

SENATE BILL NO. 726

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the Senate Committee on Education and Health

on _____)

(Patron Prior to Substitute--Senator Pillion)

A BILL to amend and reenact § 54.1-3408 of the Code of Virginia and to amend the Code of Virginia by adding sections numbered 22.1-206.01 and 22.1-274.4:1, relating to public schools; naloxone procurement, possession, and administration; school board employee training and certification; opioid overdose prevention and reversal instruction; guidelines and requirements.

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 sections numbered 22.1-206.01 and 22.1-274.4:1 as follows:

§ 22.1-206.01. Instruction concerning opioid overdose prevention and reversal.

A. Each local school board shall develop a plan, in accordance with the guidelines and model curriculum developed by the Department of Health in collaboration with the Department of Education, in accordance with the protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, for providing at each public secondary school that includes grades nine through 12 a program of instruction on opioid overdose prevention and reversal. Such program of instruction shall include instruction in identifying the signs of a possible opioid overdose and training in the administration of naloxone for the reversal of a potentially life-threatening opioid overdose.

B. Each public secondary school that includes grades nine through 12 shall provide an opioid overdose prevention and reversal program of instruction at such grade level as the local school board deems appropriate. Each public secondary school shall adopt policies for the purpose of encouraging each student to complete such opioid overdose prevention and reversal program of instruction prior to graduating from high school.

26 § 22.1-274.4:1. Naloxone procurement, storage, and maintenance; staff and faculty training;
27 policies and requirements.

28 A. Each local school board shall develop a plan, in accordance with subsection X of § 54.1-3408
29 and the guidelines developed by the Department of Health in collaboration with the Department of
30 Education, for the procurement, placement, maintenance, and use of naloxone for the purposes of opioid
31 overdose reversal in every public elementary and secondary school. Such plan shall develop policies and
32 procedures for ensuring each public elementary and secondary school maintains at all times at least two
33 unexpired doses of naloxone, including:

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

38 2. Procedures for requesting a replacement dose of naloxone any time a naloxone dose has expired,
39 was administered for overdose reversal, or was otherwise rendered unusable; and

40 3. Policies relating to the proper and safe storage of naloxone doses in each such school.

41 B. Each local school board shall, in accordance with the guidelines and policies developed by the
42 Department of Health in collaboration with the Department of Education, place at least two unexpired
43 doses of naloxone in every public elementary and secondary school in the local school division. Each local
44 school board shall provide to each public elementary and secondary school additional doses of naloxone
45 as necessary to ensure that each such secondary school possesses at least two unexpired doses of naloxone
46 at all times.

47 C. Each local school board shall adopt and implement policies, in accordance with the provisions
48 of subsection X of § 54.1-3408, for the possession and administration of naloxone in each public
49 elementary and secondary school by any school nurse, employee of the school board, employee of a local
50 governing body, or employee of a local health department who is authorized by a prescriber and trained
51 in the administration of naloxone to any student, faculty, or staff member who is believed to be
52 experiencing or about to experience a life-threatening opioid overdose. Such policies shall require each

53 public elementary and secondary school to ensure that at least one faculty or staff member is authorized
54 by a prescriber and has been trained and is certified in the administration of naloxone by an organization
55 authorized by the Department of Health to provide naloxone administration and certification and has the
56 means to access at all times during regular school hours any such naloxone that is stored in a locked or
57 otherwise generally inaccessible container or area.

58 D. Each public elementary and secondary school shall ensure that at least one faculty or staff
59 member employed at such school is authorized by a prescriber and has been trained and is certified in the
60 administration of naloxone for opioid overdose reversal by an organization authorized by the Department
61 of Health to provide naloxone administration or certification.

62 E. Each school board shall, in adopting and implementing the policies set forth in this section,
63 utilize to the fullest extent possible programs offered by the Department of Health relating to training in
64 the administration of naloxone and the procurement of naloxone for placement in each public elementary
65 and secondary school.

66 **§ 54.1-3408. Professional use by practitioners.**

67 A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine, a licensed
68 advanced practice registered nurse pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to §
69 54.1-2957.04, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist
70 pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 shall only prescribe, dispense, or administer
71 controlled substances in good faith for medicinal or therapeutic purposes within the course of his
72 professional practice. A licensed midwife pursuant to § 54.1-2957.7 shall only obtain, possess, and
73 administer controlled substances in good faith for medicinal or therapeutic purposes within the course of
74 his professional practice.

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

- 78 1. A nurse, physician assistant, or intern under his direction and supervision;

79 2. Persons trained to administer drugs and devices to patients in state-owned or state-operated
80 hospitals or facilities licensed as hospitals by the Board of Health or psychiatric hospitals licensed by the
81 Department of Behavioral Health and Developmental Services who administer drugs under the control
82 and supervision of the prescriber or a pharmacist;

83 3. Emergency medical services personnel certified and authorized to administer drugs and devices
84 pursuant to regulations of the Board of Health who act within the scope of such certification and pursuant
85 to an oral or written order or standing protocol;

86 4. Persons who are employed or engaged at a medical care facility, as defined in § 32.1-3, who
87 have a valid emergency medical services provider certification issued by the Board of Health as a
88 requirement of being employed or engaged at the medical care facility within the scope of such
89 certification, pursuant to an oral or written order or standing protocol to administer drugs and devices at
90 the medical care facility; or

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

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

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

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

103 Pursuant to an order or standing protocol issued by the prescriber within the course of his
104 professional practice, any school nurse, school board employee, employee of a local governing body, or

105 employee of a local health department who is authorized by a prescriber and trained in the administration
106 of epinephrine may possess and administer epinephrine.

107 Pursuant to an order or standing protocol that shall be issued by the local health director within the
108 course of his professional practice, any school nurse, licensed athletic trainer under contract with a local
109 school division, school board employee, employee of a local governing body, or employee of a local health
110 department who is authorized by the local health director and trained in the administration of albuterol
111 inhalers and valved holding chambers or nebulized albuterol may possess or administer an albuterol
112 inhaler and a valved holding chamber or nebulized albuterol to a student diagnosed with a condition
113 requiring an albuterol inhaler or nebulized albuterol when the student is believed to be experiencing or
114 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 employee of a school for students with disabilities, as defined in § 22.1-319 and
117 licensed by the Board of Education, or any employee of a private school that is accredited pursuant to §
118 22.1-19 as administered by the Virginia Council for Private Education who is authorized by a prescriber
119 and trained in the administration of (a) epinephrine may possess and administer epinephrine and (b)
120 albuterol inhalers or nebulized albuterol may possess or administer an albuterol inhaler or nebulized
121 albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol
122 when the student is believed to be experiencing or about to experience an asthmatic crisis.

123 Pursuant to an order or a standing protocol issued by the prescriber within the course of his
124 professional practice, any nurse at an early childhood care and education entity, employee at the entity, or
125 employee of a local health department who is authorized by a prescriber and trained in the administration
126 of epinephrine may 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, any employee of a public institution of higher education or a private institution of
129 higher education who is authorized by a prescriber and trained in the administration of epinephrine may
130 possess and administer epinephrine.

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

135 Pursuant to an order or a standing protocol issued by the prescriber within the course of his
136 professional practice, and in accordance with policies and guidelines established by the Department of
137 Health, such prescriber may authorize any employee of a restaurant licensed pursuant to Chapter 3 (§
138 35.1-18 et seq.) of Title 35.1 to possess and administer epinephrine on the premises of the restaurant at
139 which the employee is employed, provided that such person is trained in the administration of epinephrine.

140 Pursuant to an order issued by the prescriber within the course of his professional practice, an
141 employee of a provider licensed by the Department of Behavioral Health and Developmental Services or
142 a person providing services pursuant to a contract with a provider licensed by the Department of
143 Behavioral Health and Developmental Services may possess and administer epinephrine, provided such
144 person is authorized and trained in the administration of epinephrine.

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

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

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

154 F. Pursuant to an oral or written order or standing protocol issued by the prescriber within the
155 course of his professional practice, such prescriber may authorize licensed athletic trainers to possess and
156 administer topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs; oxygen and IV

157 saline for use in emergency situations; subcutaneous lidocaine for wound closure; epinephrine for use in
158 emergency cases of anaphylactic shock; and naloxone or other opioid antagonist for overdose reversal.

159 G. Pursuant to an oral or written order or standing protocol issued by the prescriber within the
160 course of his professional practice, and in accordance with policies and guidelines established by the
161 Department of Health pursuant to § 32.1-50.2, such prescriber may authorize registered nurses or licensed
162 practical nurses under the supervision of a registered nurse to possess and administer tuberculin purified
163 protein derivative (PPD) in the absence of a prescriber. The Department of Health's policies and guidelines
164 shall be consistent with applicable guidelines developed by the Centers for Disease Control and Prevention
165 for preventing transmission of mycobacterium tuberculosis and shall be updated to incorporate any
166 subsequently implemented standards of the Occupational Safety and Health Administration and the
167 Department of Labor and Industry to the extent that they are inconsistent with the Department of Health's
168 policies and guidelines. Such standing protocols shall explicitly describe the categories of persons to
169 whom the tuberculin test is to be administered and shall provide for appropriate medical evaluation of
170 those in whom the test is positive. The prescriber shall ensure that the nurse implementing such standing
171 protocols has received adequate training in the practice and principles underlying tuberculin screening.

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

176 H. Pursuant to a written order or standing protocol issued by the prescriber within the course of
177 his professional practice, such prescriber may authorize, with the consent of the parents as defined in §
178 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-
179 319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as
180 administered by the Virginia Council for Private Education who is trained in the administration of insulin
181 and glucagon to assist with the administration of insulin or administer glucagon to a student diagnosed as
182 having diabetes and who requires insulin injections during the school day or for whom glucagon has been
183 prescribed for the emergency treatment of hypoglycemia. Such authorization shall only be effective when

184 a licensed nurse, an advanced practice registered nurse, a physician, or a physician assistant is not present
185 to perform the administration of the medication.

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

194 Pursuant to a written order issued by the prescriber within the course of his professional practice,
195 such prescriber may authorize an employee of a provider licensed by the Department of Behavioral Health
196 and Developmental Services or a person providing services pursuant to a contract with a provider licensed
197 by the Department of Behavioral Health and Developmental Services to assist with the administration of
198 insulin or to administer glucagon to a person diagnosed as having diabetes and who requires insulin
199 injections or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia,
200 provided such employee or person providing services has been trained in the administration of insulin and
201 glucagon.

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

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

213 Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist
214 in the course of his professional practice, a dentist may authorize a dental hygienist under his general
215 supervision, as defined in § 54.1-2722, or his remote supervision, as defined in subsection E or F of §
216 54.1-2722, to possess and administer topical oral fluorides, topical oral anesthetics, topical and directly
217 applied antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI topical
218 drug approved by the Board of Dentistry.

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

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

227 L. This section shall not prevent the administration of drugs by a person who has satisfactorily
228 completed a training program for this purpose approved by the Board of Nursing and who administers
229 such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of
230 administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to
231 security and record keeping, when the drugs administered would be normally self-administered by (i) an
232 individual receiving services in a program licensed by the Department of Behavioral Health and
233 Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision
234 Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the
235 placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program
236 participant of an adult day-care center licensed by the Department of Social Services; (v) a resident of any
237 facility authorized or operated by a state or local government whose primary purpose is not to provide

238 health care services; (vi) a resident of a private children's residential facility, as defined in § 63.2-100 and
239 licensed by the Department of Social Services, Department of Education, or Department of Behavioral
240 Health and Developmental Services; or (vii) a student in a school for students with disabilities, as defined
241 in § 22.1-319 and licensed by the Board of Education.

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

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

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

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

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

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

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

295 S. Nothing in this title shall prevent or interfere with dialysis care technicians or dialysis patient
296 care technicians who are certified by an organization approved by the Board of Health Professions or
297 persons authorized for provisional practice pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.), in the
298 ordinary course of their duties in a Medicare-certified renal dialysis facility, from administering heparin,
299 topical needle site anesthetics, dialysis solutions, sterile normal saline solution, and blood volumizers, for
300 the purpose of facilitating renal dialysis treatment, when such administration of medications occurs under
301 the orders of a licensed physician, an advanced practice registered nurse, or a physician assistant and under
302 the immediate and direct supervision of a licensed registered nurse. Nothing in this chapter shall be
303 construed to prohibit a patient care dialysis technician trainee from performing dialysis care as part of and
304 within the scope of the clinical skills instruction segment of a supervised dialysis technician training
305 program, provided such trainee is identified as a "trainee" while working in a renal dialysis facility.

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

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

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

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

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

324 X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order
325 issued by a prescriber or a standing order issued by the Commissioner of Health or his designee
326 authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence
327 of an oral or written order for a specific patient issued by a prescriber, and in accordance with protocols
328 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of
329 Health, a pharmacist, a health care provider providing services in a hospital emergency department, and
330 emergency medical services personnel, as that term is defined in § 32.1-111.1, may dispense naloxone or
331 other opioid antagonist used for overdose reversal and a person to whom naloxone or other opioid
332 antagonist has been dispensed pursuant to this subsection may possess and administer naloxone or other
333 opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to
334 experience a life-threatening opioid overdose. Law-enforcement officers as defined in § 9.1-101,
335 employees of the Department of Forensic Science, employees of the Office of the Chief Medical
336 Examiner, employees of the Department of General Services Division of Consolidated Laboratory
337 Services, employees of the Department of Corrections designated by the Director of the Department of
338 Corrections or designated as probation and parole officers or as correctional officers as defined in § 53.1-
339 1, employees of the Department of Juvenile Justice designated as probation and parole officers or as
340 juvenile correctional officers, employees of regional jails, school nurses, local health department
341 employees that are assigned to a public school pursuant to an agreement between the local health
342 department and the school board, school board employees who have completed training and are certified

343 in the administration of naloxone for overdose reversal by an organization authorized by the Department
344 of Health to provide naloxone administration training and certification, other school board employees or
345 individuals contracted by a school board to provide school health services, and firefighters may also
346 possess and administer naloxone or other opioid antagonist used for overdose reversal and may dispense
347 naloxone or other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing
348 order issued by a prescriber or a standing order issued by the Commissioner of Health or his designee 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 Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order
352 issued by a prescriber or a standing order issued by the Commissioner of Health or his designee
353 authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence
354 of an oral or written order for a specific patient issued by a prescriber, and in accordance with protocols
355 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of
356 Health, any person may possess and administer naloxone or other opioid antagonist used for overdose
357 reversal, other than naloxone in an injectable formulation with a hypodermic needle or syringe, in
358 accordance with protocols developed by the Board of Pharmacy in consultation with the Board of
359 Medicine and the Department of Health.

360 Y. Notwithstanding any other law or regulation to the contrary, a person who is acting on behalf
361 of an organization that provides services to individuals at risk of experiencing an opioid overdose or
362 training in the administration of naloxone for overdose reversal may dispense naloxone, provided that
363 such dispensing is (i) pursuant to a standing order issued by a prescriber and (ii) in accordance with
364 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the
365 Department of Health. If the person acting on behalf of an organization dispenses naloxone in an injectable
366 formulation with a hypodermic needle or syringe, he shall first obtain authorization from the Department
367 of Behavioral Health and Developmental Services to train individuals on the proper administration of
368 naloxone by and proper disposal of a hypodermic needle or syringe, and he shall obtain a controlled
369 substance registration from the Board of Pharmacy. The Board of Pharmacy shall not charge a fee for the

370 issuance of such controlled substance registration. The dispensing may occur at a site other than that of
371 the controlled substance registration provided the entity possessing the controlled substances registration
372 maintains records in accordance with regulations of the Board of Pharmacy. No person who dispenses
373 naloxone on behalf of an organization pursuant to this subsection shall charge a fee for the dispensing of
374 naloxone that is greater than the cost to the organization of obtaining the naloxone dispensed. A person to
375 whom naloxone has been dispensed pursuant to this subsection may possess naloxone and may administer
376 naloxone to a person who is believed to be experiencing or about to experience a life-threatening opioid
377 overdose.

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

381 AA. Pursuant to a written order or standing protocol issued by the prescriber within the course of
382 his professional practice, such prescriber may authorize, with the consent of the parents as defined in §
383 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-
384 319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as
385 administered by the Virginia Council for Private Education who is trained in the administration of injected
386 medications for the treatment of adrenal crisis resulting from a condition causing adrenal insufficiency to
387 administer such medication to a student diagnosed with a condition causing adrenal insufficiency when
388 the student is believed to be experiencing or about to experience an adrenal crisis. Such authorization shall
389 be effective only when a licensed nurse, an advanced practice registered nurse, a physician, or a physician
390 assistant is not present to perform the administration of the medication.

391 **2. That the Department of Health and the Department of Education shall collaborate to develop**
392 **guidelines and policies relating to the implementation of the provisions of this act, including (i)**
393 **guidelines and policies for (a) the procurement, possession, storage, and maintenance of at least two**
394 **unexpired doses of naloxone in each public elementary and secondary school and (b) the utilization**
395 **of and collaboration with existing opioid overdose training and education programs and resources,**
396 **including the "Revive!" Opioid Overdose and Naloxone Education Program provided by the**

397 Department of Health, in the provision of the training in naloxone administration and the
398 procurement and maintenance of two unexpired doses of naloxone in accordance with the provisions
399 of this act; (ii) guidelines and policies for the possession and administration of naloxone by school
400 board employees, including (a) the training and certification of at least one school board employee
401 at each public elementary and secondary school in the possession and administration of naloxone
402 and (b) the administration of naloxone by any such school board employee to any student, faculty,
403 or staff member believed to be experiencing or about to experience a life-threatening opioid
404 overdose; (iii) guidelines and policies for the implementation of the opioid overdose prevention and
405 reversal program of instruction at each secondary school that includes grades nine through 12,
406 including a model curriculum and any accompanying instructional materials for such program of
407 instruction; (iv) development of model policies for school boards and public secondary schools
408 aimed at encouraging students to complete such opioid overdose prevention and reversal program
409 of instruction prior to graduating high school, including model policies that provide incentives for
410 completing such program of instruction, such as accepting completion of such program of
411 instruction as satisfaction for certain electives credits required for graduation and increasing the
412 flexibility of when and where students may complete such program of instruction, and including
413 model policies for integrating such instruction into existing programs of instruction and providing
414 alternative methods of delivering such program of instruction, such as outside of regular school
415 hours and with options for virtual participation courses; (v) informational guidance materials to be
416 made available to students and parents on the opioid overdose prevention and reversal program of
417 instruction; and (vi) any other policies or guidelines deemed necessary and appropriate. The
418 Department of Education shall submit such guidelines and policies developed pursuant to this act
419 to the House Committee on Appropriations, the House Committee on Education, the Senate
420 Committee on Education and Health, and the Senate Committee on Finance and Appropriations by
421 January 1, 2025.

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

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