

VIRGINIA ACTS OF ASSEMBLY — CHAPTER

An Act to amend and reenact § 54.1-3408 of the Code of Virginia, relating to professional use by practitioners.

[H 2037]

Approved

Be it enacted by the General Assembly of Virginia:**1. That § 54.1-3408 of the Code of Virginia is amended and reenacted as follows:**

§ 54.1-3408. Professional use by practitioners.

A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine or a licensed nurse practitioner pursuant to § 54.1-2957.01, 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 of this title shall only prescribe, dispense, or 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 them to be administered by a nurse, physician assistant or intern under his direction and supervision, or he may prescribe and cause drugs and devices to be administered 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 State Mental Health, Mental Retardation and Substance Abuse Services Board by other persons who have been trained properly to administer drugs and who administer drugs only under the control and supervision of the prescriber or a pharmacist or a prescriber may cause drugs and devices to be administered to patients by emergency medical services personnel who have been certified and authorized to administer such drugs and devices pursuant to Board of Health regulations governing emergency medical services and who are acting within the scope of such certification. A prescriber may authorize a licensed respiratory care practitioner as defined in § 54.1-2954 to administer 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 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.

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, or to possess and administer epinephrine for use in emergency cases of anaphylactic shock.

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 immediate and direct 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

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57 underlying tuberculin screening.

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

62 H. Pursuant to a written order or standing protocol issued by the prescriber within the course of his
63 professional practice, such prescriber may authorize, with the consent of the parents as defined in
64 § 22.1-1, an employee of a school board who is trained in the administration of insulin and glucagon to
65 assist with the administration of insulin or administer glucagon to a student diagnosed as having diabetes
66 and who requires insulin injections during the school day or for whom glucagon has been prescribed for
67 the emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed
68 nurse, nurse practitioner, physician or physician assistant is not present to perform the administration of
69 the medication.

70 I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the
71 administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is
72 not physically present, (i) by licensed pharmacists, (ii) by registered nurses, or (iii) licensed practical
73 nurses under the immediate and direct supervision of a registered nurse. A prescriber acting on behalf of
74 and in accordance with established protocols of the Department of Health may authorize the
75 administration of vaccines to any person by a pharmacist or nurse when the prescriber is not physically
76 present.

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

79 Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist
80 in the course of his professional practice, a dentist may authorize a dental hygienist under his general
81 supervision, as defined in § 54.1-2722, to possess and administer topical oral fluorides, topical oral
82 anesthetics, topical and directly applied antimicrobial agents for treatment of periodontal pocket lesions,
83 as well as any other Schedule VI topical drug approved by the Board of Dentistry.

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

87 K. (For expiration date - See Editor's note) This section shall not prevent the administration of drugs
88 by a person who has satisfactorily completed a training program for this purpose approved by the Board
89 of Nursing and who administers such drugs in accordance with a physician's instructions pertaining to
90 dosage, frequency, and manner of administration, and in accordance with regulations promulgated by the
91 Board of Pharmacy relating to security and record keeping, when the drugs administered would be
92 normally self-administered by (i) a resident of a facility licensed or certified by the State Mental Health,
93 Mental Retardation and Substance Abuse Services Board; (ii) a resident of any assisted living facility
94 which is licensed by the Department of Social Services; (iii) a resident of the Virginia Rehabilitation
95 Center for the Blind and Vision Impaired; (iv) a resident of a facility approved by the Board or
96 Department of Juvenile Justice for the placement of children in need of services or delinquent or alleged
97 delinquent youth; (v) a program participant of an adult day-care center licensed by the Department of
98 Social Services; or (vi) a resident of any facility authorized or operated by a state or local government
99 whose primary purpose is not to provide health care services.

100 K. (For effective date - see Editor's note) This section shall not prevent the administration of drugs
101 by a person who has satisfactorily completed a training program for this purpose approved by the Board
102 of Nursing and who administers such drugs in accordance with a physician's instructions pertaining to
103 dosage, frequency, and manner of administration, and in accordance with regulations promulgated by the
104 Board of Pharmacy relating to security and record keeping, when the drugs administered would be
105 normally self-administered by (i) a resident of a facility licensed or certified by the Department of
106 Mental Health, Mental Retardation and Substance Abuse Services; (ii) a resident of the Virginia
107 Rehabilitation Center for the Blind and Vision Impaired; (iii) a resident of a facility approved by the
108 Board or Department of Juvenile Justice for the placement of children in need of services or delinquent
109 or alleged delinquent youth; (iv) a program participant of an adult day-care center licensed by the
110 Department of Social Services; or (v) a resident of any facility authorized or operated by a state or local
111 government whose primary purpose is not to provide health care services.

112 L. (For effective date - see Editor's note) Medication aides registered by the Board of Nursing
113 pursuant to Article 7 (§ 54.1-3041 et seq.) of Chapter 30 may administer drugs that would otherwise be
114 self-administered to residents of any assisted living facility licensed by the Department of Social
115 Services. A registered medication aide shall administer drugs pursuant to this section in accordance with
116 the prescriber's instructions pertaining to dosage, frequency, and manner of administration; in accordance
117 with regulations promulgated by the Board of Pharmacy relating to security and recordkeeping; in

118 accordance with the assisted living facility's Medication Management Plan; and in accordance with such
119 other regulations governing their practice promulgated by the Board of Nursing.

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

127 N. In addition, this section shall not prevent the administration of drugs by a person to a child in a
128 child day program as defined in § 63.2-100 and regulated by the State Board of Social Services or the
129 Child Day Care Council, provided such person (i) has satisfactorily completed a training program for
130 this purpose approved by the Board of Nursing and taught by a registered nurse, licensed practical
131 nurse, doctor of medicine or osteopathic medicine, or pharmacist; (ii) has obtained written authorization
132 from a parent or guardian; (iii) administers drugs only to the child identified on the prescription label in
133 accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of
134 administration; and (iv) administers only those drugs that were dispensed from a pharmacy and
135 maintained in the original, labeled container that would normally be administered by a parent or
136 guardian to the child.

137 O. In addition, this section shall not prevent the administration or dispensing of drugs and devices by
138 persons if they are authorized by the State Health Commissioner in accordance with protocols
139 established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has
140 declared a disaster or a state of emergency caused by an act of terrorism or the United States Secretary
141 of Health and Human Services has issued a declaration of an actual or potential bioterrorism incident or
142 other actual or potential public health emergency; (ii) it is necessary to permit the provision of needed
143 drugs or devices; and (iii) such persons have received the training necessary to safely administer or
144 dispense the needed drugs or devices. Such persons shall administer or dispense all drugs or devices
145 under the direction, control and supervision of the State Health Commissioner.

146 P. Nothing in this title shall prohibit the administration of normally self-administered oral or topical
147 drugs by unlicensed individuals to a person in his private residence.

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

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

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

167 S. Persons who are otherwise authorized to administer controlled substances in hospitals shall be
168 authorized to administer influenza or pneumococcal vaccines pursuant to § 32.1-126.4.

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