE collaborated with the Department of Mental Health and Addiction Services (DMHAS), the Department of Consumer Protection (DCP) and the Department of Public Health (DPH) to develop these recommendations. Overall, the Department supports this proposal.

NATURE AND SOURCES OF SUPPORT:

Thomas Burr, Public Policy Manager, National Alliance on Mental Illness (NAMI):

Mr. Burr wrote that NAMI Connecticut agrees that the state statute language needs to be updated regarding opioid antagonists. This bill supports (1) administration on school grounds, (2) immunity from lawsuits against those who administer these medications, (3) adding DHMAS to the list of state agencies who provide guidance on the safe storage and handling of these medications, and (4) only require training for the people who may administer legend opioid antagonists which are not available over the counter.

Carson Ferrera, Liberation Programs:

Mr. Ferrera expressed that time is crucial in the event of an overdose, and this bill expands immunity to individuals who administer legend opioid antagonists such as naloxone. Furthermore, he appreciates the mandatory administration training for school nurses and qualified employees this bill requires. According to Mr. Ferrera, these trainings are relatively quick, requiring an average of 15 minutes or less.

Melanie Wilde-Lane, Executive Director, CT Association of School-Based Health Centers:

Ms. Wilde-Lane wrote that this bill directly supports the goals and work of school-based health centers (SBHC). SBHC provide frontline healthcare and support services to thousands of Connecticut students. Ms. Wilde-Lane lists the following reasons as to why this bill should be passed:

1. Opioid use and overdose are a prevalent issue for adolescents and young adults.
2. Opioid antagonists like naloxone are most effective when administered in a timely manner.

Trainings and support for qualified employees will build a safer school environment.

Jennifer Jacobsen, Board of Education Member:

Ms. Jacobsen expressed this proposal will save lives by removing barriers and reducing the time to administer an opioid antagonist in the event of an overdose. Additionally, expanding the “good Samaritan rule” to include school grounds will further contribute to saving lives.

Quinn Meehan, Universal Healthcare Foundation of Connecticut:

Ms. Meehan wrote that opioid overdose is a time-sensitive medical emergency, and rapid access to overdose reversal medication such as naloxone is crucial. Naloxone can reverse an overdose and prevent death and long-term medical complications when administered quickly. It is important to note that naloxone does not pose health risks if given to someone who is not experiencing an overdose. Connecticut schools, workplaces, and community spaces already maintain emergency medical supplies to respond to health crises. Naloxone should be treated no differently. Training staff to respond quickly to an overdose emergency helps protect students, staff, families, and community members. The bill also removes potential regulatory barriers to community distribution of over-the-counter antagonists such as naloxone. This change allows community organizations and outreach programs to expand overdose prevention efforts. “The more widely it is carried in our communities, the more lives we will save,” (Meehan, 2026).

NATURE AND SOURCES OF OPPOSITION:

None expressed.

Reported by: Abbygail Shaw

Date: March 25, 2026