



General Assembly

February Session, 2026

**Raised Bill No. 5515**

LCO No. 2728



Referred to Committee on PUBLIC HEALTH

Introduced by:  
(PH)

**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2 2026 supplement to the general statutes are repealed and the following  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, or under  
191 an agreement entered into pursuant to section 21a-286. The parent or  
192 guardian of a student may submit a request, in writing, to the school  
193 nurse and school medical advisor, if any, that an opioid antagonist shall  
194 not be administered to such student under this subdivision]  
195 Departments of Education, Public Health, Consumer Protection and  
196 Mental Health and Addiction Services. 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

**Statement of Purpose:**

To remove barriers to access opioid antagonists.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*