

HOUSE BILL NO. 732

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the House Committee on Education

on _____)

(Patron Prior to Substitute--Delegate Sewell)

A BILL to amend and reenact § 54.1-3408 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 22.1-274.4:1, relating to public elementary and secondary schools; policies and requirements relating to opioid antagonists.

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-3408 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding a section numbered 22.1-274.4:1 as follows:

§ 22.1-274.4:1. Opioid antagonist procurement, placement, storage, and maintenance; staff and faculty training, possession, and administration; policies and requirements.

A. Each school board shall develop a plan, in accordance with subsection X of § 54.1-3408 and guidelines developed by the Department of Education in collaboration with the Department of Health, for the procurement, placement, storage, and maintenance of a supply of opioid antagonists for the purposes of opioid overdose reversal in every public elementary and secondary school. Each school board shall develop policies and procedures for ensuring each public elementary and secondary school maintains at all times a supply of opioid antagonists in an amount equivalent to at least two unexpired doses, including:

1. Policies requiring each such elementary and secondary school to inspect any such opioid antagonist supply at least annually and maintain a record of the date of inspection, the expiration date on each dose, and, in the event that a dose of such opioid antagonist is administered for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose, the date of such administration;

2. Procedures for requesting a replacement dose of an opioid antagonist any time a dose has expired, is administered for overdose reversal, or is otherwise rendered unusable; and

27 3. Policies relating to the proper and safe storage of such supply of opioid antagonists in each such
28 elementary and secondary school.

29 B. Each school board shall, in accordance with the guidelines and policies developed by the
30 Department of Education in collaboration with the Department of Health, place a supply of opioid
31 antagonists in an amount equivalent to at least two unexpired doses in every public elementary and
32 secondary school in the school division. Each school board shall provide to each public elementary and
33 secondary school additional opioid antagonist doses as necessary to ensure that each such elementary and
34 secondary school at all times possesses in its supply of opioid antagonists at least two unexpired doses of
35 an opioid antagonist.

36 C. Each school board shall adopt and implement policies, in accordance with the provisions of
37 subsection X of § 54.1-3408, for each public elementary and secondary school relating to the possession
38 and administration of an opioid antagonist to any student, faculty, or staff member who is believed to be
39 experiencing or about to experience a life-threatening opioid overdose by any school nurse or employee
40 who is authorized by a prescriber and trained in the administration of an opioid antagonist for opioid
41 overdose reversal. Such policies shall require each public elementary and secondary school to ensure that
42 at least one school nurse or other school board employee at such school (i) is trained in the administration
43 of an opioid antagonist and (ii) has the means to access at all times during regular school hours any opioid
44 antagonist supply that is stored in a locked or otherwise generally inaccessible container or area.

45 D. Each school board shall, in adopting and implementing the policies set forth in subsections B
46 and C, utilize to the fullest extent possible programs offered by the Department of Health relating to
47 training in the administration of opioid antagonists and the procurement of doses of opioid antagonists.

48 E. Any employee of any public elementary or secondary school who in good faith administers an
49 opioid antagonist for opioid overdose reversal to any individual who is believed to be experiencing or
50 about to experience a life-threatening opioid overdose, regardless of whether such employee was trained
51 in administration of an opioid antagonist pursuant to subsection C, shall be immune from any disciplinary
52 action or civil or criminal liability for any act or omission made in connection with the administration of

53 an opioid antagonist in such incident, unless such act or omission was the result of gross negligence or
54 willful misconduct.

55 F. Each public elementary and secondary school shall implement the policies adopted by the
56 respective school board pursuant to subsection C and shall adopt policies in accordance with the provisions
57 of subsections D and E.

58 **§ 54.1-3408. Professional use by practitioners.**

59 A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine, a licensed
60 advanced practice registered nurse pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to §
61 54.1-2957.04, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist
62 pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 shall only prescribe, dispense, or administer
63 controlled substances in good faith for medicinal or therapeutic purposes within the course of his
64 professional practice. A licensed midwife pursuant to § 54.1-2957.7 shall only obtain, possess, and
65 administer controlled substances in good faith for medicinal or therapeutic purposes within the course of
66 his professional practice.

67 B. The prescribing practitioner's order may be on a written prescription or pursuant to an oral
68 prescription as authorized by this chapter. The prescriber may administer drugs and devices, or he may
69 cause drugs or devices to be administered by:

- 70 1. A nurse, physician assistant, or intern under his direction and supervision;
- 71 2. Persons trained to administer drugs and devices to patients in state-owned or state-operated
72 hospitals or facilities licensed as hospitals by the Board of Health or psychiatric hospitals licensed by the
73 Department of Behavioral Health and Developmental Services who administer drugs under the control
74 and supervision of the prescriber or a pharmacist;
- 75 3. Emergency medical services personnel certified and authorized to administer drugs and devices
76 pursuant to regulations of the Board of Health who act within the scope of such certification and pursuant
77 to an oral or written order or standing protocol;
- 78 4. Persons who are employed or engaged at a medical care facility, as defined in § 32.1-3, who
79 have a valid emergency medical services provider certification issued by the Board of Health as a

80 requirement of being employed or engaged at the medical care facility within the scope of such
81 certification, pursuant to an oral or written order or standing protocol to administer drugs and devices at
82 the medical care facility; or

83 5. A licensed respiratory therapist as defined in § 54.1-2954 who administers by inhalation
84 controlled substances used in inhalation or respiratory therapy.

85 C. Pursuant to an oral or written order or standing protocol, the prescriber, who is authorized by
86 state or federal law to possess and administer radiopharmaceuticals in the scope of his practice, may
87 authorize a nuclear medicine technologist to administer, under his supervision, radiopharmaceuticals used
88 in the diagnosis or treatment of disease.

89 D. Pursuant to an oral or written order or standing protocol issued by the prescriber within the
90 course of his professional practice, such prescriber may authorize registered nurses and licensed practical
91 nurses to possess (i) epinephrine and oxygen for administration in treatment of emergency medical
92 conditions and (ii) heparin and sterile normal saline to use for the maintenance of intravenous access lines.

93 Pursuant to the regulations of the Board of Health, certain emergency medical services technicians
94 may possess and administer epinephrine in emergency cases of anaphylactic shock.

95 Pursuant to an order or standing protocol issued by the prescriber within the course of his
96 professional practice, any school nurse, school board employee, employee of a local governing body, or
97 employee of a local health department who is authorized by a prescriber and trained in the administration
98 of epinephrine may possess and administer epinephrine.

99 Pursuant to an order or standing protocol that shall be issued by the local health director within the
100 course of his professional practice, any school nurse, licensed athletic trainer under contract with a local
101 school division, school board employee, employee of a local governing body, or employee of a local health
102 department who is authorized by the local health director and trained in the administration of albuterol
103 inhalers and valved holding chambers or nebulized albuterol may possess or administer an albuterol
104 inhaler and a valved holding chamber or nebulized albuterol to a student diagnosed with a condition
105 requiring an albuterol inhaler or nebulized albuterol when the student is believed to be experiencing or
106 about to experience an asthmatic crisis.

107 Pursuant to an order or a standing protocol issued by the prescriber within the course of his
108 professional practice, any employee of a school for students with disabilities, as defined in § 22.1-319 and
109 licensed by the Board of Education, or any employee of a private school that is accredited pursuant to §
110 22.1-19 as administered by the Virginia Council for Private Education who is authorized by a prescriber
111 and trained in the administration of (a) epinephrine may possess and administer epinephrine and (b)
112 albuterol inhalers or nebulized albuterol may possess or administer an albuterol inhaler or nebulized
113 albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol
114 when the student is believed to be experiencing or about to experience an asthmatic crisis.

115 Pursuant to an order or a standing protocol issued by the prescriber within the course of his
116 professional practice, any nurse at an early childhood care and education entity, employee at the entity, or
117 employee of a local health department who is authorized by a prescriber and trained in the administration
118 of epinephrine may possess and administer epinephrine.

119 Pursuant to an order or a standing protocol issued by the prescriber within the course of his
120 professional practice, any employee of a public institution of higher education or a private institution of
121 higher education who is authorized by a prescriber and trained in the administration of epinephrine may
122 possess and administer epinephrine.

123 Pursuant to an order or a standing protocol issued by the prescriber within the course of his
124 professional practice, any employee of an organization providing outdoor educational experiences or
125 programs for youth who is authorized by a prescriber and trained in the administration of epinephrine may
126 possess and administer epinephrine.

127 Pursuant to an order or a standing protocol issued by the prescriber within the course of his
128 professional practice, and in accordance with policies and guidelines established by the Department of
129 Health, such prescriber may authorize any employee of a restaurant licensed pursuant to Chapter 3 (§
130 35.1-18 et seq.) of Title 35.1 to possess and administer epinephrine on the premises of the restaurant at
131 which the employee is employed, provided that such person is trained in the administration of epinephrine.

132 Pursuant to an order issued by the prescriber within the course of his professional practice, an
133 employee of a provider licensed by the Department of Behavioral Health and Developmental Services or

134 a person providing services pursuant to a contract with a provider licensed by the Department of
135 Behavioral Health and Developmental Services may possess and administer epinephrine, provided such
136 person is authorized and trained in the administration of epinephrine.

137 Pursuant to an order or standing protocol issued by the prescriber within the course of his
138 professional practice, any employee of a public place, as defined in § 15.2-2820, who is authorized by a
139 prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

140 Pursuant to an oral or written order or standing protocol issued by the prescriber within the course
141 of his professional practice, such prescriber may authorize pharmacists to possess epinephrine and oxygen
142 for administration in treatment of emergency medical conditions.

143 E. Pursuant to an oral or written order or standing protocol issued by the prescriber within the
144 course of his professional practice, such prescriber may authorize licensed physical therapists to possess
145 and administer topical corticosteroids, topical lidocaine, and any other Schedule VI topical drug.

146 F. Pursuant to an oral or written order or standing protocol issued by the prescriber within the
147 course of his professional practice, such prescriber may authorize licensed athletic trainers to possess and
148 administer topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs; oxygen and IV
149 saline for use in emergency situations; subcutaneous lidocaine for wound closure; epinephrine for use in
150 emergency cases of anaphylactic shock; and naloxone or other opioid antagonist for overdose reversal.

151 G. Pursuant to an oral or written order or standing protocol issued by the prescriber within the
152 course of his professional practice, and in accordance with policies and guidelines established by the
153 Department of Health pursuant to § 32.1-50.2, such prescriber may authorize registered nurses or licensed
154 practical nurses under the supervision of a registered nurse to possess and administer tuberculin purified
155 protein derivative (PPD) in the absence of a prescriber. The Department of Health's policies and guidelines
156 shall be consistent with applicable guidelines developed by the Centers for Disease Control and Prevention
157 for preventing transmission of mycobacterium tuberculosis and shall be updated to incorporate any
158 subsequently implemented standards of the Occupational Safety and Health Administration and the
159 Department of Labor and Industry to the extent that they are inconsistent with the Department of Health's
160 policies and guidelines. Such standing protocols shall explicitly describe the categories of persons to

161 whom the tuberculin test is to be administered and shall provide for appropriate medical evaluation of
162 those in whom the test is positive. The prescriber shall ensure that the nurse implementing such standing
163 protocols has received adequate training in the practice and principles underlying tuberculin screening.

164 The Health Commissioner or his designee may authorize registered nurses, acting as agents of the
165 Department of Health, to possess and administer, at the nurse's discretion, tuberculin purified protein
166 derivative (PPD) to those persons in whom tuberculin skin testing is indicated based on protocols and
167 policies established by the Department of Health.

168 H. Pursuant to a written order or standing protocol issued by the prescriber within the course of
169 his professional practice, such prescriber may authorize, with the consent of the parents as defined in §
170 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-
171 319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as
172 administered by the Virginia Council for Private Education who is trained in the administration of insulin
173 and glucagon to assist with the administration of insulin or administer glucagon to a student diagnosed as
174 having diabetes and who requires insulin injections during the school day or for whom glucagon has been
175 prescribed for the emergency treatment of hypoglycemia. Such authorization shall only be effective when
176 a licensed nurse, an advanced practice registered nurse, a physician, or a physician assistant is not present
177 to perform the administration of the medication.

178 Pursuant to a written order or standing protocol issued by the prescriber within the course of his
179 professional practice, such prescriber may authorize an employee of a public institution of higher
180 education or a private institution of higher education who is trained in the administration of insulin and
181 glucagon to assist with the administration of insulin or administration of glucagon to a student diagnosed
182 as having diabetes and who requires insulin injections or for whom glucagon has been prescribed for the
183 emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse,
184 an advanced practice registered nurse, a physician, or a physician assistant is not present to perform the
185 administration of the medication.

186 Pursuant to a written order issued by the prescriber within the course of his professional practice,
187 such prescriber may authorize an employee of a provider licensed by the Department of Behavioral Health

188 and Developmental Services or a person providing services pursuant to a contract with a provider licensed
189 by the Department of Behavioral Health and Developmental Services to assist with the administration of
190 insulin or to administer glucagon to a person diagnosed as having diabetes and who requires insulin
191 injections or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia,
192 provided such employee or person providing services has been trained in the administration of insulin and
193 glucagon.

194 I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the
195 administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is
196 not physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses
197 under the supervision of a registered nurse. A prescriber acting on behalf of and in accordance with
198 established protocols of the Department of Health may authorize the administration of vaccines to any
199 person by a pharmacist, nurse, or designated emergency medical services provider who holds an advanced
200 life support certificate issued by the Commissioner of Health under the direction of an operational medical
201 director when the prescriber is not physically present. The emergency medical services provider shall
202 provide documentation of the vaccines to be recorded in the Virginia Immunization Information System.

203 J. A dentist may cause Schedule VI topical drugs to be administered under his direction and
204 supervision by either a dental hygienist or by an authorized agent of the dentist.

205 Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist
206 in the course of his professional practice, a dentist may authorize a dental hygienist under his general
207 supervision, as defined in § 54.1-2722, or his remote supervision, as defined in subsection E or F of §
208 54.1-2722, to possess and administer topical oral fluorides, topical oral anesthetics, topical and directly
209 applied antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI topical
210 drug approved by the Board of Dentistry.

211 In addition, a dentist may authorize a dental hygienist under his direction to administer Schedule
212 VI nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI
213 local anesthesia.

214 K. Pursuant to an oral or written order or standing protocol issued by the prescriber within the
215 course of his professional practice, such prescriber may authorize registered professional nurses certified
216 as sexual assault nurse examiners-A (SANE-A) under his supervision and when he is not physically
217 present to possess and administer preventive medications for victims of sexual assault as recommended
218 by the Centers for Disease Control and Prevention.

219 L. This section shall not prevent the administration of drugs by a person who has satisfactorily
220 completed a training program for this purpose approved by the Board of Nursing and who administers
221 such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of
222 administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to
223 security and record keeping, when the drugs administered would be normally self-administered by (i) an
224 individual receiving services in a program licensed by the Department of Behavioral Health and
225 Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision
226 Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the
227 placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program
228 participant of an adult day-care center licensed by the Department of Social Services; (v) a resident of any
229 facility authorized or operated by a state or local government whose primary purpose is not to provide
230 health care services; (vi) a resident of a private children's residential facility, as defined in § 63.2-100 and
231 licensed by the Department of Social Services, Department of Education, or Department of Behavioral
232 Health and Developmental Services; or (vii) a student in a school for students with disabilities, as defined
233 in § 22.1-319 and licensed by the Board of Education.

234 In addition, this section shall not prevent a person who has successfully completed a training
235 program for the administration of drugs via percutaneous gastrostomy tube approved by the Board of
236 Nursing and been evaluated by a registered nurse as having demonstrated competency in administration
237 of drugs via percutaneous gastrostomy tube from administering drugs to a person receiving services from
238 a program licensed by the Department of Behavioral Health and Developmental Services to such person
239 via percutaneous gastrostomy tube. The continued competency of a person to administer drugs via
240 percutaneous gastrostomy tube shall be evaluated semiannually by a registered nurse.

241 M. Medication aides registered by the Board of Nursing pursuant to Article 7 (§ 54.1-3041 et seq.)
242 of Chapter 30 may administer drugs that would otherwise be self-administered to residents of any assisted
243 living facility licensed by the Department of Social Services. A registered medication aide shall administer
244 drugs pursuant to this section in accordance with the prescriber's instructions pertaining to dosage,
245 frequency, and manner of administration; in accordance with regulations promulgated by the Board of
246 Pharmacy relating to security and recordkeeping; in accordance with the assisted living facility's
247 Medication Management Plan; and in accordance with such other regulations governing their practice
248 promulgated by the Board of Nursing.

249 N. In addition, this section shall not prevent the administration of drugs by a person who
250 administers such drugs in accordance with a physician's instructions pertaining to dosage, frequency, and
251 manner of administration and with written authorization of a parent, and in accordance with school board
252 regulations relating to training, security and record keeping, when the drugs administered would be
253 normally self-administered by a student of a Virginia public school. Training for such persons shall be
254 accomplished through a program approved by the local school boards, in consultation with the local
255 departments of health.

256 O. In addition, this section shall not prevent the administration of drugs by a person to (i) a child
257 in a child day program as defined in § 22.1-289.02 and regulated by the Board of Education or a local
258 government pursuant to § 15.2-914, or (ii) a student of a private school that is accredited pursuant to §
259 22.1-19 as administered by the Virginia Council for Private Education, provided such person (a) has
260 satisfactorily completed a training program for this purpose approved by the Board of Nursing and taught
261 by a registered nurse, a licensed practical nurse, an advanced practice registered nurse, a physician
262 assistant, a doctor of medicine or osteopathic medicine, or a pharmacist; (b) has obtained written
263 authorization from a parent or guardian; (c) administers drugs only to the child identified on the
264 prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and
265 manner of administration; and (d) administers only those drugs that were dispensed from a pharmacy and
266 maintained in the original, labeled container that would normally be self-administered by the child or
267 student, or administered by a parent or guardian to the child or student.

268 P. In addition, this section shall not prevent the administration or dispensing of drugs and devices
269 by persons if they are authorized by the State Health Commissioner in accordance with protocols
270 established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has declared
271 a disaster or a state of emergency, the United States Secretary of Health and Human Services has issued a
272 declaration of an actual or potential bioterrorism incident or other actual or potential public health
273 emergency, or the Board of Health has made an emergency order pursuant to § 32.1-13 for the purpose of
274 suppressing nuisances dangerous to the public health and communicable, contagious, and infectious
275 diseases and other dangers to the public life and health and for the limited purpose of administering
276 vaccines as an approved countermeasure for such communicable, contagious, and infectious diseases; (ii)
277 it is necessary to permit the provision of needed drugs or devices; and (iii) such persons have received the
278 training necessary to safely administer or dispense the needed drugs or devices. Such persons shall
279 administer or dispense all drugs or devices under the direction, control, and supervision of the State Health
280 Commissioner.

281 Q. Nothing in this title shall prohibit the administration of normally self-administered drugs by
282 unlicensed individuals to a person in his private residence.

283 R. This section shall not interfere with any prescriber issuing prescriptions in compliance with his
284 authority and scope of practice and the provisions of this section to a Board agent for use pursuant to
285 subsection G of § 18.2-258.1. Such prescriptions issued by such prescriber shall be deemed to be valid
286 prescriptions.

287 S. Nothing in this title shall prevent or interfere with dialysis care technicians or dialysis patient
288 care technicians who are certified by an organization approved by the Board of Health Professions or
289 persons authorized for provisional practice pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.), in the
290 ordinary course of their duties in a Medicare-certified renal dialysis facility, from administering heparin,
291 topical needle site anesthetics, dialysis solutions, sterile normal saline solution, and blood volumizers, for
292 the purpose of facilitating renal dialysis treatment, when such administration of medications occurs under
293 the orders of a licensed physician, an advanced practice registered nurse, or a physician assistant and under
294 the immediate and direct supervision of a licensed registered nurse. Nothing in this chapter shall be

295 construed to prohibit a patient care dialysis technician trainee from performing dialysis care as part of and
296 within the scope of the clinical skills instruction segment of a supervised dialysis technician training
297 program, provided such trainee is identified as a "trainee" while working in a renal dialysis facility.

298 The dialysis care technician or dialysis patient care technician administering the medications shall
299 have demonstrated competency as evidenced by holding current valid certification from an organization
300 approved by the Board of Health Professions pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.).

301 T. Persons who are otherwise authorized to administer controlled substances in hospitals shall be
302 authorized to administer influenza or pneumococcal vaccines pursuant to § 32.1-126.4.

303 U. Pursuant to a specific order for a patient and under his direct and immediate supervision, a
304 prescriber may authorize the administration of controlled substances by personnel who have been properly
305 trained to assist a doctor of medicine or osteopathic medicine, provided the method does not include
306 intravenous, intrathecal, or epidural administration and the prescriber remains responsible for such
307 administration.

308 V. A physician assistant, nurse, dental hygienist, or authorized agent of a doctor of medicine,
309 osteopathic medicine, or dentistry may possess and administer topical fluoride varnish pursuant to an oral
310 or written order or a standing protocol issued by a doctor of medicine, osteopathic medicine, or dentistry.

311 W. A prescriber, acting in accordance with guidelines developed pursuant to § 32.1-46.02, may
312 authorize the administration of influenza vaccine to minors by a licensed pharmacist, registered nurse,
313 licensed practical nurse under the direction and immediate supervision of a registered nurse, or emergency
314 medical services provider who holds an advanced life support certificate issued by the Commissioner of
315 Health when the prescriber is not physically present.

316 X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order
317 issued by a prescriber or a standing order issued by the Commissioner of Health or his designee
318 authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence
319 of an oral or written order for a specific patient issued by a prescriber, and in accordance with protocols
320 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of
321 Health, a pharmacist, a health care provider providing services in a hospital emergency department, and

322 emergency medical services personnel, as that term is defined in § 32.1-111.1, may dispense naloxone or
323 other opioid antagonist used for overdose reversal and a person to whom naloxone or other opioid
324 antagonist has been dispensed pursuant to this subsection may possess and administer naloxone or other
325 opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to
326 experience a life-threatening opioid overdose. Law-enforcement officers as defined in § 9.1-101,
327 employees of the Department of Forensic Science, employees of the Office of the Chief Medical
328 Examiner, employees of the Department of General Services Division of Consolidated Laboratory
329 Services, employees of the Department of Corrections designated by the Director of the Department of
330 Corrections or designated as probation and parole officers or as correctional officers as defined in § 53.1-
331 1, employees of the Department of Juvenile Justice designated as probation and parole officers or as
332 juvenile correctional officers, employees of regional jails, school nurses, local health department
333 employees that are assigned to a public school pursuant to an agreement between the local health
334 department and the school board, school board employees who have completed training in the
335 administration of an opioid antagonist for overdose reversal, other school board employees or individuals
336 contracted by a school board to provide school health services, and firefighters may also possess and
337 administer naloxone or other opioid antagonist used for overdose reversal and may dispense naloxone or
338 other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order issued by
339 a prescriber or a standing order issued by the Commissioner of Health or his designee in accordance with
340 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the
341 Department of Health.

342 Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order
343 issued by a prescriber or a standing order issued by the Commissioner of Health or his designee
344 authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence
345 of an oral or written order for a specific patient issued by a prescriber, and in accordance with protocols
346 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of
347 Health, any person may possess and administer naloxone or other opioid antagonist used for overdose
348 reversal, other than naloxone in an injectable formulation with a hypodermic needle or syringe, in

349 accordance with protocols developed by the Board of Pharmacy in consultation with the Board of
350 Medicine and the Department of Health.

351 Y. Notwithstanding any other law or regulation to the contrary, a person who is acting on behalf
352 of an organization that provides services to individuals at risk of experiencing an opioid overdose or
353 training in the administration of naloxone for overdose reversal may dispense naloxone, provided that
354 such dispensing is (i) pursuant to a standing order issued by a prescriber and (ii) in accordance with
355 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the
356 Department of Health. If the person acting on behalf of an organization dispenses naloxone in an injectable
357 formulation with a hypodermic needle or syringe, he shall first obtain authorization from the Department
358 of Behavioral Health and Developmental Services to train individuals on the proper administration of
359 naloxone by and proper disposal of a hypodermic needle or syringe, and he shall obtain a controlled
360 substance registration from the Board of Pharmacy. The Board of Pharmacy shall not charge a fee for the
361 issuance of such controlled substance registration. The dispensing may occur at a site other than that of
362 the controlled substance registration provided the entity possessing the controlled substances registration
363 maintains records in accordance with regulations of the Board of Pharmacy. No person who dispenses
364 naloxone on behalf of an organization pursuant to this subsection shall charge a fee for the dispensing of
365 naloxone that is greater than the cost to the organization of obtaining the naloxone dispensed. A person to
366 whom naloxone has been dispensed pursuant to this subsection may possess naloxone and may administer
367 naloxone to a person who is believed to be experiencing or about to experience a life-threatening opioid
368 overdose.

369 Z. A person who is not otherwise authorized to administer naloxone or other opioid antagonist
370 used for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal
371 to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.

372 AA. Pursuant to a written order or standing protocol issued by the prescriber within the course of
373 his professional practice, such prescriber may authorize, with the consent of the parents as defined in §
374 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-
375 319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as

376 administered by the Virginia Council for Private Education who is trained in the administration of injected
377 medications for the treatment of adrenal crisis resulting from a condition causing adrenal insufficiency to
378 administer such medication to a student diagnosed with a condition causing adrenal insufficiency when
379 the student is believed to be experiencing or about to experience an adrenal crisis. Such authorization shall
380 be effective only when a licensed nurse, an advanced practice registered nurse, a physician, or a physician
381 assistant is not present to perform the administration of the medication.

382 **2. That the Department of Education and the Department of Health shall collaborate to develop**
383 **guidelines and policies relating to the implementation of the provisions of this act, including**
384 **guidelines and policies for the (i) procurement, placement, storage, and maintenance of a supply of**
385 **opioid antagonists in an amount equivalent to at least two unexpired doses of an opioid antagonist**
386 **in each public elementary and secondary school in the Commonwealth; (ii) possession and**
387 **administration of opioid antagonists by school board employees, including: (a) the training of at**
388 **least one school board employee at each public elementary and secondary school in the possession**
389 **and administration of an opioid antagonist and (b) the administration of an opioid antagonist by**
390 **any such school board employee to any student, faculty, or staff member believed to be experiencing**
391 **or about to experience a life-threatening opioid overdose; and (iii) utilization of and collaboration**
392 **with existing opioid overdose training and education programs and resources, including the**
393 **"Revive!" Opioid Overdose and Naloxone Education program provided by the Department of**
394 **Health, in the provision of the training and the procurement and maintenance of the opioid**
395 **antagonist supply in accordance with the provisions of this act. The Department of Education shall**
396 **submit such guidelines and policies developed pursuant to this act to the House Committee on**
397 **Appropriations, the House Committee on Education, the Senate Committee on Education and**
398 **Health, and the Senate Committee on Finance and Appropriations by January 1, 2025.**

399 **3. That the provisions of this act shall be implemented by each local school board by the beginning**
400 **of the 2026–2027 school year.**

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