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1	HOUSE BILL NO. 1447
2	Offered January 11, 2023
3	Prefiled December 21, 2022
4	A BILL to amend and reenact § 54.1-3408 of the Code of Virginia, relating to controlled substances;
5	administration by paramedics.
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-	Patron—Orrock
7 8	Defermed to Committee or Health Welfore and Institutions
o 9	Referred to Committee on Health, Welfare and Institutions
10	Be it enacted by the General Assembly of Virginia:
11	1. That § 54.1-3408 of the Code of Virginia is amended and reenacted as follows:
12	§ 54.1-3408. Professional use by practitioners.
13	A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine, a licensed
14	nurse practitioner pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to § 54.1-2957.04, a
15	licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article
16	5 (§ 54.1-3222 et seq.) of Chapter 32 shall only prescribe, dispense, or administer controlled substances
17	in good faith for medicinal or therapeutic purposes within the course of his professional practice.
18	B. The prescribing practitioner's order may be on a written prescription or pursuant to an oral
19	prescription as authorized by this chapter. The prescriber may administer drugs and devices, or he may
20	cause drugs or devices to be administered by:
21	1. A nurse, physician assistant, or intern under his direction and supervision;
22	2. Persons trained to administer drugs and devices to patients in state-owned or state-operated
23	hospitals or facilities licensed as hospitals by the Board of Health or psychiatric hospitals licensed by
24	the Department of Behavioral Health and Developmental Services who administer drugs under the
25 26	control and supervision of the prescriber or a pharmacist;
20 27	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
28	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; or
2 9	4. A licensed respiratory therapist as defined in § 54.1-2954 who administers by inhalation controlled
30	substances used in inhalation or respiratory therapy; or
31	5. Persons who are employed or engaged at a medical care facility, as defined in § 32.1-3, who have
32	a paramedic certification issued by the Board of Health as a requirement of being employed or engaged
33	at the medical care facility within the course of their professional practice, pursuant to an oral or
34	written order or standing protocol at the medical care facility.
35	C. Pursuant to an oral or written order or standing protocol, the prescriber, who is authorized by
36	state or federal law to possess and administer radiopharmaceuticals in the scope of his practice, may
37	authorize a nuclear medicine technologist to administer, under his supervision, radiopharmaceuticals used
38	in the diagnosis or treatment of disease.
39 40	D. Pursuant to an oral or written order or standing protocol issued by the prescriber within the
40 41	course of his professional practice, such prescriber may authorize registered nurses and licensed practical nurses to possess (i) epinephrine and oxygen for administration in treatment of emergency medical
42	conditions and (ii) heparin and sterile normal saline to use for the maintenance of intravenous access
43	lines.
44	Pursuant to the regulations of the Board of Health, certain emergency medical services technicians
45	may possess and administer epinephrine in emergency cases of anaphylactic shock.
46	Pursuant to an order or standing protocol issued by the prescriber within the course of his
47	professional practice, any school nurse, school board employee, employee of a local governing body, or
48	employee of a local health department who is authorized by a prescriber and trained in the
49	administration of epinephrine may possess and administer epinephrine.
50	Pursuant to an order or standing protocol that shall be issued by the local health director within the
51	course of his professional practice, any school nurse, school board employee, employee of a local
52	governing body, or employee of a local health department who is authorized by the local health director
53 54	and trained in the administration of albuterol inhalers and valved holding chambers or nebulized
54 55	albuterol may possess or administer an albuterol inhaler and a valved holding chamber or nebulized
55 56	albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol when the student is believed to be experiencing or about to experience an asthmatic crisis.
50 57	Pursuant to an order or a standing protocol issued by the prescriber within the course of his
57 58	professional practice, any employee of a school for students with disabilities, as defined in § 22.1-319
50	protessional practice, any employee of a school for students with disabilities, as defined in § 22.1-517

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and licensed by the Board of Education, or any employee of a private school that is accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is authorized by a prescriber and trained in the administration of (a) epinephrine may possess and administer epinephrine and (b) albuterol inhalers or nebulized albuterol may possess or administer an albuterol inhaler or nebulized albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol when the student is believed to be experiencing or about to experience an asthmatic crisis.

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

69 Pursuant to an order or a standing protocol issued by the prescriber within the course of his
70 professional practice, any employee of a public institution of higher education or a private institution of
71 higher education who is authorized by a prescriber and trained in the administration of epinephrine may
72 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.

88 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.

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

E. 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 licensed physical therapists to possess and
administer topical corticosteroids, topical lidocaine, and any other Schedule VI topical drug.

97 F. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course
98 of his professional practice, such prescriber may authorize licensed athletic trainers to possess and
99 administer topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs; oxygen for use
100 in emergency situations; epinephrine for use in emergency cases of anaphylactic shock; and naloxone or
101 other opioid antagonist for overdose reversal.

102 G. Pursuant to an oral or written order or standing protocol issued by the prescriber within the 103 course of his professional practice, and in accordance with policies and guidelines established by the Department of Health pursuant to § 32.1-50.2, such prescriber may authorize registered nurses or 104 licensed practical nurses under the supervision of a registered nurse to possess and administer tuberculin 105 purified protein derivative (PPD) in the absence of a prescriber. The Department of Health's policies and 106 107 guidelines shall be consistent with applicable guidelines developed by the Centers for Disease Control 108 and Prevention for preventing transmission of mycobacterium tuberculosis and shall be updated to 109 incorporate any subsequently implemented standards of the Occupational Safety and Health 110 Administration and the Department of Labor and Industry to the extent that they are inconsistent with the Department of Health's policies and guidelines. Such standing protocols shall explicitly describe the 111 categories of persons to whom the tuberculin test is to be administered and shall provide for appropriate 112 113 medical evaluation of those in whom the test is positive. The prescriber shall ensure that the nurse implementing such standing protocols has received adequate training in the practice and principles 114 115 underlying tuberculin screening.

116 The Health Commissioner or his designee may authorize registered nurses, acting as agents of the 117 Department of Health, to possess and administer, at the nurse's discretion, tuberculin purified protein 118 derivative (PPD) to those persons in whom tuberculin skin testing is indicated based on protocols and 119 policies established by the Department of Health.

120 H. Pursuant to a written order or standing protocol issued by the prescriber within the course of his

121 professional practice, such prescriber may authorize, with the consent of the parents as defined in 122 § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in 123 § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 124 as administered by the Virginia Council for Private Education who is trained in the administration of 125 insulin and glucagon to assist with the administration of insulin or administer glucagon to a student 126 diagnosed as having diabetes and who requires insulin injections during the school day or for whom 127 glucagon has been prescribed for the emergency treatment of hypoglycemia. Such authorization shall 128 only be effective when a licensed nurse, nurse practitioner, physician, or physician assistant is not 129 present to perform the administration of the medication.

130 Pursuant to a written order or standing protocol issued by the prescriber within the course of his 131 professional practice, such prescriber may authorize an employee of a public institution of higher 132 education or a private institution of higher education who is trained in the administration of insulin and 133 glucagon to assist with the administration of insulin or administration of glucagon to a student diagnosed 134 as having diabetes and who requires insulin injections or for whom glucagon has been prescribed for the 135 emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse, nurse practitioner, physician, or physician assistant is not present to perform the administration of the 136 137 medication.

138 Pursuant to a written order issued by the prescriber within the course of his professional practice, 139 such prescriber may authorize an employee of a provider licensed by the Department of Behavioral 140 Health and Developmental Services or a person providing services pursuant to a contract with a provider 141 licensed by the Department of Behavioral Health and Developmental Services to assist with the 142 administration of insulin or to administer glucagon to a person diagnosed as having diabetes and who 143 requires insulin injections or for whom glucagon has been prescribed for the emergency treatment of 144 hypoglycemia, provided such employee or person providing services has been trained in the 145 administration of insulin and glucagon.

146 I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the 147 administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is 148 not physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses 149 under the supervision of a registered nurse. A prescriber acting on behalf of and in accordance with 150 established protocols of the Department of Health may authorize the administration of vaccines to any 151 person by a pharmacist, nurse, or designated emergency medical services provider who holds an 152 advanced life support certificate issued by the Commissioner of Health under the direction of an 153 operational medical director when the prescriber is not physically present. The emergency medical 154 services provider shall provide documentation of the vaccines to be recorded in the Virginia 155 Immunization Information System.

156 J. A dentist may cause Schedule VI topical drugs to be administered under his direction and157 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.

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

172 L. This section shall not prevent the administration of drugs by a person who has satisfactorily 173 completed a training program for this purpose approved by the Board of Nursing and who administers 174 such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of 175 administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to 176 security and record keeping, when the drugs administered would be normally self-administered by (i) an 177 individual receiving services in a program licensed by the Department of Behavioral Health and 178 Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision 179 Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the 180 placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program participant of an adult day-care center licensed by the Department of Social Services; (v) a resident of 181

182 any facility authorized or operated by a state or local government whose primary purpose is not to 183 provide health care services; (vi) a resident of a private children's residential facility, as defined in § 184 63.2-100 and licensed by the Department of Social Services, Department of Education, or Department of 185 Behavioral Health and Developmental Services; or (vii) a student in a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

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187 In addition, this section shall not prevent a person who has successfully completed a training 188 program for the administration of drugs via percutaneous gastrostomy tube approved by the Board of 189 Nursing and been evaluated by a registered nurse as having demonstrated competency in administration 190 of drugs via percutaneous gastrostomy tube from administering drugs to a person receiving services from 191 a program licensed by the Department of Behavioral Health and Developmental Services to such person 192 via percutaneous gastrostomy tube. The continued competency of a person to administer drugs via 193 percutaneous gastrostomy tube shall be evaluated semiannually by a registered nurse.

194 M. Medication aides registered by the Board of Nursing pursuant to Article 7 (§ 54.1-3041 et seq.) 195 of Chapter 30 may administer drugs that would otherwise be self-administered to residents of any 196 assisted living facility licensed by the Department of Social Services. A registered medication aide shall 197 administer drugs pursuant to this section in accordance with the prescriber's instructions pertaining to 198 dosage, frequency, and manner of administration; in accordance with regulations promulgated by the 199 Board of Pharmacy relating to security and recordkeeping; in accordance with the assisted living 200 facility's Medication Management Plan; and in accordance with such other regulations governing their 201 practice promulgated by the Board of Nursing.

202 N. In addition, this section shall not prevent the administration of drugs by a person who administers 203 such drugs in accordance with a physician's instructions pertaining to dosage, frequency, and manner of administration and with written authorization of a parent, and in accordance with school board 204 regulations relating to training, security and record keeping, when the drugs administered would be 205 206 normally self-administered by a student of a Virginia public school. Training for such persons shall be 207 accomplished through a program approved by the local school boards, in consultation with the local 208 departments of health.

209 O. In addition, this section shall not prevent the administration of drugs by a person to (i) a child in 210 a child day program as defined in § 22.1-289.02 and regulated by the Board of Education or a local 211 government pursuant to § 15.2-914, or (ii) a student of a private school that is accredited pursuant to 212 § 22.1-19 as administered by the Virginia Council for Private Education, provided such person (a) has 213 satisfactorily completed a training program for this purpose approved by the Board of Nursing and 214 taught by a registered nurse, licensed practical nurse, nurse practitioner, physician assistant, doctor of 215 medicine or osteopathic medicine, or pharmacist; (b) has obtained written authorization from a parent or 216 guardian; (c) administers drugs only to the child identified on the prescription label in accordance with 217 the prescriber's instructions pertaining to dosage, frequency, and manner of administration; and (d) 218 administers only those drugs that were dispensed from a pharmacy and maintained in the original, 219 labeled container that would normally be self-administered by the child or student, or administered by a 220 parent or guardian to the child or student.

221 P. In addition, this section shall not prevent the administration or dispensing of drugs and devices by 222 persons if they are authorized by the State Health Commissioner in accordance with protocols 223 established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has 224 declared a disaster or a state of emergency, the United States Secretary of Health and Human Services 225 has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public 226 health emergency, or the Board of Health has made an emergency order pursuant to § 32.1-13 for the 227 purpose of suppressing nuisances dangerous to the public health and communicable, contagious, and 228 infectious diseases and other dangers to the public life and health and for the limited purpose of 229 administering vaccines as an approved countermeasure for such communicable, contagious, and 230 infectious diseases; (ii) it is necessary to permit the provision of needed drugs or devices; and (iii) such 231 persons have received the training necessary to safely administer or dispense the needed drugs or 232 devices. Such persons shall administer or dispense all drugs or devices under the direction, control, and 233 supervision of the State Health Commissioner.

234 Q. Nothing in this title shall prohibit the administration of normally self-administered drugs by 235 unlicensed individuals to a person in his private residence.

236 R. This section shall not interfere with any prescriber issuing prescriptions in compliance with his 237 authority and scope of practice and the provisions of this section to a Board agent for use pursuant to 238 subsection G of § 18.2-258.1. Such prescriptions issued by such prescriber shall be deemed to be valid 239 prescriptions.

240 S. Nothing in this title shall prevent or interfere with dialysis care technicians or dialysis patient care 241 technicians who are certified by an organization approved by the Board of Health Professions or persons 242 authorized for provisional practice pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.), in the ordinary 243 course of their duties in a Medicare-certified renal dialysis facility, from administering heparin, topical

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244 needle site anesthetics, dialysis solutions, sterile normal saline solution, and blood volumizers, for the 245 purpose of facilitating renal dialysis treatment, when such administration of medications occurs under the orders of a licensed physician, nurse practitioner, or physician assistant and under the immediate and 246 247 direct supervision of a licensed registered nurse. Nothing in this chapter shall be construed to prohibit a 248 patient care dialysis technician trainee from performing dialysis care as part of and within the scope of 249 the clinical skills instruction segment of a supervised dialysis technician training program, provided such 250 trainee is identified as a "trainee" while working in a renal dialysis facility.

The dialysis care technician or dialysis patient care technician administering the medications shall

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252 have demonstrated competency as evidenced by holding current valid certification from an organization 253 approved by the Board of Health Professions pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.). 254 T. Persons who are otherwise authorized to administer controlled substances in hospitals shall be

255 authorized to administer influenza or pneumococcal vaccines pursuant to § 32.1-126.4.

256 U. Pursuant to a specific order for a patient and under his direct and immediate supervision, a 257 prescriber may authorize the administration of controlled substances by personnel who have been 258 properly trained to assist a doctor of medicine or osteopathic medicine, provided the method does not 259 include intravenous, intrathecal, or epidural administration and the prescriber remains responsible for 260 such administration.

261 V. A physician assistant, nurse, dental hygienist, or authorized agent of a doctor of medicine, 262 osteopathic medicine, or dentistry may possess and administer topical fluoride varnish pursuant to an 263 oral or written order or a standing protocol issued by a doctor of medicine, osteopathic medicine, or 264 dentistry.

265 W. A prescriber, acting in accordance with guidelines developed pursuant to § 32.1-46.02, may 266 authorize the administration of influenza vaccine to minors by a licensed pharmacist, registered nurse, licensed practical nurse under the direction and immediate supervision of a registered nurse, or 267 268 emergency medical services provider who holds an advanced life support certificate issued by the 269 Commissioner of Health when the prescriber is not physically present.

270 X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order 271 issued by a prescriber or a standing order issued by the Commissioner of Health or his designee 272 authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the 273 absence of an oral or written order for a specific patient issued by a prescriber, and in accordance with 274 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the 275 Department of Health, a pharmacist, a health care provider providing services in a hospital emergency department, and emergency medical services personnel, as that term is defined in § 32.1-111.1, may 276 277 dispense naloxone or other opioid antagonist used for overdose reversal and a person to whom naloxone 278 or other opioid antagonist has been dispensed pursuant to this subsection may possess and administer 279 naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be 280 experiencing or about to experience a life-threatening opioid overdose. Law-enforcement officers as 281 defined in § 9.1-101, employees of the Department of Forensic Science, employees of the Office of the 282 Chief Medical Examiner, employees of the Department of General Services Division of Consolidated 283 Laboratory Services, employees of the Department of Corrections designated as probation and parole 284 officers or as correctional officers as defined in § 53.1-1, employees of the Department of Juvenile 285 Justice designated as probation and parole officers or as juvenile correctional officers, employees of 286 regional jails, school nurses, local health department employees that are assigned to a public school 287 pursuant to an agreement between the local health department and the school board, other school board employees or individuals contracted by a school board to provide school health services, and firefighters 288 289 who have completed a training program may also possess and administer naloxone or other opioid 290 antagonist used for overdose reversal and may dispense naloxone or other opioid antagonist used for 291 overdose reversal pursuant to an oral, written, or standing order issued by a prescriber or a standing 292 order issued by the Commissioner of Health or his designee in accordance with protocols developed by 293 the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.

294 Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued 295 by a prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the 296 dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or 297 written order for a specific patient issued by a prescriber, and in accordance with protocols developed by 298 the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, an 299 employee or other person acting on behalf of a public place who has completed a training program may 300 also possess and administer naloxone or other opioid antagonist used for overdose reversal other than 301 naloxone in an injectable formulation with a hypodermic needle or syringe in accordance with protocols 302 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of 303 Health.

304 Notwithstanding any other law or regulation to the contrary, an employee or other person acting on 305 behalf of a public place may possess and administer naloxone or other opioid antagonist, other than 306 naloxone in an injectable formulation with a hypodermic needle or syringe, to a person who is believed 307 to be experiencing or about to experience a life-threatening opioid overdose if he has completed a 308 training program on the administration of such naloxone and administers naloxone in accordance with 309 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the 310 Department of Health.

311 For the purposes of this subsection, "public place" means any enclosed area that is used or held out 312 for use by the public, whether owned or operated by a public or private interest.

313 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 314 315 training in the administration of naloxone for overdose reversal may dispense naloxone to a person who has received instruction on the administration of naloxone for opioid overdose reversal, provided that 316 317 such dispensing is (i) pursuant to a standing order issued by a prescriber and (ii) in accordance with 318 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the 319 Department of Health. If the person acting on behalf of an organization dispenses naloxone in an 320 injectable formulation with a hypodermic needle or syringe, he shall first obtain authorization from the 321 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 322 323 obtain a controlled substance registration from the Board of Pharmacy. The Board of Pharmacy shall not 324 charge a fee for the issuance of such controlled substance registration. The dispensing may occur at a 325 site other than that of the controlled substance registration provided the entity possessing the controlled 326 substances registration maintains records in accordance with regulations of the Board of Pharmacy. No 327 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 328 329 naloxone dispensed. A person to whom naloxone has been dispensed pursuant to this subsection may 330 possess naloxone and may administer naloxone to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. 331

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.

335 AA. Pursuant to a written order or standing protocol issued by the prescriber within the course of his 336 professional practice, such prescriber may authorize, with the consent of the parents as defined in 337 § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in 338 § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 339 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 340 341 insufficiency to administer such medication to a student diagnosed with a condition causing adrenal 342 insufficiency when the student is believed to be experiencing or about to experience an adrenal crisis. 343 Such authorization shall be effective only when a licensed nurse, nurse practitioner, physician, or 344 physician assistant is not present to perform the administration of the medication.