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SENATE BILL NO. 1257

Offered January 8, 2025

Prefiled January 8, 2025

A BILL to amend and reenact § 54.1-3408 the Code of Virginia and to amend the Code of Virginia by adding in Article 1 of Chapter 8 of Title 23.1 a section numbered 23.1-802.2, relating to public institutions of higher education; student and campus safety; training in opioid antagonist administration for resident assistants required.

Patron—Bagby

Referred to Committee on Education and Health

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 Article 1 of Chapter 8 of Title 23.1 a section numbered 23.1-802.2 as follows:

§ 23.1-802.2. Resident assistant opioid antagonist administration training required.

A. Each resident assistant in a student housing facility at a public institution of higher education shall complete, prior to the commencement of his duties, training in the 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.

B. Each public institution of higher education in the Commonwealth shall, in accordance with the provisions of subsection X of § 54.1-3408, adopt policies and procedures relating to the possession and administration of an opioid antagonist by each resident assistant in a student housing facility at such institution. Such policies and procedures shall:

1. Require each resident assistant in a student housing facility at such institution to be authorized by a prescriber and trained in the administration of an opioid antagonist prior to the commencement of his duties;

2. Arrange for the provision of such opioid antagonist administration training required pursuant to sub division 1 by a program administered or approved by the Department of Health; and

3. Ensure that each resident assistant in a student housing facility has access to at least two unexpired doses of an opioid antagonist at all times.

§ 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.

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

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

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

69 Pursuant to an order or standing protocol that shall be issued by the local health director within the course  
70 of his professional practice, any school nurse, licensed athletic trainer under contract with a local school  
71 division, school board employee, employee of a local governing body, or employee of a local health  
72 department who is authorized by the local health director and trained in the administration of albuterol  
73 inhalers and valved holding chambers or nebulized albuterol may possess or administer an albuterol inhaler  
74 and a valved holding chamber or nebulized albuterol to a student diagnosed with a condition requiring an  
75 albuterol inhaler or nebulized albuterol when the student is believed to be experiencing or about to experience  
76 an asthmatic crisis.

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

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

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

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

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

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

107 Pursuant to an order or standing protocol issued by the prescriber within the course of his professional  
108 practice, any employee of a place of public accommodation, as defined in subsection A of § 2.2-3904, who is  
109 authorized by a prescriber and trained in the administration of epinephrine may possess and administer  
110 epinephrine.

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

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

117 F. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of  
118 his professional practice, such prescriber may authorize licensed athletic trainers to possess and administer  
119 topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs; oxygen and IV saline for use in

120 emergency situations; subcutaneous lidocaine for wound closure; epinephrine for use in emergency cases of  
121 anaphylactic shock; and naloxone or other opioid antagonist for overdose reversal.

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

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

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

149 Pursuant to a written order or standing protocol issued by the prescriber within the course of his  
150 professional practice, such prescriber may authorize the possession and administration of undesigned  
151 glucagon as set forth in subsection F of § 22.1-274.2.

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

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

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

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

178 Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist in the  
179 course of his professional practice, a dentist may authorize a dental hygienist under his general supervision,  
180 as defined in § 54.1-2722, or his remote supervision, as defined in subsection E or F of § 54.1-2722, to

181 possess and administer topical oral fluorides, topical oral anesthetics, topical and directly applied  
182 antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI topical drug  
183 approved by the Board of Dentistry.

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

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

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

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

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

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

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

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

242 actual or potential bioterrorism incident or other actual or potential public health emergency, or the Board of  
 243 Health has made an emergency order pursuant to § 32.1-13 for the purpose of suppressing nuisances  
 244 dangerous to the public health and communicable, contagious, and infectious diseases and other dangers to  
 245 the public life and health and for the limited purpose of administering vaccines as an approved  
 246 countermeasure for such communicable, contagious, and infectious diseases; (ii) it is necessary to permit the  
 247 provision of needed drugs or devices; and (iii) such persons have received the training necessary to safely  
 248 administer or dispense the needed drugs or devices. Such persons shall administer or dispense all drugs or  
 249 devices under the direction, control, and supervision of the State Health Commissioner.

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

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

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

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

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

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

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

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

284 X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by  
 285 a prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the  
 286 dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or  
 287 written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the  
 288 Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, a pharmacist, a  
 289 health care provider providing services in a hospital emergency department, and emergency medical services  
 290 personnel, as that term is defined in § 32.1-111.1, may dispense naloxone or other opioid antagonist used for  
 291 overdose reversal and a person to whom naloxone or other opioid antagonist has been dispensed pursuant to  
 292 this subsection may possess and administer naloxone or other opioid antagonist used for overdose reversal to  
 293 a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.  
 294 Law-enforcement officers as defined in § 9.1-101, employees of the Department of Forensic Science,  
 295 employees of the Office of the Chief Medical Examiner, employees of the Department of General Services  
 296 Division of Consolidated Laboratory Services, employees of the Department of Corrections designated by the  
 297 Director of the Department of Corrections or designated as probation and parole officers or as correctional  
 298 officers as defined in § 53.1-1, employees of the Department of Juvenile Justice designated as probation and  
 299 parole officers or as juvenile correctional officers, employees of regional jails, employees of any state agency,  
 300 school nurses, local health department employees that are assigned to a public school pursuant to an  
 301 agreement between the local health department and the school board, school board employees who have  
 302 completed training and are certified in the administration of an opioid antagonist for overdose reversal by a

303 program administered or authorized by the Department of Health, other school board employees or  
304 individuals contracted by a school board to provide school health services, *resident assistants in a student*  
305 *housing facility at a public institution of higher education who have completed training in the administration*  
306 *of an opioid antagonist for overdose reversal pursuant to § 23.1-802.2*, and firefighters may also possess and  
307 administer naloxone or other opioid antagonist used for overdose reversal and may dispense naloxone or  
308 other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order issued by a  
309 prescriber or a standing order issued by the Commissioner of Health or his designee 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 Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by a  
313 prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the  
314 dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or  
315 written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the  
316 Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, any person  
317 may possess and administer naloxone or other opioid antagonist used for overdose reversal, other than  
318 naloxone in an injectable formulation with a hypodermic needle or syringe, in accordance with protocols  
319 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of  
320 Health.

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

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

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