

ASSEMBLY, No. 5157

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED DECEMBER 16, 2020

Sponsored by:

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblywoman LISA SWAIN

District 38 (Bergen and Passaic)

SYNOPSIS

Establishes certain limitations on the prescription, dispensation, and administration of opioid medications to student athletes.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 12/17/2020)

1 AN ACT concerning the prescription, dispensation, and
2 administration of opioid medications to student athletes, and
3 amending and supplementing various sections of the statutory
4 law.

5
6 **BE IT ENACTED** by the Senate and General Assembly of the State
7 of New Jersey:

8
9 1. (New section) a. A prescriber shall exercise extreme
10 caution when determining whether to prescribe opioid medication in
11 the course of treatment afforded to a student athlete. The prescriber
12 shall make every reasonable effort to utilize non-narcotic drugs,
13 including acetaminophen, non-steroidal anti-inflammatory
14 medications, and salicylates, as well as non-medicine alternatives
15 such as cryotherapy and transcutaneous nerve stimulation, as an
16 alternative to opioid medication.

17 b. Whenever a prescriber determines that the alternative
18 treatments described under subsection a. of this section are
19 insufficient to address a student athlete's medical needs, and
20 prescribes an opioid medication for the treatment of the student
21 athlete's injury or pain, the prescriber shall:

22 (1) make every effort to ensure the student athlete's safe use of
23 the medication;

24 (2) prescribe no more than a seven-day, non-refillable supply of
25 the medication;

26 (3) indicate, on the face of the prescription blank, that the
27 prescription is being issued for a student athlete, pursuant to this
28 section;

29 (4) provide the completed prescription blank to the student
30 athlete's parent or guardian, instead of providing it directly to the
31 student athlete;

32 (5) provide the student athlete's parent or guardian with
33 instructions as to how to administer the medication and the ways in
34 which the parent or guardian can engage in medication monitoring,
35 on a daily basis, to determine the continued need for, and
36 effectiveness of, the medication;

37 (6) provide the student athlete, and the student's parent or
38 guardian, with information or educational materials regarding the
39 risks that are associated with the use of opioid medication,
40 including information about drug tolerance, the possibility of
41 developing physical and psychological dependence or addiction,
42 and the warning signs of these conditions;

43 (7) emphasize to the student athlete, and to the student's parent
44 or guardian, the importance of preventing the student athlete from
45 engaging in the unsupervised self-administration of the opioid

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 medication; indicate that the student will be required to engage only
2 in the supervised administration of the medication while on school
3 grounds or under the authority of school officials, as provided by
4 section 2 of P.L. , c. (C.) (pending before the Legislature
5 as this bill); and strongly encourage the parent or guardian to
6 continue to supervise the student athlete's administration of the
7 medication when the student athlete is at home, or is otherwise not
8 under the authority of school officials; and

9 (8) notify the school nurse of the fact that an opioid medication
10 has been prescribed to the student athlete, and indicate the amount
11 of medication prescribed, as well as the expected duration of the
12 student's opioid use.

13 c. Any pharmacist who dispenses opioid medication, in
14 accordance with a prescription issued under this act, shall not
15 dispense the medication directly to the student athlete, but shall
16 instead require the parent or guardian of the student athlete to sign
17 for, and accept possession of, the medication.

18 d. As used in this section:

19 "Opioid medication" means a Schedule II narcotic drug,
20 available only with a prescription and generally prescribed for
21 analgesic purposes, which binds to the body's opioid receptor sites
22 and produces opiate-like effects. "Opioid medication" includes, but
23 is not limited to, hydrocodone, oxycodone, fentanyl, and any other
24 similarly-acting prescription narcotic analgesic drug.

25 "Prescriber" means a licensed health care practitioner, including,
26 but not limited to, a physician, advanced practice nurse, or
27 physician assistant, who is authorized by law to prescribe
28 medications, including opioid medications, as part of the
29 practitioner's scope of professional practice.

30 "School nurse" means a nurse who is responsible for providing
31 health care services at the student athlete's school.

32 "Student athlete" means a student, enrolled in a public or
33 nonpublic elementary or secondary school, who participates in an
34 interscholastic athletic program governed by the rules of the New
35 Jersey State Interscholastic Athletic Association, or who engages in
36 any other school-sponsored athletic activity, as defined by section 2
37 of P.L. , c. (C.) (pending before the Legislature as this
38 bill).

39
40 2. (New section) a. A student athlete shall be prohibited from
41 engaging in the unsupervised self-administration of opioid
42 medication while on school grounds, or while the student is
43 otherwise subject to the direct oversight of school officials.
44 Whenever a school nurse receives notice, pursuant to subsection b.
45 of section 1 of P.L. , c. (C.) (pending before the
46 Legislature as this bill), indicating that opioid medication has been
47 prescribed to a student athlete, the school nurse shall require the
48 student athlete to turn over the supply of medication to the school

1 nurse at the beginning of each school day, for the duration of time
2 that the medication is authorized. On a daily basis during such
3 period, the school nurse shall: (1) monitor the amount of opioid
4 medication in the supply, in order to ensure that the student athlete
5 is complying with the prescribed medication regimen; (2) supervise
6 the student athlete's administration of the medication during the
7 school day, except as otherwise provided by subsection b. of this
8 section; and (3) return the remaining supply of medication to the
9 student at the end of the school day.

10 b. If a student athlete has a prescription for opioid medication,
11 and is scheduled to be off school grounds for an off-site school-
12 sponsored sporting event or other school-sponsored athletic activity,
13 the school nurse shall provide an appropriate amount of the
14 medication to the school's athletic trainer who is directly
15 responsible for overseeing the off-site event or activity, and the
16 athletic trainer shall supervise the student athlete's administration
17 of the medication while the student athlete is present at the off-site
18 location.

19 c. As used in this section:

20 "Athletic activity" means interscholastic athletics; an athletic
21 contest or competition other than interscholastic athletics, which is
22 sponsored by, or associated with, a school district or nonpublic
23 school, including cheerleading and club-sponsored sporting
24 activities; and any practice or interschool practice or scrimmage
25 associated with those activities.

26 "Athletic trainer" means an adult employee of a public or
27 nonpublic elementary or secondary school, who is licensed as an
28 athletic trainer by the Board of Medical Examiners, pursuant to
29 P.L.1984, c.203 (C.45:9-37.35 et seq.), and who satisfies all other
30 requirements for certification and endorsement, which have been
31 established by the Board of Education pursuant to section 5 of
32 P.L.1999, c.87 (C.18A:26-2.5).

33 "Opioid medication" means a Schedule II narcotic drug,
34 available only with a prescription and generally prescribed for
35 analgesic purposes, which binds to the body's opioid receptor sites
36 and produces opiate-like effects. "Opioid medication" includes, but
37 is not limited to, hydrocodone, oxycodone, fentanyl, and any other
38 similarly-acting prescription narcotic analgesic drug.

39 "School nurse" means a nurse who is responsible for providing
40 health care services at the student athlete's school.

41 "Student athlete" means a student, enrolled in a public or
42 nonpublic elementary or secondary school, who participates in an
43 interscholastic athletic program governed by the rules of the New
44 Jersey State Interscholastic Athletic Association, or who engages in
45 any other school-sponsored athletic activity.

46

47 3. Section 1 of P.L.1997, c.249 (C.45:9-22.19) is amended to
48 read as follows:

1 1. a. Except in the case of an initial prescription issued pursuant
2 to section 11 of P.L.2017, c.28 (C.24:21-15.2), and except as
3 provided by subsection c. of this section, a physician licensed
4 pursuant to chapter 9 of Title 45 of the Revised Statutes may
5 prescribe a Schedule II controlled dangerous substance for the use
6 of a patient in any quantity which does not exceed a 30-day supply,
7 as defined by regulations adopted by the State Board of Medical
8 Examiners in consultation with the Department of Health. The
9 physician shall document the diagnosis and the medical need for the
10 prescription in the patient's medical record, in accordance with
11 guidelines established by the State Board of Medical Examiners.

12 b. Except in the case of an initial prescription issued pursuant
13 to section 11 of P.L.2017, c.28 (C.24:21-15.2), and except as
14 provided by subsection c. of this section, a physician may issue
15 multiple prescriptions authorizing the patient to receive a total of up
16 to a 90-day supply of a Schedule II controlled dangerous substance,
17 provided that the following conditions are met:

18 (1) each separate prescription is issued for a legitimate medical
19 purpose by the physician acting in the usual course of professional
20 practice;

21 (2) the physician provides written instructions on each
22 prescription, other than the first prescription if it is to be filled
23 immediately, indicating the earliest date on which a pharmacy may
24 fill each prescription;

25 (3) the physician determines that providing the patient with
26 multiple prescriptions in this manner does not create an undue risk
27 of diversion or abuse; and

28 (4) the physician complies with all other applicable State and
29 federal laws and regulations.

30 c. Notwithstanding the provisions of subsections a. and b. of
31 this section to the contrary, whenever a physician prescribes a
32 Schedule II opioid medication for use by a student athlete, the
33 physician shall comply with the prescribing parameters and
34 requirements and supply limitations specified in section 1
35 of P.L. , c. (C.) (pending before the Legislature as this
36 bill). As used in this subsection, "opioid medication" and "student
37 athlete" mean the same as those terms are defined pursuant to
38 section 1 of P.L. , c. (C.) (pending before the Legislature
39 as this bill).

40 (cf: P.L.2017, c.28, s.12)

41
42 4. Section 10 of P.L.1991, c.378 (C.45:9-27.19) is amended to
43 read as follows:

44 10. A physician assistant may order, prescribe, dispense, and
45 administer medications and medical devices and issue written
46 instructions to registered qualifying patients for medical cannabis to
47 the extent delegated by a supervising physician.

- 1 a. Controlled dangerous substances may only be ordered or
2 prescribed if:
- 3 (1) a supervising physician has authorized a physician assistant
4 to order or prescribe Schedule II, III, IV, or V controlled dangerous
5 substances in order to:
- 6 (a) continue or reissue an order or prescription for a controlled
7 dangerous substance issued by the supervising physician;
- 8 (b) otherwise adjust the dosage of an order or prescription for a
9 controlled dangerous substance originally ordered or prescribed by
10 the supervising physician, provided there is prior consultation with
11 the supervising physician;
- 12 (c) initiate an order or prescription for a controlled dangerous
13 substance for a patient, provided there is prior consultation with the
14 supervising physician if the order or prescription is not pursuant to
15 subparagraph (d) of this paragraph; or
- 16 (d) initiate an order or prescription for a controlled dangerous
17 substance as part of a treatment plan for a patient with a terminal
18 illness, which for the purposes of this subparagraph means a
19 medical condition that results in a patient's life expectancy being 12
20 months or less as determined by the supervising physician;
- 21 (2) the physician assistant has registered with, and obtained
22 authorization to order or prescribe controlled dangerous substances
23 from, the federal Drug Enforcement Administration and any other
24 appropriate State and federal agencies; **and**
- 25 (3) the physician assistant complies with all requirements which
26 the board shall establish by regulation for the ordering, prescription,
27 or administration of controlled dangerous substances, as well as all
28 applicable educational program requirements, and all continuing
29 professional education **programs approved** program requirements
30 established pursuant to section 16 of P.L.1991, c.378 (C.45:9-
31 27.25); and
- 32 (4) the physician assistant, if prescribing a Schedule II opioid
33 medication for use by a student athlete, complies with the
34 prescribing parameters and requirements and supply limitations
35 established by section 1 of P.L. , c. (C.) (pending before
36 the Legislature as this bill). As used in this paragraph, "opioid
37 medication" and "student athlete" mean the same as those terms are
38 defined pursuant to section 1 of P.L. , c. (C.) (pending
39 before the Legislature as this bill).
- 40 b. (Deleted by amendment, P.L.2015, c.224)
- 41 c. (Deleted by amendment, P.L.2015, c.224)
- 42 d. In the case of an order or prescription for a controlled
43 dangerous substance or written instructions for medical cannabis,
44 the physician assistant shall print on the order or prescription or the
45 written instructions the physician assistant's Drug Enforcement
46 Administration registration number.
- 47 e. The dispensing of medication or a medical device by a
48 physician assistant shall comply with relevant federal and State

1 regulations, and shall occur only if: (1) pharmacy services are not
2 reasonably available; (2) it is in the best interest of the patient; or
3 (3) the physician assistant is rendering emergency medical
4 assistance.

5 f. A physician assistant may request, receive, and sign for
6 prescription drug samples and may distribute those samples to
7 patients.

8 g. A physician assistant may issue written instructions to a
9 registered qualifying patient for medical cannabis pursuant to
10 section 10 of P.L.2009, c.307 (C.24:6I-10) only if:

11 (1) a supervising physician has authorized the physician
12 assistant to issue written instructions to registered qualifying
13 patients;

14 (2) the physician assistant verifies the patient's status as a
15 registered qualifying patient; and

16 (3) the physician assistant complies with the requirements for
17 issuing written instructions for medical cannabis established
18 pursuant to P.L.2009, c.307 (C.24:6I-1 et al.).
19 (cf: P.L.2019, c.153, s.46)
20

21 5. Section 10 of P.L.1991, c.377 (C.45:11-49) is amended to
22 read as follows:

23 10. a. In addition to all other tasks which a registered
24 professional nurse may, by law, perform, an advanced practice
25 nurse may manage preventive care services and diagnose and
26 manage deviations from wellness and long-term illnesses, consistent
27 with the needs of the patient and within the scope of practice of the
28 advanced practice nurse, by:

29 (1) initiating laboratory and other diagnostic tests;

30 (2) prescribing or ordering medications and devices, as
31 authorized by subsections b. and c. , and in accordance with the
32 provisions of subsection h., of this section; and

33 (3) prescribing or ordering treatments, including referrals to
34 other licensed health care professionals, and performing specific
35 procedures in accordance with the provisions of this subsection.

36 b. An advanced practice nurse may order medications and
37 devices in the inpatient setting, subject to the following conditions:

38 (1) the collaborating physician and advanced practice nurse
39 shall address in the joint protocols whether prior consultation with
40 the collaborating physician is required to initiate an order for a
41 controlled dangerous substance;

42 (2) the order is written in accordance with standing orders or
43 joint protocols developed in agreement between a collaborating
44 physician and the advanced practice nurse, or pursuant to the
45 specific direction of a physician;

46 (3) the advanced practice nurse authorizes the order by signing
47 the nurse's own name, printing the name and certification number,
48 and printing the collaborating physician's name;

1 (4) the physician is present or readily available through
2 electronic communications;

3 (5) the charts and records of the patients treated by the advanced
4 practice nurse are reviewed by the collaborating physician and the
5 advanced practice nurse within the period of time specified by rules
6 adopted by the Commissioner of Health pursuant to section 13 of
7 P.L.1991, c.377 (C.45:11-52);

8 (6) the joint protocols developed by the collaborating physician
9 and the advanced practice nurse are reviewed, updated, and signed
10 at least annually by both parties; and

11 (7) the advanced practice nurse has completed six contact hours
12 of continuing professional education in pharmacology related to
13 controlled substances, including pharmacologic therapy, addiction
14 prevention and management, and issues concerning prescription
15 opioid drugs, including responsible prescribing practices,
16 alternatives to opioids for managing and treating pain, and the risks
17 and signs of opioid abuse, addiction, and diversion, in accordance
18 with regulations adopted by the New Jersey Board of Nursing. The
19 six contact hours shall be in addition to New Jersey Board of
20 Nursing pharmacology education requirements for advanced
21 practice nurses related to initial certification and recertification of
22 an advanced practice nurse as set forth in N.J.A.C.13:37-7.2.

23 c. An advanced practice nurse may prescribe medications and
24 devices in all other medically appropriate settings, subject to the
25 following conditions:

26 (1) the collaborating physician and advanced practice nurse
27 shall address in the joint protocols whether prior consultation with
28 the collaborating physician is required to initiate a prescription for a
29 controlled dangerous substance;

30 (2) the prescription is written in accordance with standing orders
31 or joint protocols developed in agreement between a collaborating
32 physician and the advanced practice nurse, or pursuant to the
33 specific direction of a physician;

34 (3) the advanced practice nurse writes the prescription on a New
35 Jersey Prescription Blank pursuant to P.L.2003, c.280 (C.45:14-40
36 et seq.), signs the nurse's own name to the prescription and prints
37 the nurse's name and certification number;

38 (4) the prescription is dated and includes the name of the patient
39 and the name, address, and telephone number of the collaborating
40 physician;

41 (5) the physician is present or readily available through
42 electronic communications;

43 (6) the charts and records of the patients treated by the advanced
44 practice nurse are periodically reviewed by the collaborating
45 physician and the advanced practice nurse;

46 (7) the joint protocols developed by the collaborating physician
47 and the advanced practice nurse are reviewed, updated, and signed
48 at least annually by both parties; and

1 (8) the advanced practice nurse has completed six contact hours
2 of continuing professional education in pharmacology related to
3 controlled substances, including pharmacologic therapy, addiction
4 prevention and management, and issues concerning prescription
5 opioid drugs, including responsible prescribing practices,
6 alternatives to opioids for managing and treating pain, and the risks
7 and signs of opioid abuse, addiction, and diversion, in accordance
8 with regulations adopted by the New Jersey Board of Nursing. The
9 six contact hours shall be in addition to New Jersey Board of
10 Nursing pharmacology education requirements for advanced
11 practice nurses related to initial certification and recertification of
12 an advanced practice nurse as set forth in N.J.A.C.13:37-7.2.

13 d. The joint protocols employed pursuant to subsections b. and
14 c. of this section shall conform with standards adopted by the
15 Director of the Division of Consumer Affairs pursuant to section 12
16 of P.L.1991, c.377 (C.45:11-51) or section 10 of P.L.1999, c.85
17 (C.45:11-49.2), as applicable.

18 e. (Deleted by amendment, P.L.2004, c.122.)

19 f. An attending advanced practice nurse may determine and
20 certify the cause of death of the nurse's patient and execute the
21 death certification pursuant to R.S.26:6-8 if no collaborating
22 physician is available to do so and the nurse is the patient's primary
23 caregiver.

24 g. An advanced practice nurse may authorize qualifying
25 patients for the medical use of cannabis and issue written
26 instructions for medical cannabis to registered qualifying patients,
27 subject to the following conditions:

28 (1) the collaborating physician and advanced practice nurse
29 shall address in the joint protocols whether prior consultation with
30 the collaborating physician is required to authorize a qualifying
31 patient for the medical use of cannabis or issue written instructions
32 for medical cannabis;

33 (2) the authorization for the medical use of cannabis or issuance
34 of written instructions for cannabis is in accordance with standing
35 orders or joint protocols developed in agreement between a
36 collaborating physician and the advanced practice nurse, or
37 pursuant to the specific direction of a physician;

38 (3) the advanced practice nurse signs the nurse's own name to
39 the authorization or written instruction and prints the nurse's name
40 and certification number;

41 (4) the authorization or written instruction is dated and includes
42 the name of the qualifying patient and the name, address, and
43 telephone number of the collaborating physician;

44 (5) the physician is present or readily available through
45 electronic communications;

46 (6) the charts and records of qualifying patients treated by the
47 advanced practice nurse are periodically reviewed by the
48 collaborating physician and the advanced practice nurse;

1 (7) the joint protocols developed by the collaborating physician
2 and the advanced practice nurse are reviewed, updated, and signed
3 at least annually by both parties; and

4 (8) the advanced practice nurse complies with the requirements
5 for authorizing qualifying patients for the medical use of cannabis
6 and for issuing written instructions for medical cannabis established
7 pursuant to P.L.2009, c.307 (C.24:6I-1 et al.).

8 h. When prescribing a Schedule II opioid medication for use by
9 a student athlete, in accordance with the provisions of this section,
10 the advanced practice nurse shall comply with the prescribing
11 parameters and requirements and supply limitations established by
12 section 1 of P.L. , c. (C.) (pending before the Legislature
13 as this bill). As used in this subsection, “opioid medication” and
14 “student athlete” mean the same as those terms are defined pursuant
15 to section 1 of P.L. , c. (C.) (pending before the Legislature
16 as this bill).

17 (cf: P.L.2019, c.153, s.47)

18
19 6. The Commissioner of Health, in consultation with the
20 Commissioner of Education, shall adopt rules and regulations,
21 pursuant to the “Administrative Procedure Act,” P.L.1968, c.410
22 (C.52:14B-1 et seq.), as may be necessary to implement the
23 provisions of this act.

24
25 7. This act shall take effect immediately.

26 27 28 STATEMENT

29
30 In order to protect against the occurrence of opioid addiction in
31 student athletes, who regularly suffer from pain and injuries that
32 necessitate the prescription of pain relief medications, this bill
33 would establish certain limitations and requirements to restrict the
34 prescription and dispensation of opioid medications to student
35 athletes and provide for the close monitoring of a student athlete’s
36 use of such medications.

37 The bill would define the term “student athlete” to mean: a
38 student, enrolled in a public or nonpublic elementary or secondary
39 school, who participates in an interscholastic athletic program
40 governed by the rules of the New Jersey State Interscholastic
41 Athletic Association, or who engages in any other school-sponsored
42 athletic activity.

43 Pursuant to the bill’s provisions, a prescriber – including a
44 licensed physician, advanced practice nurse, or physician assistant –
45 would be required to exercise extreme caution when determining
46 whether to prescribe opioid medication in the course of treatment
47 afforded to a student athlete. The prescriber would be required to
48 make every reasonable effort to utilize non-narcotic drugs,

1 including acetaminophen, non-steroidal anti-inflammatory
2 medications, and salicylates, as well as non-medicine alternatives
3 such as cryotherapy and transcutaneous nerve stimulation, as an
4 alternative to opioid medication.

5 Whenever a prescriber determines that such alternative
6 treatments are insufficient to address the student athlete's medical
7 needs, and prescribes an opioid medication for the treatment of the
8 student athlete's injury or pain, the prescriber would be required to:

9 – make every effort to ensure the student athlete's safe use of
10 the opioid medication;

11 – prescribe no more than a seven-day, non-refillable supply;

12 – indicate, on the face of the prescription blank, that the
13 prescription is being issued for a student athlete, pursuant to the
14 bill's provisions;

15 – provide the completed prescription blank to the student
16 athlete's parent or guardian, as opposed to providing it directly to
17 the student athlete;

18 – provide the student athlete's parent or guardian with
19 instructions as to how to administer the opioid medication and the
20 ways in which the parent or guardian can engage in medication
21 monitoring, on a daily basis, to determine the continued need for,
22 and effectiveness of, the medication;

23 – provide the student athlete, and the student's parent or
24 guardian, with information or educational materials regarding the
25 risks that are associated with the use of opioid medication,
26 including information about drug tolerance, the possibility of
27 developing physical and psychological dependence or addiction,
28 and the warning signs of these conditions;

29 – emphasize to the student athlete and the student's parent or
30 guardian the importance of preventing the student athlete from
31 engaging in the unsupervised self-administration of the opioid
32 medication; indicate that the student will be required to engage only
33 in the supervised administration of the drug supply while on school
34 grounds or under the authority of school officials, as provided by
35 section 2 of the bill; and strongly encourage the parent or guardian
36 to continue to supervise the student athlete's administration of the
37 opioid drug supply when the student athlete is at home or is
38 otherwise not under the authority of school officials; and

39 – notify the school nurse of the fact that an opioid medication
40 has been prescribed to the student athlete, and indicate the amount
41 of medication prescribed, as well as the expected duration of the
42 student's opioid use.

43 The bill would prohibit a pharmacist from dispensing a
44 prescribed opioid medication directly to a student athlete, and it
45 would require the pharmacist, instead, to require the parent or
46 guardian of the student athlete to sign for, and accept possession of,
47 the medication.

1 The bill specifies that a student athlete is to be prohibited from
2 engaging in the unsupervised self-administration of an opioid
3 medication while on school grounds, or while otherwise subject to
4 the direct oversight of school officials. Any school nurse who
5 receives notice from a prescriber about a student athlete's
6 prescription for opioid medication, as provided by the bill, is to
7 require the student athlete to turn over the supply of opioid
8 medication to the school nurse at the beginning of each school day,
9 for the duration of time that the medication is authorized. On a
10 daily basis during such period, the school nurse would be required
11 to: monitor the amount of opioid medication in the supply, in order
12 to ensure that the student athlete is complying with the prescribed
13 medication regimen; supervise the student athlete's administration
14 of the medication during the school day, except in the
15 circumstances described below; and return the remaining supply of
16 opioid medication to the student at the end of the school day.

17 If a student athlete has a prescription for opioid medication and
18 is scheduled to be off school grounds for an off-site school-
19 sponsored sporting event or other athletic activity, the bill would
20 require the school nurse to provide an appropriate amount of the
21 opioid medication to the school's athletic trainer who is directly
22 responsible for overseeing the off-site event or activity, and the
23 athletic trainer would be required to supervise the student athlete's
24 administration of the drug while the student athlete is present at the
25 off-site location.