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HOUSE BILL NO. 732

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the House Committee on Education)

(Patron Prior to Substitute—Delegate Sewell)

House Amendments in [] - February 12, 2024

A BILL to amend and reenact § 54.1-3408 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 22.1-274.4:1, relating to public elementary and secondary schools; policies and requirements relating to opioid antagonists.

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 a section numbered 22.1-274.4:1 as follows:

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

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

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

2. Procedures for requesting a replacement dose of an opioid antagonist any time a dose has expired, is administered for overdose reversal, or is otherwise rendered unusable; and

3. Policies relating to the proper and safe storage of such supply of opioid antagonists in each such elementary and secondary school.

B. Each school board shall, in accordance with the guidelines and policies developed by the Department of Education in collaboration with the Department of Health, place a supply of opioid antagonists in an amount equivalent to at least two unexpired doses in every public elementary and secondary school in the school division. Each school board shall provide to each public elementary and secondary school additional opioid antagonist doses as necessary to ensure that each such elementary and secondary school at all times possesses in its supply of opioid antagonists at least two unexpired doses of an opioid antagonist.

C. Each school board shall adopt and implement policies, in accordance with the provisions of subsection X of § 54.1-3408, for each public elementary and secondary school relating to the possession and administration of an opioid antagonist to any student, faculty, or staff member who is believed to be experiencing or about to experience a life-threatening opioid overdose by any school nurse or employee who is authorized by a prescriber and trained in the administration of an opioid antagonist for opioid overdose reversal. Such policies shall require each public elementary and secondary school to ensure that at least one school nurse or other school board employee at such school (i) is trained in the administration of an opioid antagonist and (ii) has the means to access at all times during regular school hours any opioid antagonist supply that is stored in a locked or otherwise generally inaccessible container or area.

D. Each school board shall, in adopting and implementing the policies set forth in subsections B and C, utilize to the fullest extent possible programs offered by the Department of Health relating to training in the administration of opioid antagonists and the procurement of doses of opioid antagonists.

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

F. Each public elementary and secondary school shall implement the policies adopted by the respective school board pursuant to subsection C and shall adopt policies in accordance with the provisions of subsections D and E.

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§ 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 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 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, an advanced practice registered nurse, a physician, or a physician assistant is not present to perform the administration of the medication.

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

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

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

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

211 Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist
212 in the course of his professional practice, a dentist may authorize a dental hygienist under his general
213 supervision, as defined in § 54.1-2722, or his remote supervision, as defined in subsection E or F of
214 § 54.1-2722, to possess and administer topical oral fluorides, topical oral anesthetics, topical and directly
215 applied antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI
216 topical drug approved by the Board of Dentistry.

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

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

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

240 In addition, this section shall not prevent a person who has successfully completed a training
241 program for the administration of drugs via percutaneous gastrostomy tube approved by the Board of
242 Nursing and been evaluated by a registered nurse as having demonstrated competency in administration
243 of drugs via percutaneous gastrostomy tube from administering drugs to a person receiving services from
244 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 unlicensed individuals to a person in his private residence.

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

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

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

306 approved by the Board of Health Professions pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.).

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

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

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

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

323 X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order
324 issued by a prescriber or a standing order issued by the Commissioner of Health or his designee
325 authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the
326 absence of an oral or written order for a specific patient issued by a prescriber, and in accordance with
327 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the
328 Department of Health, a pharmacist, a health care provider providing services in a hospital emergency
329 department, and emergency medical services personnel, as that term is defined in § 32.1-111.1, may
330 dispense naloxone or other opioid antagonist used for overdose reversal and a person to whom naloxone
331 or other opioid antagonist has been dispensed pursuant to this subsection may possess and administer
332 naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be
333 experiencing or about to experience a life-threatening opioid overdose. Law-enforcement officers as
334 defined in § 9.1-101, employees of the Department of Forensic Science, employees of the Office of the
335 Chief Medical Examiner, employees of the Department of General Services Division of Consolidated
336 Laboratory Services, employees of the Department of Corrections designated by the Director of the
337 Department of Corrections or designated as probation and parole officers or as correctional officers as
338 defined in § 53.1-1, employees of the Department of Juvenile Justice designated as probation and parole
339 officers or as juvenile correctional officers, employees of regional jails, school nurses, local health
340 department employees that are assigned to a public school pursuant to an agreement between the local
341 health department and the school board, *school board employees who have completed training in the*
342 *administration of an opioid antagonist for overdose reversal*, other school board employees or
343 individuals contracted by a school board to provide school health services, and firefighters may also
344 possess and administer naloxone or other opioid antagonist used for overdose reversal and may dispense
345 naloxone or other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing
346 order issued by a prescriber or a standing order issued by the Commissioner of Health or his designee in
347 accordance with protocols developed by the Board of Pharmacy in consultation with the Board of
348 Medicine and the Department of Health.

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

358 Y. Notwithstanding any other law or regulation to the contrary, a person who is acting on behalf of
359 an organization that provides services to individuals at risk of experiencing an opioid overdose or
360 training in the administration of naloxone for overdose reversal may dispense naloxone, provided that
361 such dispensing is (i) pursuant to a standing order issued by a prescriber and (ii) in accordance with
362 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the
363 Department of Health. If the person acting on behalf of an organization dispenses naloxone in an
364 injectable formulation with a hypodermic needle or syringe, he shall first obtain authorization from the
365 Department of Behavioral Health and Developmental Services to train individuals on the proper
366 administration of naloxone by and proper disposal of a hypodermic needle or syringe, and he shall
367 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 Education and the Department of Health shall collaborate to develop guidelines and policies relating to the implementation of the provisions of this act, including guidelines and policies for the (i) procurement, placement, storage, and maintenance of a supply of opioid antagonists in an amount equivalent to at least two unexpired doses of an opioid antagonist in each public elementary and secondary school in the Commonwealth; (ii) possession and administration of opioid antagonists by school board employees, including: (a) the training of at least one school board employee at each public elementary and secondary school in the possession and administration of an opioid antagonist and (b) the administration of an opioid antagonist 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 (iii) utilization of and collaboration with existing opioid overdose training and education programs and resources, including the "Revive!" Opioid Overdose and Naloxone Education program provided by the Department of Health, in the provision of the training and the procurement and maintenance of the opioid antagonist supply in accordance with the provisions of this act. The Department of Education shall submit such guidelines and policies developed pursuant to this act to the House Committee on Appropriations, the House Committee on Education, the Senate Committee on Education and Health, and the Senate Committee on Finance and Appropriations by January 1, 2025.

3. That the provisions of this act shall be implemented by each local school board by the beginning of the [~~2026-2027~~ 2025-2026] school year.