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HOUSE BILL NO. 342**AMENDMENT IN THE NATURE OF A SUBSTITUTE**

(Proposed by the House Committee on Health and Human Services
on February 6, 2024)

(Patron Prior to Substitute—Delegate Hope)

A BILL to amend and reenact § 54.1-3408 of the Code of Virginia and to amend the Code of Virginia by adding in Chapter 28 of Title 2.2 a section numbered 2.2-2833, relating to naloxone or other opioid antagonists; possession and administration by state agencies.

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 in Chapter 28 of Title 2.2 a section numbered 2.2-2833 as follows:

§ 2.2-2833. Possession of naloxone or other opioid antagonists by state agencies.

Each state agency shall possess naloxone or other opioid antagonists used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.

§ 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.

D. 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 nurses and licensed practical nurses to possess (i) epinephrine and oxygen for administration in treatment of emergency medical conditions and (ii) heparin and sterile normal saline to use for the maintenance of intravenous access lines.

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

Pursuant to an order or standing protocol issued by the prescriber within the course of his professional practice, any school nurse, school board employee, employee of a local governing body, 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 standing protocol that shall be issued by the local health director within the course of his professional practice, any school nurse, licensed athletic trainer under contract with a local school division, school board employee, employee of a local governing body, or employee of a local

60 health department who is authorized by the local health director and trained in the administration of
61 albuterol inhalers and valved holding chambers or nebulized albuterol may possess or administer an
62 albuterol inhaler and a valved holding chamber or nebulized albuterol to a student diagnosed with a
63 condition requiring an albuterol inhaler or nebulized albuterol when the student is believed to be
64 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 employee of a school for students with disabilities, as defined in § 22.1-319
67 and licensed by the Board of Education, or any employee of a private school that is accredited pursuant
68 to § 22.1-19 as administered by the Virginia Council for Private Education who is authorized by a
69 prescriber and trained in the administration of (a) epinephrine may possess and administer epinephrine
70 and (b) albuterol inhalers or nebulized albuterol may possess or administer an albuterol inhaler or
71 nebulized albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized
72 albuterol when the student is believed to be experiencing or about to experience an asthmatic crisis.

73 Pursuant to an order or a standing protocol issued by the prescriber within the course of his
74 professional practice, any nurse at an early childhood care and education entity, employee at the entity,
75 or 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 a standing protocol issued by the prescriber within the course of his
78 professional practice, any employee of a public institution of higher education or a private institution of
79 higher education who is authorized by a prescriber and trained in the administration of epinephrine may
80 possess and administer epinephrine.

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

85 Pursuant to an order or a standing protocol issued by the prescriber within the course of his
86 professional practice, and in accordance with policies and guidelines established by the Department of
87 Health, such prescriber may authorize any employee of a restaurant licensed pursuant to Chapter 3
88 (§ 35.1-18 et seq.) of Title 35.1 to possess and administer epinephrine on the premises of the restaurant
89 at which the employee is employed, provided that such person is trained in the administration of
90 epinephrine.

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

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

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

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

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

110 G. Pursuant to an oral or written order or standing protocol issued by the prescriber within the
111 course of his professional practice, and in accordance with policies and guidelines established by the
112 Department of Health pursuant to § 32.1-50.2, such prescriber may authorize registered nurses or
113 licensed practical nurses under the supervision of a registered nurse to possess and administer tuberculin
114 purified protein derivative (PPD) in the absence of a prescriber. The Department of Health's policies and
115 guidelines shall be consistent with applicable guidelines developed by the Centers for Disease Control
116 and Prevention for preventing transmission of mycobacterium tuberculosis and shall be updated to
117 incorporate any subsequently implemented standards of the Occupational Safety and Health
118 Administration and the Department of Labor and Industry to the extent that they are inconsistent with
119 the Department of Health's policies and guidelines. Such standing protocols shall explicitly describe the
120 categories of persons to whom the tuberculin test is to be administered and shall provide for appropriate
121 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, 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.

L. This section shall not prevent the administration of drugs by a person who has satisfactorily completed a training program for this purpose approved by the Board of Nursing and who administers such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of

183 administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to
184 security and record keeping, when the drugs administered would be normally self-administered by (i) an
185 individual receiving services in a program licensed by the Department of Behavioral Health and
186 Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision
187 Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the
188 placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program
189 participant of an adult day-care center licensed by the Department of Social Services; (v) a resident of
190 any facility authorized or operated by a state or local government whose primary purpose is not to
191 provide health care services; (vi) a resident of a private children's residential facility, as defined in
192 § 63.2-100 and licensed by the Department of Social Services, Department of Education, or Department
193 of Behavioral Health and Developmental Services; or (vii) a student in a school for students with
194 disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

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

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

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

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

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

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

244 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.

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 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. 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, *employees of any state agency*, 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, 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 opioid antagonist used for overdose reversal and may dispense naloxone or other opioid 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 opioid antagonist used for overdose reversal in the absence of an oral or

306 written order for a specific patient issued by a prescriber, and in accordance with protocols developed by
307 the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, any
308 person may possess and administer naloxone or other opioid antagonist used for overdose reversal, other
309 than naloxone in an injectable formulation with a hypodermic needle or syringe, in accordance with
310 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the
311 Department of Health.

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

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

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

343 **2. That the Department of Health shall post informational resources on the Department of Health**
344 **website about naloxone and other opioid antagonists used for opioid reversal and how they might**
345 **be used to prevent overdoses in public places.**