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HOUSE BILL NO. 497

Offered January 10, 2024

Prefiled January 8, 2024

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

Patrons—Cohen, Jones and Hope

Referred to Committee on Education

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-3408 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding sections numbered 22.1-206.01 and 22.1-274.4:1 as follows:

§ 22.1-206.01. Opioid overdose prevention and reversal training program.

A. Each local school board shall develop a plan, in accordance with the guidelines developed by the Department of Health in collaboration with the Department of Education and the protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, for providing at each public secondary school an opioid overdose prevention and reversal training program. Such training program may be offered at such grade level as each local school board deems appropriate, provided, however, that each student is required to have completed such training program and received certification by grade 10 in the administration of naloxone for the reversal of a potentially life-threatening overdose. Such opioid overdose prevention and reversal training program may be provided as a part of the physical and health education instruction required pursuant to § 22.1-207. Such training program shall include:

1. Instruction in identifying the signs of a possible opioid overdose; and
2. Training and certification in the administration of naloxone for opioid overdose reversal by an organization authorized by the Department of Behavioral Health and Developmental Services to provide naloxone administration training and certification.

B. Each public secondary school shall provide an opioid overdose prevention and reversal training program in accordance with the provisions of subsection A and the plan developed by its local school board.

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

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

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

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

3. Policies relating to the proper and safe storage of naloxone doses in each such secondary school, including policies requiring that at least one dose of naloxone be stored at all times in an easily accessible location in the school.

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

C. Each local school board shall adopt and implement policies, in accordance with the provisions of subsection X of § 54.1-3408, for the possession and administration of naloxone in each public secondary school by any school nurse or employee who is authorized by a prescriber and trained and certified in the administration of naloxone for opioid overdose reversal by an organization authorized by the

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59 *Department of Behavioral Health and Developmental Services to provide naloxone administration and*
60 *certification to any student, faculty, or staff member who is believed to be experiencing or about to*
61 *experience a life-threatening opioid overdose. Such policies shall:*

62 *1. Require each public secondary school to provide to all faculty and staff of such school training*
63 *and certification in the administration of naloxone by an organization authorized by the Department of*
64 *Behavioral Health and Developmental Services to provide naloxone administration and certification;*

65 *2. Ensure that all faculty and staff trained in certified pursuant to subdivision 1 have the means to*
66 *access at all times during regular school hours any naloxone that is stored in a locked or otherwise*
67 *generally inaccessible container or area; and*

68 *3. Provide that any student enrolled at such secondary school who, on school grounds and during*
69 *regular school hours, is suspected of possessing or found in possession of naloxone or has administered*
70 *naloxone to a student, faculty, or staff member believed to be experiencing or about to experience a*
71 *life-threatening opioid overdose shall have immunity from any disciplinary action based on violation of*
72 *any school rules or policies relating to the possession of controlled substances, provided that such*
73 *student has completed the opioid overdose prevention and reversal training program in accordance with*
74 *§ 22.1-206.01 and is 16 years of age or older.*

75 *D. Each public secondary school shall implement the policies adopted by the respective school board*
76 *pursuant to subsection C.*

77 **§ 54.1-3408. Professional use by practitioners.**

78 A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine, a licensed
79 advanced practice registered nurse pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to §
80 54.1-2957.04, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist
81 pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 shall only prescribe, dispense, or administer
82 controlled substances in good faith for medicinal or therapeutic purposes within the course of his
83 professional practice. A licensed midwife pursuant to § 54.1-2957.7 shall only obtain, possess, and
84 administer controlled substances in good faith for medicinal or therapeutic purposes within the course of
85 his professional practice.

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

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

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

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

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

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

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

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

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

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

119 Pursuant to an order or standing protocol that shall be issued by the local health director within the
120 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 health department who is authorized by the local health director and trained in the administration of albuterol inhalers and valved holding chambers or nebulized albuterol may possess or administer an albuterol inhaler and a valved holding chamber 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.

Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, any employee of a school for students with disabilities, as defined in § 22.1-319 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.

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

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

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

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

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

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

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 pharmacists to possess epinephrine and oxygen 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.

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 and IV saline for use in emergency situations; subcutaneous lidocaine for wound closure; 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

182 categories of persons to whom the tuberculin test is to be administered and shall provide for appropriate
183 medical evaluation of those in whom the test is positive. The prescriber shall ensure that the nurse
184 implementing such standing protocols has received adequate training in the practice and principles
185 underlying tuberculin screening.

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

190 H. Pursuant to a written order or standing protocol issued by the prescriber within the course of his
191 professional practice, such prescriber may authorize, with the consent of the parents as defined in
192 § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in
193 § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19
194 as administered by the Virginia Council for Private Education who is trained in the administration of
195 insulin and glucagon to assist with the administration of insulin or administer glucagon to a student
196 diagnosed as having diabetes and who requires insulin injections during the school day or for whom
197 glucagon has been prescribed for the emergency treatment of hypoglycemia. Such authorization shall
198 only be effective when a licensed nurse, an advanced practice registered nurse, a physician, or a
199 physician assistant is not present to perform the administration of the medication.

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

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

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

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

228 Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist
229 in the course of his professional practice, a dentist may authorize a dental hygienist under his general
230 supervision, as defined in § 54.1-2722, or his remote supervision, as defined in subsection E or F of
231 § 54.1-2722, to possess and administer topical oral fluorides, topical oral anesthetics, topical and directly
232 applied antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI
233 topical drug approved by the Board of Dentistry.

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

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

242 L. This section shall not prevent the administration of drugs by a person who has satisfactorily
243 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 administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to security and record keeping, when the drugs administered would be normally self-administered by (i) an individual receiving services in a program licensed by the Department of Behavioral Health and Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the 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 any facility authorized or operated by a state or local government whose primary purpose is not to provide health care services; (vi) a resident of a private children's residential facility, as defined in § 63.2-100 and licensed by the Department of Social Services, Department of Education, or Department of 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.

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

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

N. In addition, this section shall not prevent the administration of drugs by a person who administers 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 regulations relating to training, security and record keeping, when the drugs administered would be normally self-administered by a student of a Virginia public school. Training for such persons shall be accomplished through a program approved by the local school boards, in consultation with the local departments of health.

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

305 unlicensed individuals to a person in his private residence.

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

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

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

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

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

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

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

340 X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order
341 issued by a prescriber or a standing order issued by the Commissioner of Health or his designee
342 authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the
343 absence of an oral or written order for a specific patient issued by a prescriber, and in accordance with
344 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the
345 Department of Health, a pharmacist, a health care provider providing services in a hospital emergency
346 department, and emergency medical services personnel, as that term is defined in § 32.1-111.1, may
347 dispense naloxone or other opioid antagonist used for overdose reversal and a person to whom naloxone
348 or other opioid antagonist has been dispensed pursuant to this subsection may possess and administer
349 naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be
350 experiencing or about to experience a life-threatening opioid overdose. Law-enforcement officers as
351 defined in § 9.1-101, employees of the Department of Forensic Science, employees of the Office of the
352 Chief Medical Examiner, employees of the Department of General Services Division of Consolidated
353 Laboratory Services, employees of the Department of Corrections designated by the Director of the
354 Department of Corrections or designated as probation and parole officers or as correctional officers as
355 defined in § 53.1-1, employees of the Department of Juvenile Justice designated as probation and parole
356 officers or as juvenile correctional officers, employees of regional jails, school nurses, local health
357 department employees that are assigned to a public school pursuant to an agreement between the local
358 health department and the school board, *school board employees who have completed training and are*
359 *certified in the administration of naloxone for overdose reversal by an organization authorized by the*
360 *Department of Behavioral Health and Developmental Services to provide naloxone administration*
361 *training and certification, students at public secondary schools who have completed the training and*
362 *certification required pursuant to § 22.1-206.01 and are 16 years of age or older, other school board*
363 *employees or individuals contracted by a school board to provide school health services, and firefighters*
364 *may also possess and administer naloxone or other opioid antagonist used for overdose reversal and may*
365 *dispense naloxone or other opioid antagonist used for overdose reversal pursuant to an oral, written, or*
366 *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 written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, any person may possess and administer naloxone or other opioid antagonist used for overdose reversal, other than naloxone in an injectable formulation with a hypodermic needle or syringe, in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.

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

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

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

2. That the Department of Health and the Department of Education shall collaborate to develop guidelines and policies relating to the implementation of the provisions of this act, including guidelines and policies for (i) the procurement, possession, storage, and maintenance of at least two unexpired doses of naloxone in each public secondary school; (ii) the possession and administration of naloxone by school board employees, including: (a) the training and certification of each school board employee at each secondary school in the possession and administration of naloxone; (b) the administration of naloxone by any such school board employee to any student, faculty, or staff member believed to be experiencing or about to experience a life-threatening opioid overdose; and (c) the provision of disciplinary immunity for any student who, on school grounds and during regular school hours, is suspected of possessing or found to be in possession of naloxone or who has administered naloxone to any student, faculty, or staff member believed to be experiencing or about to experience a life-threatening opioid overdose, provided that such student has completed the opioid overdose prevention and reversal training program and is 16 years of age or older; (iii) the implementation of an opioid overdose prevention and reversal training program at each public secondary school that includes training and certification in the administration of naloxone for opioid overdose reversal by an organization authorized by the Department of Behavioral Health and Developmental Services to provide naloxone administration or certification, to be completed by each secondary school student by grade 10; (iv) informational guidance materials to be made available to students and parents on the opioid overdose prevention and reversal training

428 program; and (v) any other policies or guidelines deemed necessary and appropriate. The
429 Department of Education shall submit such guidelines and policies developed pursuant to this act
430 to the House Committee on Appropriations, the House Committee on Education, the Senate
431 Committee on Education and Health, and the Senate Committee on Finance and Appropriations
432 by January 1, 2025.

433 3. That the Department of Education and each local school board shall, in developing and
434 implementing any policies and procedures pursuant to the provisions of §§ 22.1-206.01 and
435 22.1-274.4:1 of the Code of Virginia, as created by this act, to the fullest extent possible, take
436 advantage of existing resources and funding sources, including the Commonwealth Opioid
437 Abatement and Remediation Fund, established pursuant to § 2.2-2377 of the Code of Virginia, and
438 the Virginia State Opioid Response Grant.

439 4. That the provisions of this act shall be implemented by each local school board by the
440 beginning of the 2025-2026 school year.