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HOUSE BILL NO. 1511

AMENDMENT IN THE NATURE OF A SUBSTITUTE
(Proposed by the Senate Committee on Education and Health
on February 9, 2023)

(Patron Prior to Substitute—Delegate Adams, D.M.)

A BILL to amend and reenact §§ 54.1-2957.9 and 54.1-3408 of the Code of Virginia, relating to midwifery; administration of medication.

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2957.9 and 54.1-3408 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-2957.9. Regulation of the practice of midwifery.

The Board shall adopt regulations governing the practice of midwifery, upon consultation with the Advisory Board on Midwifery. The regulations shall (i) address the requirements for licensure to practice midwifery, including the establishment of standards of care, (ii) be consistent with the North American Registry of Midwives' current job description for the profession and the National Association of Certified Professional Midwives' standards of practice, except that prescriptive authority ~~and the possession and administration of controlled substances~~ shall be prohibited, (iii) ensure independent practice, (iv) require midwives to disclose to their patients, when appropriate, options for consultation and referral to a physician and evidence-based information on health risks associated with birth of a child outside of a hospital or birthing center, as defined in § 54.1-2957.03, including risks associated with vaginal births after a prior cesarean section, breech births, births by women experiencing high-risk pregnancies, and births involving multiple gestation, (v) provide for an appropriate license fee, and (vi) include requirements for licensure renewal and continuing education. Such regulations shall not (a) require any agreement, written or otherwise, with another health care professional or (b) require the assessment of a woman who is seeking midwifery services by another health care professional. A licensed midwife may obtain, possess, and administer drugs and devices that are used within the licensed midwife's scope of practice as determined by the North American Registry of Midwives Job Analysis. The Board of Medicine shall develop and publish best practice and standards of care guidance for all such drugs. The formulary shall not include any drug, as defined in § 54.1-3401, in Schedule I through V of the Drug Control Act. A licensed midwife may obtain medications and devices to treat conditions within the licensed midwife's scope of practice from entities including a pharmacy, as defined in § 54.1-3300, or a manufacturer, medical equipment supplier, outsourcing facility, warehouser, or wholesale distributor, as these terms are defined in § 54.1-3401. An entity that provides a medication to a licensed midwife in accordance with this section, and who relies in good faith upon the license information provided by the licensed midwife, is not subject to liability for providing the medication.

Completing all Alliance for Innovation on Maternal Health patient safety bundles advanced by the Virginia Neonatal Perinatal Collaborative shall be required of any licensed midwife who obtains, possesses, and administers drugs and devices within the scope of his practice.

License renewal shall be contingent upon maintaining a Certified Professional Midwife certification.

§ 54.1-3408. Professional use by practitioners.

A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine, a licensed nurse practitioner 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; or

60 4. A licensed respiratory therapist as defined in § 54.1-2954 who administers by inhalation controlled
61 substances used in inhalation or respiratory therapy.

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

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

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

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

77 Pursuant to an order or standing protocol that shall be issued by the local health director within the
78 course of his professional practice, any school nurse, school board employee, employee of a local
79 governing body, or employee of a local health department who is authorized by the local health director
80 and trained in the administration of albuterol inhalers and valved holding chambers or nebulized
81 albuterol may possess or administer an albuterol inhaler and a valved holding chamber or nebulized
82 albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol
83 when the student is believed to be experiencing or about to experience an asthmatic crisis.

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

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

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

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

104 Pursuant to an order or a standing protocol issued by the prescriber within the course of his
105 professional practice, and in accordance with policies and guidelines established by the Department of
106 Health, such prescriber may authorize any employee of a restaurant licensed pursuant to Chapter 3
107 (§ 35.1-18 et seq.) of Title 35.1 to possess and administer epinephrine on the premises of the restaurant
108 at which the employee is employed, provided that such person is trained in the administration of
109 epinephrine.

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

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

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

121 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.

F. 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 athletic trainers to possess and administer topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs; oxygen for use in emergency situations; epinephrine for use in emergency cases of anaphylactic shock; and naloxone or other opioid antagonist for overdose reversal.

G. Pursuant to an oral or written order or 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 pursuant to § 32.1-50.2, such prescriber may authorize registered nurses or licensed practical nurses under the supervision of a registered nurse to possess and administer tuberculin purified protein derivative (PPD) in the absence of a prescriber. The Department of Health's policies and guidelines shall be consistent with applicable guidelines developed by the Centers for Disease Control and Prevention for preventing transmission of mycobacterium tuberculosis and shall be updated to incorporate any subsequently implemented standards of the Occupational Safety and Health 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 categories of persons to whom the tuberculin test is to be administered and shall provide for appropriate 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 underlying tuberculin screening.

The Health Commissioner or his designee may authorize registered nurses, acting as agents of the 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, nurse practitioner, physician, or 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, nurse practitioner, physician, or 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.

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

185 Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist
186 in the course of his professional practice, a dentist may authorize a dental hygienist under his general
187 supervision, as defined in § 54.1-2722, or his remote supervision, as defined in subsection E or F of
188 § 54.1-2722, to possess and administer topical oral fluorides, topical oral anesthetics, topical and directly
189 applied antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI
190 topical drug approved by the Board of Dentistry.

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

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

199 L. This section shall not prevent the administration of drugs by a person who has satisfactorily
200 completed a training program for this purpose approved by the Board of Nursing and who administers
201 such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of
202 administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to
203 security and record keeping, when the drugs administered would be normally self-administered by (i) an
204 individual receiving services in a program licensed by the Department of Behavioral Health and
205 Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision
206 Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the
207 placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program
208 participant of an adult day-care center licensed by the Department of Social Services; (v) a resident of
209 any facility authorized or operated by a state or local government whose primary purpose is not to
210 provide health care services; (vi) a resident of a private children's residential facility, as defined in
211 § 63.2-100 and licensed by the Department of Social Services, Department of Education, or Department
212 of Behavioral Health and Developmental Services; or (vii) a student in a school for students with
213 disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

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

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

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

236 O. In addition, this section shall not prevent the administration of drugs by a person to (i) a child in
237 a child day program as defined in § 22.1-289.02 and regulated by the Board of Education or a local
238 government pursuant to § 15.2-914, or (ii) a student of a private school that is accredited pursuant to
239 § 22.1-19 as administered by the Virginia Council for Private Education, provided such person (a) has
240 satisfactorily completed a training program for this purpose approved by the Board of Nursing and
241 taught by a registered nurse, licensed practical nurse, nurse practitioner, physician assistant, doctor of
242 medicine or osteopathic medicine, or pharmacist; (b) has obtained written authorization from a parent or
243 guardian; (c) administers drugs only to the child identified on the prescription label in accordance with
244 the prescriber's instructions pertaining to dosage, frequency, and manner of administration; and (d)

administers only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container that would normally be self-administered by the child or student, or administered by a parent or guardian to the child or student.

P. In addition, this section shall not prevent the administration or dispensing of drugs and devices by persons if they are authorized by the State Health Commissioner in accordance with protocols established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has declared a disaster or a state of emergency, the United States Secretary of Health and Human Services has issued a 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, nurse practitioner, or 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.

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

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

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

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

W. A prescriber, acting in accordance with guidelines developed pursuant to § 32.1-46.02, may 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 emergency medical services provider who holds an advanced life support certificate issued by the Commissioner of Health when the prescriber is not physically present.

X. 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 opioid 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, 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 dispense naloxone or other opioid antagonist used for overdose reversal and a person to whom naloxone or other opioid antagonist has been dispensed pursuant to this subsection may possess and administer

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

321 Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued
322 by a prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the
323 dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or
324 written order for a specific patient issued by a prescriber, and in accordance with protocols developed by
325 the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, an
326 employee or other person acting on behalf of a public place who has completed a training program may
327 also possess and administer naloxone or other opioid antagonist used for overdose reversal other than
328 naloxone in an injectable formulation with a hypodermic needle or syringe in accordance with protocols
329 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of
330 Health.

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

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

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

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

362 AA. Pursuant to a written order or standing protocol issued by the prescriber within the course of his
363 professional practice, such prescriber may authorize, with the consent of the parents as defined in
364 § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in
365 § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19
366 as administered by the Virginia Council for Private Education who is trained in the administration of
367 injected medications for the treatment of adrenal crisis resulting from a condition causing adrenal

368 insufficiency to administer such medication to a student diagnosed with a condition causing adrenal
369 insufficiency when the student is believed to be experiencing or about to experience an adrenal crisis.
370 Such authorization shall be effective only when a licensed nurse, nurse practitioner, physician, or
371 physician assistant is not present to perform the administration of the medication.