

SENATE BILL NO. 726

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the Senate Committee on Education and Health
on February 1, 2024)

(Patrons Prior to Substitute--Senators Pillion and Pekarsky [SB 387])

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; opioid antagonist 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 an opioid antagonist 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.

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

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

1. Providing for the placement and maintenance in each public elementary and secondary school of a supply of opioid antagonists in an amount equivalent to at least two unexpired doses, including policies and procedures by which each such school shall request a replacement dose of an opioid antagonist any time a dose has expired, is administered for overdose reversal, or is otherwise rendered unusable and by which each such request shall be timely fulfilled;

2. Requiring each such school to inspect its 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; and

3. Relating to the proper and safe storage of such opioid antagonist supply in each such school.

B. Each local school board shall, in accordance with the provisions of subsection X of § 54.1-3408 and the guidelines developed by the Department of Health in collaboration with the Department of Education, develop policies and procedures relating to the possession and administration of opioid antagonists by any school nurse or employee of the school board who is authorized by a prescriber and trained in the administration of an opioid antagonist to any student, faculty, or staff member who is believed to be experiencing or about to experience a life-threatening opioid overdose, including:

1. Policies requiring each public elementary and secondary school to ensure that at least one employee (i) is authorized by a prescriber and has been trained and is certified in the administration of an

opioid antagonist by a program administered or approved by the Department of Health to provide training in opioid antagonist administration and (ii) has the means to access at all times during regular school hours any such opioid antagonist supply that is stored in a locked or otherwise generally inaccessible container or area; and

2. Policies and procedures for (i) partnering with a program administered or approved by the Department of Health to provide training in opioid antagonist administration for the purpose of organizing and providing the training and certification required pursuant to subdivision 1 and (ii) maintaining records of each employee of each such public elementary and secondary school who is trained and certified in the administration of an opioid antagonist pursuant to subdivision 1.

C. Any employee of any public elementary or secondary school or school board who, during regular school hours, on school premises, or during a school-sponsored activity, in good faith administers an opioid antagonist for opioid overdose reversal to any individual who is believed to be experiencing or about to experience a life-threatening opioid overdose, regardless of whether such employee was trained in administration of an opioid antagonist pursuant to subsection B, shall be immune from any disciplinary action or civil or criminal liability for any act or omission made in connection with the administration of an opioid antagonist in such incident, unless such act or omission was the result of gross negligence or willful misconduct.

D. Each school board shall adopt and each public elementary and secondary school shall implement policies and procedures in accordance with the provisions of this section. Each school board and each public elementary and secondary school shall, in adopting and implementing the policies set forth in this section, utilize to the fullest extent possible programs offered by the Department of Health for the provision of opioid antagonist administration training and certification and the procurement of opioid antagonists for placement in each public elementary and secondary school.

§ 54.1-3408. Professional use by practitioners.

A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine, a licensed advanced practice registered nurse pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to § 54.1-2957.04, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist

pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 shall only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice. A licensed midwife pursuant to § 54.1-2957.7 shall only obtain, possess, and administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice.

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

1. A nurse, physician assistant, or intern under his direction and supervision;
2. Persons trained to administer drugs and devices to patients in state-owned or state-operated hospitals or facilities licensed as hospitals by the Board of Health or psychiatric hospitals licensed by the Department of Behavioral Health and Developmental Services who administer drugs under the control and supervision of the prescriber or a pharmacist;
3. Emergency medical services personnel certified and authorized to administer drugs and devices pursuant to regulations of the Board of Health who act within the scope of such certification and pursuant to an oral or written order or standing protocol;
4. Persons who are employed or engaged at a medical care facility, as defined in § 32.1-3, who have a valid emergency medical services provider certification issued by the Board of Health as a requirement of being employed or engaged at the medical care facility within the scope of such certification, pursuant to an oral or written order or standing protocol to administer drugs and devices at the medical care facility; or
5. A licensed respiratory therapist as defined in § 54.1-2954 who administers by inhalation controlled substances used in inhalation or respiratory therapy.

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

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

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

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

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

125 Pursuant to an order or a standing protocol issued by the prescriber within the course of his
126 professional practice, any employee of a school for students with disabilities, as defined in § 22.1-319 and
127 licensed by the Board of Education, or any employee of a private school that is accredited pursuant to §
128 22.1-19 as administered by the Virginia Council for Private Education who is authorized by a prescriber
129 and trained in the administration of (a) epinephrine may possess and administer epinephrine and (b)
130 albuterol inhalers or nebulized albuterol may possess or administer an albuterol inhaler or nebulized
131 albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol
132 when the student is believed to be experiencing or about to experience an asthmatic crisis.

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

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

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

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

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

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

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

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

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

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

182 The Health Commissioner or his designee may authorize registered nurses, acting as agents of the
183 Department of Health, to possess and administer, at the nurse's discretion, tuberculin purified protein

derivative (PPD) to those persons in whom tuberculin skin testing is indicated based on protocols and policies established by the Department of Health.

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

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

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

provided such employee or person providing services has been trained in the administration of insulin and glucagon.

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

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

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

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

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

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

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

259 M. Medication aides registered by the Board of Nursing pursuant to Article 7 (§ 54.1-3041 et seq.)
260 of Chapter 30 may administer drugs that would otherwise be self-administered to residents of any assisted
261 living facility licensed by the Department of Social Services. A registered medication aide shall administer
262 drugs pursuant to this section in accordance with the prescriber's instructions pertaining to dosage,
263 frequency, and manner of administration; in accordance with regulations promulgated by the Board of

264 Pharmacy relating to security and recordkeeping; in accordance with the assisted living facility's
265 Medication Management Plan; and in accordance with such other regulations governing their practice
266 promulgated by the Board of Nursing.

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

274 O. In addition, this section shall not prevent the administration of drugs by a person to (i) a child
275 in a child day program as defined in § 22.1-289.02 and regulated by the Board of Education or a local
276 government pursuant to § 15.2-914, or (ii) a student of a private school that is accredited pursuant to §
277 22.1-19 as administered by the Virginia Council for Private Education, provided such person (a) has
278 satisfactorily completed a training program for this purpose approved by the Board of Nursing and taught
279 by a registered nurse, a licensed practical nurse, an advanced practice registered nurse, a physician
280 assistant, a doctor of medicine or osteopathic medicine, or a pharmacist; (b) has obtained written
281 authorization from a parent or guardian; (c) administers drugs only to the child identified on the
282 prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and
283 manner of administration; and (d) administers only those drugs that were dispensed from a pharmacy and
284 maintained in the original, labeled container that would normally be self-administered by the child or
285 student, or administered by a parent or guardian to the child or student.

286 P. In addition, this section shall not prevent the administration or dispensing of drugs and devices
287 by persons if they are authorized by the State Health Commissioner in accordance with protocols
288 established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has declared
289 a disaster or a state of emergency, the United States Secretary of Health and Human Services has issued a
290 declaration of an actual or potential bioterrorism incident or other actual or potential public health

emergency, or the Board of Health has made an emergency order pursuant to § 32.1-13 for the purpose of suppressing nuisances dangerous to the public health and communicable, contagious, and infectious diseases and other dangers to the public life and health and for the limited purpose of administering vaccines as an approved countermeasure for such communicable, contagious, and infectious diseases; (ii) it is necessary to permit the provision of needed drugs or devices; and (iii) such persons have received the training necessary to safely administer or dispense the needed drugs or devices. Such persons shall administer or dispense all drugs or devices under the direction, control, and supervision of the State Health Commissioner.

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

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

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

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

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

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

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

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

334 X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order
335 issued by a prescriber or a standing order issued by the Commissioner of Health or his designee
336 authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence
337 of an oral or written order for a specific patient issued by a prescriber, and in accordance with protocols
338 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of
339 Health, a pharmacist, a health care provider providing services in a hospital emergency department, and
340 emergency medical services personnel, as that term is defined in § 32.1-111.1, may dispense naloxone or
341 other opioid antagonist used for overdose reversal and a person to whom naloxone or other opioid
342 antagonist has been dispensed pursuant to this subsection may possess and administer naloxone or other

opiod antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opiod overdose. Law-enforcement officers as defined in § 9.1-101, employees of the Department of Forensic Science, employees of the Office of the Chief Medical Examiner, employees of the Department of General Services Division of Consolidated Laboratory Services, employees of the Department of Corrections designated by the Director of the Department of Corrections or designated as probation and parole officers or as correctional officers as defined in § 53.1-1, employees of the Department of Juvenile Justice designated as probation and parole officers or as juvenile correctional officers, employees of regional jails, school nurses, local health department employees that are assigned to a public school pursuant to an agreement between the local health department and the school board, school board employees who have completed training and are certified in the administration of an opiod antagonist for overdose reversal by a program administered or authorized by the Department of Health, other school board employees or individuals contracted by a school board to provide school health services, and firefighters may also possess and administer naloxone or other opiod antagonist used for overdose reversal and may dispense naloxone or other opiod antagonist used for overdose reversal pursuant to an oral, written, or standing order issued by a prescriber or a standing order issued by the Commissioner of Health or his designee in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.

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

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

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

AA. Pursuant to a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize, with the consent of the parents as defined in § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is trained in the administration of injected medications for the treatment of adrenal crisis resulting from a condition causing adrenal insufficiency to

397 administer such medication to a student diagnosed with a condition causing adrenal insufficiency when
398 the student is believed to be experiencing or about to experience an adrenal crisis. Such authorization shall
399 be effective only when a licensed nurse, an advanced practice registered nurse, a physician, or a physician
400 assistant is not present to perform the administration of the medication.

401 **2. That the Department of Health and the Department of Education shall collaborate to develop**
402 **guidelines and policies relating to the implementation of the provisions of this act, including (i)**
403 **guidelines and policies for (a) the procurement, possession, storage, and maintenance in each public**
404 **elementary and secondary school of a supply of opioid antagonists in an amount equivalent to at**
405 **least two unexpired doses and (b) the utilization of and collaboration with existing opioid overdose**
406 **training and education programs and resources, including the "Revive!" Opioid Overdose and**
407 **Naloxone Education Program provided by the Department of Health, in the provision of the training**
408 **in opioid antagonist administration and the procurement and maintenance of a supply of opioid**
409 **antagonists in accordance with the provisions of this act; (ii) guidelines and policies for the**
410 **possession and administration of opioid antagonists by school board employees, including (a) the**
411 **training and certification of at least one school board employee at each public elementary and**
412 **secondary school in the possession and administration of an opioid antagonist and (b) the**
413 **administration of an opioid antagonist by any such school board employee to any student, faculty,**
414 **or staff member believed to be experiencing or about to experience a life-threatening opioid**
415 **overdose; (iii) guidelines and policies for the implementation of the opioid overdose prevention and**
416 **reversal program of instruction at each secondary school that includes grades nine through 12,**
417 **including a model curriculum and any accompanying instructional materials for such program of**
418 **instruction; (iv) development of model policies for school boards and public secondary schools**
419 **aimed at encouraging students to complete such opioid overdose prevention and reversal program**
420 **of instruction prior to graduating high school, including model policies that provide incentives for**
421 **completing such program of instruction, such as accepting completion of such program of**
422 **instruction as satisfaction for certain electives credits required for graduation and increasing the**
423 **flexibility of when and where students may complete such program of instruction, and including**

424 model policies for integrating such instruction into existing programs of instruction and providing
425 alternative methods of delivering such program of instruction, such as outside of regular school
426 hours and with options for virtual participation courses; (v) informational guidance materials to be
427 made available to students and parents on the opioid overdose prevention and reversal program of
428 instruction; and (vi) any other policies or guidelines deemed necessary and appropriate. The
429 Department of Education shall submit such guidelines and policies developed pursuant to this act
430 to the House Committee on Appropriations, the House Committee on Education, the Senate
431 Committee on Education and Health, and the Senate Committee on Finance and Appropriations by
432 January 1, 2025.

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

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