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HOUSE BILL NO. 346**AMENDMENT IN THE NATURE OF A SUBSTITUTE**(Proposed by the House Committee on Health, Welfare, and Institutions
on January 17, 2012)

(Patron Prior to Substitute—Delegate O'Bannon)

A BILL to amend and reenact §§ 32.1-263, 54.1-2900, 54.1-2901, 54.1-2957, 54.1-2957.01, 54.1-3000, 54.1-3005, 54.1-3301, and 54.1-3401 of the Code of Virginia, relating to practice of nurse practitioners; patient care teams.

Be it enacted by the General Assembly of Virginia:

1. That §§ 32.1-263, 54.1-2900, 54.1-2901, 54.1-2957, 54.1-2957.01, 54.1-3000, 54.1-3005, 54.1-3301, and 54.1-3401 of the Code of Virginia are amended and reenacted as follows:

§ 32.1-263. Filing death certificates; medical certification; investigation by medical examiner.

A. A death certificate, including, if known, the social security number or control number issued by the Department of Motor Vehicles pursuant to § 46.2-342 of the deceased, shall be filed for each death which occurs in this Commonwealth with the registrar of the district in which the death occurred within three days after such death and prior to final disposition or removal of the body from the Commonwealth, and shall be registered by such registrar if it has been completed and filed in accordance with the following requirements:

1. If the place of death is unknown, but the dead body is found in this Commonwealth, a death certificate shall be filed in the registration district in which the dead body is found in accordance with this section. The place where the dead body is found shall be shown as the place of death. If the date of death is unknown, it shall be determined by approximation, taking into consideration all relevant information, including but not limited to, information provided by the immediate family regarding the date and time that the deceased was last seen alive, if the individual died in his home; and

2. When death occurs in a moving conveyance, in the United States of America and the body is first removed from the conveyance in this Commonwealth, the death shall be registered in this Commonwealth and the place where it is first removed shall be considered the place of death. When a death occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the body is first removed from the conveyance in this Commonwealth, the death shall be registered in this Commonwealth but the certificate shall show the actual place of death insofar as can be determined.

B. The licensed funeral director, funeral service licensee, office of the state anatomical program, or next of kin as defined in § 54.1-2800 who first assumes custody of a dead body shall file the certificate of death with the registrar. He shall obtain the personal data, including the social security number of the deceased or control number issued to the deceased by the Department of Motor Vehicles pursuant to § 46.2-342, from the next of kin or the best qualified person or source available and obtain the medical certification from the person responsible therefor.

C. The medical certification shall be completed, signed in black or dark blue ink, and returned to the funeral director within 24 hours after death by the physician in charge of the patient's care for the illness or condition which resulted in death except when inquiry or investigation by a medical examiner is required by § 32.1-283 or 32.1-285.1, or by the physician that pronounces death pursuant to § 54.1-2972.

In the absence of such physician or with his approval, the certificate may be completed and signed by another physician employed or engaged by the same professional practice, a ~~nurse practitioner or~~ physician assistant supervised by such physician, *a nurse practitioner practicing as part of a patient care team as defined in § 54.1-2900 with such physician*, the chief medical officer of the institution in which death occurred, a physician specializing in the delivery of health care to hospitalized or emergency department patients who is employed by or engaged by the facility where the death occurred, or the physician who performed an autopsy upon the decedent, if such individual has access to the medical history of the case and death is due to natural causes.

D. When inquiry or investigation by a medical examiner is required by § 32.1-283 or 32.1-285.1, the medical examiner shall investigate the cause of death and shall complete and sign the medical certification portion of the death certificate within 24 hours after being notified of the death. If the medical examiner refuses jurisdiction, the physician last furnishing medical care to the deceased shall prepare and sign the medical certification portion of the death certificate.

E. If the death is a natural death and a death certificate is being prepared pursuant to § 54.1-2972 and the physician, nurse practitioner or physician assistant is uncertain about the cause of death, he shall use his best medical judgment to certify a reasonable cause of death or contact the health district physician director in the district where the death occurred to obtain guidance in reaching a determination as to a cause of death and document the same.

HOUSE SUBSTITUTE

HB346H1

60 If the cause of death cannot be determined within 24 hours after death, the medical certification shall
61 be completed as provided by regulations of the Board. The attending physician or medical examiner
62 shall give the funeral director or person acting as such notice of the reason for the delay, and final
63 disposition of the body shall not be made until authorized by the attending physician or medical
64 examiner.

65 F. A physician, nurse practitioner or physician assistant who, in good faith, signs a certificate of
66 death or determines the cause of death shall be immune from civil liability, only for such signature and
67 determination of causes of death on such certificate, absent gross negligence or willful misconduct.

68 § 54.1-2900. Definitions.

69 As used in this chapter, unless the context requires a different meaning:

70 "Acupuncturist" means individuals approved by the Board to practice acupuncture. This is limited to
71 "licensed acupuncturist" which means an individual other than a doctor of medicine, osteopathy,
72 chiropractic or podiatry who has successfully completed the requirements for licensure established by the
73 Board (approved titles are limited to: Licensed Acupuncturist, Lic.Ac., and L.Ac.).

74 "Auricular acupuncture" means the subcutaneous insertion of sterile, disposable acupuncture needles
75 in predetermined, bilateral locations in the outer ear when used exclusively and specifically in the
76 context of a chemical dependency treatment program.

77 "Board" means the Board of Medicine.

78 "Healing arts" means the arts and sciences dealing with the prevention, diagnosis, treatment and cure
79 or alleviation of human physical or mental ailments, conditions, diseases, pain or infirmities.

80 "Medical malpractice judgment" means any final order of any court entering judgment against a
81 licensee of the Board that arises out of any tort action or breach of contract action for personal injuries
82 or wrongful death, based on health care or professional services rendered, or that should have been
83 rendered, by a health care provider, to a patient.

84 "Medical malpractice settlement" means any written agreement and release entered into by or on
85 behalf of a licensee of the Board in response to a written claim for money damages that arises out of
86 any personal injuries or wrongful death, based on health care or professional services rendered, or that
87 should have been rendered, by a health care provider, to a patient.

88 "Nurse practitioner" means an advanced practice registered nurse who is jointly licensed by the
89 Boards of Medicine and Nursing pursuant to § 54.1-2957.

90 "Occupational therapy assistant" means an individual who has met the requirements of the Board for
91 licensure and who works under the supervision of a licensed occupational therapist to assist in the
92 practice of occupational therapy.

93 "Patient care team" means a multidisciplinary team of health care providers actively functioning as a
94 unit with the management and leadership of one or more patient care team physicians for the purpose
95 of providing and delivering health care to a patient or group of patients.

96 "Patient care team physician" means a physician who is actively licensed to practice medicine in the
97 Commonwealth, who regularly practices medicine in the Commonwealth, and who provides management
98 and leadership in the care of patients as part of a patient care team.

99 "Physician assistant" means an individual who has met the requirements of the Board for licensure
100 and who works under the supervision of a licensed doctor of medicine, osteopathy, or podiatry.

101 "Practice of acupuncture" means the stimulation of certain points on or near the surface of the body
102 by the insertion of needles to prevent or modify the perception of pain or to normalize physiological
103 functions, including pain control, for the treatment of certain ailments or conditions of the body and
104 includes the techniques of electroacupuncture, cupping and moxibustion. The practice of acupuncture
105 does not include the use of physical therapy, chiropractic, or osteopathic manipulative techniques; the
106 use or prescribing of any drugs, medications, serums or vaccines; or the procedure of auricular
107 acupuncture as exempted in § 54.1-2901 when used in the context of a chemical dependency treatment
108 program for patients eligible for federal, state or local public funds by an employee of the program who
109 is trained and approved by the National Acupuncture Detoxification Association or an equivalent
110 certifying body.

111 "Practice of athletic training" means the prevention, recognition, evaluation, and treatment of injuries
112 or conditions related to athletic or recreational activity that requires physical skill and utilizes strength,
113 power, endurance, speed, flexibility, range of motion or agility or a substantially similar injury or
114 condition resulting from occupational activity immediately upon the onset of such injury or condition;
115 and subsequent treatment and rehabilitation of such injuries or conditions under the direction of a
116 licensed physical therapist and the patient's physician or under the direction of any doctor of medicine,
117 osteopathy, chiropractic, podiatry, or dentistry, while using heat, light, sound, cold, electricity, exercise
118 or mechanical or other devices.

119 "Practice of chiropractic" means the adjustment of the 24 movable vertebrae of the spinal column,
120 and assisting nature for the purpose of normalizing the transmission of nerve energy, but does not
121 include the use of surgery, obstetrics, osteopathy or the administration or prescribing of any drugs,

medicines, serums or vaccines.

"Practice of medicine or osteopathic medicine" means the prevention, diagnosis and treatment of human physical or mental ailments, conditions, diseases, pain or infirmities by any means or method.

"Practice of occupational therapy" means the evaluation, analysis, assessment, and delivery of education and training in activities of daily living (ADL); the design, fabrication, and application of orthoses (splints); guidance in the selection and use of adaptive equipment; therapeutic activities to enhance functional performance; prevocational evaluation and training; and consultation concerning the adaptation of physical environments for individuals who have disabilities.

"Practice of podiatry" means the prevention, diagnosis, treatment, and cure or alleviation of physical conditions, diseases, pain, or infirmities of the human foot and ankle, including the medical, mechanical and surgical treatment of the ailments of the human foot and ankle, but does not include amputation of the foot proximal to the transmetatarsal level through the metatarsal shafts. Amputations proximal to the metatarsal-phalangeal joints may only be performed in a hospital or ambulatory surgery facility accredited by an organization listed in § 54.1-2939. The practice includes the diagnosis and treatment of lower extremity ulcers; however, the treatment of severe lower extremity ulcers proximal to the foot and ankle may only be performed by appropriately trained, credentialed podiatrists in an approved hospital or ambulatory surgery center at which the podiatrist has privileges, as described in § 54.1-2939. The Board of Medicine shall determine whether a specific type of treatment of the foot and ankle is within the scope of practice of podiatry.

"Practice of radiologic technology" means the application of x-rays to human beings for diagnostic or therapeutic purposes.

"Practice of respiratory care" means the (i) administration of pharmacological, diagnostic, and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a practitioner of medicine or osteopathic medicine; (ii) transcription and implementation of the written or verbal orders of a practitioner of medicine or osteopathic medicine pertaining to the practice of respiratory care; (iii) observation and monitoring of signs and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior or general physical response exhibit abnormal characteristics; and (iv) implementation of respiratory care procedures, based on observed abnormalities, or appropriate reporting, referral, respiratory care protocols or changes in treatment pursuant to the written or verbal orders by a licensed practitioner of medicine or osteopathic medicine or the initiation of emergency procedures, pursuant to the Board's regulations or as otherwise authorized by law. The practice of respiratory care may be performed in any clinic, hospital, skilled nursing facility, private dwelling or other place deemed appropriate by the Board in accordance with the written or verbal order of a practitioner of medicine or osteopathic medicine, and shall be performed under qualified medical direction.

"Qualified medical direction" means, in the context of the practice of respiratory care, having readily accessible to the respiratory care practitioner a licensed practitioner of medicine or osteopathic medicine who has specialty training or experience in the management of acute and chronic respiratory disorders and who is responsible for the quality, safety, and appropriateness of the respiratory services provided by the respiratory care practitioner.

"Radiologic technologist" means an individual, other than a licensed doctor of medicine, osteopathy, podiatry, or chiropractic, or a dentist licensed pursuant to Chapter 27 (§ 54.1-2700 et seq.) of this title, who (i) performs, may be called upon to perform, or who is licensed to perform a comprehensive scope of diagnostic radiologic procedures employing equipment which emits ionizing radiation and (ii) is delegated or exercises responsibility for the operation of radiation-generating equipment, the shielding of patient and staff from unnecessary radiation, the appropriate exposure of radiographs or other procedures which contribute to any significant extent to the site or dosage of ionizing radiation to which a patient is exposed.

"Radiologic technologist, limited" means an individual, other than a licensed radiologic technologist, dental hygienist or person who is otherwise authorized by the Board of Dentistry under Chapter 27 (§ 54.1-2700 et seq.) of this title and the regulations pursuant thereto, who performs diagnostic radiographic procedures employing equipment which emits ionizing radiation which is limited to specific areas of the human body.

"Radiologist assistant" means an individual who has met the requirements of the Board for licensure as an advanced-level radiologic technologist and who, under the direct supervision of a licensed doctor of medicine or osteopathy specializing in the field of radiology, is authorized to (i) assess and evaluate the physiological and psychological responsiveness of patients undergoing radiologic procedures; (ii) evaluate image quality, make initial observations, and communicate observations to the supervising radiologist; (iii) administer contrast media or other medications prescribed by the supervising radiologist; and (iv) perform, or assist the supervising radiologist to perform, any other procedure consistent with the

183 guidelines adopted by the American College of Radiology, the American Society of Radiologic
184 Technologists, and the American Registry of Radiologic Technologists.

185 "Respiratory care" means the practice of the allied health profession responsible for the direct and
186 indirect services, including inhalation therapy and respiratory therapy, in the treatment, management,
187 diagnostic testing, control and care of patients with deficiencies and abnormalities associated with the
188 cardiopulmonary system under qualified medical direction.

189 § 54.1-2901. Exceptions and exemptions generally.

190 A. The provisions of this chapter shall not prevent or prohibit:

191 1. Any person entitled to practice his profession under any prior law on June 24, 1944, from
192 continuing such practice within the scope of the definition of his particular school of practice;

193 2. Any person licensed to practice naturopathy prior to June 30, 1980, from continuing such practice
194 in accordance with regulations promulgated by the Board;

195 3. Any licensed nurse practitioner from rendering care ~~under the supervision of a duly licensed~~
196 *physician in collaboration and consultation with a patient care team physician as part of a patient care*
197 *team pursuant to § 54.1-2957* when such services are authorized by regulations promulgated jointly by
198 the Board of Medicine and the Board of Nursing;

199 4. Any registered professional nurse, licensed nurse practitioner, graduate laboratory technician or
200 other technical personnel who have been properly trained from rendering care or services within the
201 scope of their usual professional activities which shall include the taking of blood, the giving of
202 intravenous infusions and intravenous injections, and the insertion of tubes when performed under the
203 orders of a person licensed to practice medicine *or osteopathy, a nurse practitioner, or a physician*
204 *assistant*;

205 5. Any dentist, pharmacist or optometrist from rendering care or services within the scope of his
206 usual professional activities;

207 6. Any practitioner licensed or certified by the Board from delegating to personnel supervised by
208 him, such activities or functions as are nondiscretionary and do not require the exercise of professional
209 judgment for their performance and which are usually or customarily delegated to such persons by
210 practitioners of the healing arts, if such activities or functions are authorized by and performed for such
211 practitioners of the healing arts and responsibility for such activities or functions is assumed by such
212 practitioners of the healing arts;

213 7. The rendering of medical advice or information through telecommunications from a physician
214 licensed to practice medicine in Virginia or an adjoining state, *or from a licensed nurse practitioner*, to
215 emergency medical personnel acting in an emergency situation;

216 8. The domestic administration of family remedies;

217 9. The giving or use of massages, steam baths, dry heat rooms, infrared heat or ultraviolet lamps in
218 public or private health clubs and spas;

219 10. The manufacture or sale of proprietary medicines in this Commonwealth by licensed pharmacists
220 or druggists;

221 11. The advertising or sale of commercial appliances or remedies;

222 12. The fitting by nonitinerant persons or manufacturers of artificial eyes, limbs or other apparatus or
223 appliances or the fitting of plaster cast counterparts of deformed portions of the body by a nonitinerant
224 bracer or prosthetist for the purpose of having a three-dimensional record of the deformity, when
225 such bracer or prosthetist has received a prescription from a licensed physician, *licensed nurse*
226 *practitioner, or licensed physician assistant* directing the fitting of such casts and such activities are
227 conducted in conformity with the laws of Virginia;

228 13. Any person from the rendering of first aid or medical assistance in an emergency in the absence
229 of a person licensed to practice medicine or osteopathy under the provisions of this chapter;

230 14. The practice of the religious tenets of any church in the ministration to the sick and suffering by
231 mental or spiritual means without the use of any drug or material remedy, whether gratuitously or for
232 compensation;

233 15. Any legally qualified out-of-state or foreign practitioner from meeting in consultation with legally
234 licensed practitioners in this Commonwealth;

235 16. Any practitioner of the healing arts licensed or certified and in good standing with the applicable
236 regulatory agency in another state or Canada when that practitioner of the healing arts is in Virginia
237 temporarily and such practitioner has been issued a temporary license or certification by the Board from
238 practicing medicine or the duties of the profession for which he is licensed or certified (i) in a summer
239 camp or in conjunction with patients who are participating in recreational activities, (ii) while
240 participating in continuing educational programs prescribed by the Board, or (iii) by rendering at any
241 site any health care services within the limits of his license, voluntarily and without compensation, to
242 any patient of any clinic which is organized in whole or in part for the delivery of health care services
243 without charge as provided in § 54.1-106;

244 17. The performance of the duties of any commissioned or contract medical officer, or podiatrist in

active service in the army, navy, coast guard, marine corps, air force, or public health service of the United States while such individual is so commissioned or serving;

18. Any masseur, who publicly represents himself as such, from performing services within the scope of his usual professional activities and in conformance with state law;

19. Any person from performing services in the lawful conduct of his particular profession or business under state law;

20. Any person from rendering emergency care pursuant to the provisions of § 8.01-225;

21. Qualified emergency medical services personnel, when acting within the scope of their certification, and licensed health care practitioners, when acting within their scope of practice, from following Durable Do Not Resuscitate Orders issued in accordance with § 54.1-2987.1 and Board of Health regulations, or licensed health care practitioners from following any other written order of a physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

22. Any commissioned or contract medical officer of the army, navy, coast guard or air force rendering services voluntarily and without compensation while deemed to be licensed pursuant to § 54.1-106;

23. Any provider of a chemical dependency treatment program who is certified as an "acupuncture detoxification specialist" by the National Acupuncture Detoxification Association or an equivalent certifying body, from administering auricular acupuncture treatment under the appropriate supervision of a National Acupuncture Detoxification Association certified licensed physician or licensed acupuncturist;

24. Any employee of any assisted living facility who is certified in cardiopulmonary resuscitation (CPR) acting in compliance with the patient's individualized service plan and with the written order of the attending physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

25. Any person working as a health assistant under the direction of a licensed medical or osteopathic doctor within the Department of Corrections, the Department of Juvenile Justice or local correctional facilities;

26. Any employee of a school board, authorized by a prescriber and trained in the administration of insulin and glucagon, when, upon the authorization of a prescriber and the written request of the parents as defined in § 22.1-1, assisting with the administration of insulin or administering 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;

27. Any practitioner of the healing arts or other profession regulated by the Board from rendering free health care to an underserved population of Virginia who (i) does not regularly practice his profession in Virginia, (ii) holds a current valid license or certificate to practice his profession in another state, territory, district or possession of the United States, (iii) volunteers to provide free health care to an underserved area of ~~this~~ the Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people, (iv) files a copy of the license or certification issued in such other jurisdiction with the Board, (v) notifies the Board at least five business days prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and at the location filed with the Board. The Board may deny the right to practice in Virginia to any practitioner of the healing arts whose license or certificate has been previously suspended or revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws or regulations. However, the Board shall allow a practitioner of the healing arts who meets the above criteria to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit organization verifies that the practitioner has a valid, unrestricted license in another state;

28. Any registered nurse, acting as an agent of the Department of Health, from obtaining specimens of sputum or other bodily fluid from persons in whom the diagnosis of active tuberculosis disease, as defined in § 32.1-49.1, is suspected and submitting orders for testing of such specimens to the Division of Consolidated Laboratories or other public health laboratories, designated by the State Health Commissioner, for the purpose of determining the presence or absence of tubercle bacilli as defined in § 32.1-49.1;

29. Any physician of medicine or osteopathy or nurse practitioner from delegating to a registered nurse under his supervision the screening and testing of children for elevated blood-lead levels when such testing is conducted (i) in accordance with a written protocol between the physician or nurse practitioner and the registered nurse and (ii) in compliance with the Board of Health's regulations promulgated pursuant to §§ 32.1-46.1 and 32.1-46.2. Any follow-up testing or treatment shall be conducted at the direction of a physician or nurse practitioner;

30. Any practitioner of one of the professions regulated by the Board of Medicine who is in good standing with the applicable regulatory agency in another state or Canada from engaging in the practice

306 of that profession when the practitioner is in Virginia temporarily with an out-of-state athletic team or
307 athlete for the duration of the athletic tournament, game, or event in which the team or athlete is
308 competing;

309 31. Any licensed nurse practitioner in the category of certified nurse midwife from rendering care in
310 collaboration and consultation with a duly licensed physician when such services are authorized by
311 regulations promulgated jointly by the Board of Medicine and the Board of Nursing;

312 32. Any person from performing state or federally funded health care tasks directed by the consumer,
313 which are typically self-performed, for an individual who lives in a private residence and who, by
314 reason of disability, is unable to perform such tasks but who is capable of directing the appropriate
315 performance of such tasks; or

316 33. 32. Any practitioner of one of the professions regulated by the Board of Medicine who is in
317 good standing with the applicable regulatory agency in another state from engaging in the practice of
318 that profession in Virginia with a patient who is being transported to or from a Virginia hospital for
319 care.

320 B. Notwithstanding any provision of law or regulation to the contrary, a nurse practitioner licensed
321 by the Boards of Nursing and Medicine in the category of certified nurse midwife may practice without
322 the requirement for physician supervision while participating in a pilot program approved by the Board
323 of Health pursuant to § 32.1-11.5.

324 § 54.1-2957. Licensure and practice of nurse practitioners; practice agreements.

325 A. The Board of Medicine and the Board of Nursing shall jointly prescribe the regulations governing
326 the licensure of nurse practitioners. It shall be unlawful for a person to practice as a nurse practitioner in
327 this the Commonwealth unless he holds such a joint license.

328 B. *A nurse practitioner shall only practice as part of a patient care team. Each member of a patient*
329 *care team shall have specific responsibilities related to the care of the patient or patients and shall*
330 *provide health care services within the scope of his usual professional activities. Nurse practitioners*
331 *practicing as part of a patient care team shall maintain appropriate collaboration and consultation, as*
332 *evidenced in a written or electronic practice agreement, with at least one patient care team physician.*
333 *Nurse practitioners who are certified registered nurse anesthetists shall practice under the supervision of*
334 *a licensed doctor of medicine, osteopathy, podiatry, or dentistry. Collaboration and consultation among*
335 *nurse practitioners and patient care team physicians may be provided through telemedicine as described*
336 *in § 38.2-3418.16. Practice of patient care teams in all settings shall include the periodic review of*
337 *patient charts or electronic health records and may include visits to the site where health care is*
338 *delivered in the manner and at the frequency determined by the patient care team.*

339 *Physicians on patient care teams may require that a nurse practitioner be covered by a professional*
340 *liability insurance policy with limits equal to the current limitation on damages set forth in*
341 *§ 8.01-581.15.*

342 *Service on a patient care team by a patient care team member shall not, by the existence of such*
343 *service alone, establish or create liability for the actions or inactions of other team members.*

344 C. The Board of Medicine and the Board of Nursing shall jointly promulgate regulations specifying
345 collaboration and consultation among physicians and ~~certified nurse midwives~~ nurse practitioners
346 working as part of patient care teams that shall include the development of, and periodic review and
347 revision of, a written ~~protocol~~ or electronic practice agreement; guidelines for availability and ongoing
348 communications that define consultation among the collaborating parties and the patient; and periodic
349 joint evaluation of the services delivered. *Practice agreements shall include a provision for appropriate*
350 *physician input in complex clinical cases and patient emergencies and for referrals. Evidence of a*
351 *practice agreement shall be maintained by a nurse practitioner and provided to the Boards upon*
352 *request. For nurse practitioners providing care to patients within a hospital or health care system, the*
353 *practice agreement may be included as part of the electronic or written delineation of duties and*
354 *responsibilities in collaboration and consultation with a patient care team physician.*

355 ~~C.~~ D. The Boards may issue a license by endorsement to an applicant to practice as a nurse
356 practitioner if the applicant has been licensed as a nurse practitioner under the laws of another state and,
357 in the opinion of the Boards, the applicant meets the qualifications for licensure required of nurse
358 practitioners in ~~this the~~ Commonwealth.

359 E. Pending the outcome of the next National Specialty Examination, the Boards may jointly grant
360 temporary licensure to nurse practitioners.

361 F. As used in this section:

362 "Collaboration" means the communication and decision-making process among members of a patient
363 care team related to the treatment and care of a patient and includes (i) communication of data and
364 information about the treatment and care of a patient, including exchange of clinical observations and
365 assessments, and (ii) development of an appropriate plan of care, including decisions regarding the
366 health care provided, accessing and assessment of appropriate additional resources or expertise, and
367 arrangement of appropriate referrals, testing, or studies.

"Consultation" means the communicating of data and information, exchanging of clinical observations and assessments, accessing and assessing of additional resources and expertise, problem-solving, and arranging for referrals, testing, or studies.

§ 54.1-2957.01. Prescription of certain controlled substances and devices by licensed nurse practitioners.

A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33 (§ 54.1-3300 et seq.) of this title, a licensed nurse practitioner, other than a certified registered nurse anesthetist, shall have the authority to prescribe *Schedule II through Schedule VI* controlled substances and devices as set forth in Chapter 34 (§ 54.1-3400 et seq.) of this title as follows: (i) *Schedules V and VI* controlled substances on and after July 1, 2000; (ii) *Schedules IV through VI* on and after January 1, 2002; (iii) *Schedules III through VI* controlled substances on and after July 1, 2003; and (iv) *Schedules H through VI* on and after July 1, 2006. Nurse practitioners shall have such prescriptive authority upon the provision to the Board of Medicine and the Board of Nursing of such evidence as they may jointly require that the nurse practitioner has entered into and is, at the time of writing a prescription, a party to a written or electronic practice agreement with a licensed patient care team physician which provides for the direction and supervision by such physician of that clearly states the prescriptive practices of the nurse practitioner. Such written or electronic practice agreements shall include the controlled substances the nurse practitioner is or is not authorized to prescribe and may restrict such prescriptive authority as deemed appropriate by the physician providing direction and supervision described in the practice agreement. Evidence of a practice agreement shall be maintained by a nurse practitioner pursuant to § 54.1-2957. Practice agreements authorizing a nurse practitioner to prescribe controlled substances or devices pursuant to this section shall either be signed by the patient care team physician who is practicing as part of a patient care team with the nurse practitioner or shall clearly state the name of the patient care team physician who has entered into the practice agreement with the nurse practitioner.

B. It shall be unlawful for a nurse practitioner to prescribe controlled substances or devices pursuant to this section unless such prescription is authorized by the written or electronic practice agreement between the licensed nurse practitioner and the licensed physician.

C. The Board of Nursing and the Board of Medicine, in consultation with the Board of Pharmacy, shall promulgate such regulations governing the prescriptive authority of nurse practitioners as are deemed reasonable and necessary to ensure an appropriate standard of care for patients.

The Board of Medicine and the Board of Nursing shall be assisted in this process by an advisory committee composed of two representatives of the Board of Nursing and one nurse practitioner appointed by the Board of Nursing, and four physicians, three of whom shall be members of the Board of Medicine appointed by the Board of Medicine. The fourth physician member shall be jointly appointed by the Boards of Medicine and Nursing. Regulations promulgated pursuant to this section shall include, at a minimum, (i) such requirements as may be necessary to ensure continued nurse practitioner competency, which may include continuing education, testing, and/or or any other requirement, and shall address the need to promote ethical practice, an appropriate standard of care, patient safety, the use of new pharmaceuticals, and appropriate communication with patients; and (ii) requirements for periodic site visits by physicians who supervise and direct nurse practitioners who provide services at a location other than where the physician regularly practices.

D. This section shall not limit the functions and procedures of certified registered nurse anesthetists or of any nurse practitioners which are otherwise authorized by law or regulation.

E. The following restrictions shall apply to any nurse practitioner authorized to prescribe drugs and devices pursuant to this section:

1. The nurse practitioner shall disclose to his patients the name, address and telephone number of the supervising physician, and the patient at the initial encounter and upon request to the members of the patient care team that he is a licensed nurse practitioner. Any member of a patient care team shall disclose, upon request of a patient or his legal representative, the name of the patient care team physician and information regarding how to contact the patient care team physician.

2. Physicians, other than physicians employed by, or under contract with, local health departments, federally funded comprehensive primary care clinics, or nonprofit health care clinics or programs to provide supervisory services, shall not supervise and direct shall not serve as a patient care team physician on a patient care team at any one time to more than four six nurse practitioners. In the case of nurse practitioners, other than certified nurse midwives, the supervising physician shall regularly practice in any location in which the nurse practitioner exercises prescriptive authority pursuant to this section. A separate office for the nurse practitioner shall not be established. In the case of certified nurse midwives, the supervising physician either shall regularly practice in the location in which the certified nurse midwife practices, or in the event that the certified nurse midwife has established a separate office, the supervising physician shall be required to make periodic site visits as required by regulations promulgated pursuant to this section.

3. Physicians employed by, or under contract with, local health departments, federally funded comprehensive primary care clinics, or nonprofit health care clinics or programs to provide supervisory services, shall not supervise and direct at any one time more than four nurse practitioners who provide services on behalf of such entities. Such physicians either shall regularly practice in such settings or shall make periodic site visits to such settings as required by regulations promulgated pursuant to this section.

F. This section shall not prohibit a licensed nurse practitioner from administering controlled substances in compliance with the definition of "administer" in § 54.1-3401 or from receiving and dispensing manufacturers' professional samples of controlled substances in compliance with the provisions of this section.

G. Notwithstanding any provision of law or regulation to the contrary, a nurse practitioner licensed by the Boards of Nursing and Medicine in the category of certified nurse midwife and holding a license for prescriptive authority may prescribe Schedules II through VI controlled substances without the requirement for either medical direction or supervision *collaboration and consultation with a patient care team physician as part of a patient care team pursuant to § 54.1-2957* or a written or electronic practice agreement between the licensed nurse practitioner and a licensed physician while participating in a pilot program approved by the Board of Health pursuant to § 32.1-11.5.

§ 54.1-3000. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Board" means the Board of Nursing.

"Certified nurse aide" means a person who meets the qualifications specified in this article and who is currently certified by the Board.

"Clinical nurse specialist" means a person who is registered by the Board in addition to holding a license under the provisions of this chapter to practice professional nursing as defined in this section. Such a person shall be recognized as being able to provide advanced services according to the specialized training received from a program approved by the Board, but shall not be entitled to perform any act that is not within the scope of practice of professional nursing.

"Certified massage therapist" means a person who meets the qualifications specified in this chapter and who is currently certified by the Board.

"Massage therapy" means the treatment of soft tissues for therapeutic purposes by the application of massage and bodywork techniques based on the manipulation or application of pressure to the muscular structure or soft tissues of the human body. The terms "massage therapy" and "therapeutic massage" do not include the diagnosis or treatment of illness or disease or any service or procedure for which a license to practice medicine, nursing, chiropractic therapy, physical therapy, occupational therapy, acupuncture, or podiatry is required by law.

"Nurse practitioner" means an advanced practice registered nurse who is jointly licensed by the Boards of Medicine and Nursing pursuant to § 54.1-2957.

"Practical nurse" or "licensed practical nurse" means a person who is licensed or holds a multistate licensure privilege under the provisions of this chapter to practice practical nursing as defined in this section. Such a licensee shall be empowered to provide nursing services without compensation. The abbreviation "L.P.N." shall stand for such terms.

"Practical nursing" or "licensed practical nursing" means the performance for compensation of selected nursing acts in the care of individuals or groups who are ill, injured, or experiencing changes in normal health processes; in the maintenance of health; in the prevention of illness or disease; or, subject to such regulations as the Board may promulgate, in the teaching of those who are or will be nurse aides. Practical nursing or licensed practical nursing requires knowledge, judgment and skill in nursing procedures gained through prescribed education. Practical nursing or licensed practical nursing is performed under the direction or supervision of a licensed medical practitioner, a professional nurse, registered nurse or registered professional nurse or other licensed health professional authorized by regulations of the Board.

"Practice of a nurse aide" or "nurse aide practice" means the performance of services requiring the education, training, and skills specified in this chapter for certification as a nurse aide. Such services are performed under the supervision of a dentist, physician, podiatrist, professional nurse, licensed practical nurse, or other licensed health care professional acting within the scope of the requirements of his profession.

"Professional nurse," "registered nurse" or "registered professional nurse" means a person who is licensed or holds a multistate licensure privilege under the provisions of this chapter to practice professional nursing as defined in this section. Such a licensee shall be empowered to provide professional services without compensation, to promote health and to teach health to individuals and groups. The abbreviation "R.N." shall stand for such terms.

"Professional nursing," "registered nursing" or "registered professional nursing" means the performance for compensation of any nursing acts in the observation, care and counsel of individuals or

groups who are ill, injured or experiencing changes in normal health processes or the maintenance of health; in the prevention of illness or disease; in the supervision and teaching of those who are or will be involved in nursing care; in the delegation of selected nursing tasks and procedures to appropriately trained unlicensed persons as determined by the Board; or in the administration of medications and treatments as prescribed by any person authorized by law to prescribe such medications and treatment. Professional nursing, registered nursing and registered professional nursing require specialized education, judgment, and skill based upon knowledge and application of principles from the biological, physical, social, behavioral and nursing sciences.

§ 54.1-3005. Specific powers and duties of Board.

In addition to the general powers and duties conferred in this title, the Board shall have the following specific powers and duties:

1. To prescribe minimum standards and approve curricula for educational programs preparing persons for licensure or certification under this chapter;

2. To approve programs that meet the requirements of this chapter and of the Board;

3. To provide consultation service for educational programs as requested;

4. To provide for periodic surveys of educational programs;

5. To deny or withdraw approval from educational programs for failure to meet prescribed standards;

6. To provide consultation regarding nursing practice for institutions and agencies as requested and investigate illegal nursing practices;

7. To keep a record of all its proceedings;

8. To certify and maintain a registry of all certified nurse aides and to promulgate regulations consistent with federal law and regulation. The Board shall require all schools to demonstrate their compliance with § 54.1-3006.2 upon application for approval or reapproval, during an on-site visit, or in response to a complaint or a report of noncompliance. The Board may impose a fee pursuant to § 54.1-2401 for any violation thereof. Such regulations may include standards for the authority of licensed practical nurses to teach nurse aides;

9. To approve programs that entitle professional nurses to be registered as clinical nurse specialists and to prescribe minimum standards for such programs;

10. To maintain a registry of clinical nurse specialists and to promulgate regulations governing clinical nurse specialists;

11. To certify and maintain a registry of all certified massage therapists and to promulgate regulations governing the criteria for certification as a massage therapist and the standards of professional conduct for certified massage therapists;

12. To promulgate regulations for the delegation of certain nursing tasks and procedures not involving assessment, evaluation or nursing judgment to an appropriately trained unlicensed person by and under the supervision of a registered nurse, who retains responsibility and accountability for such delegation;

13. To develop and revise as may be necessary, in coordination with the Boards of Medicine and Education, guidelines for the training of employees of a school board in the administration of insulin and glucagon for the purpose of assisting with routine insulin injections and providing emergency treatment for life-threatening hypoglycemia. The first set of such guidelines shall be finalized by September 1, 1999, and shall be made available to local school boards for a fee not to exceed the costs of publication;

14. To enter into the Nurse Licensure Compact as set forth in this chapter and to promulgate regulations for its implementation;

15. To collect, store and make available nursing workforce information regarding the various categories of nurses certified, licensed or registered pursuant to § 54.1-3012.1;

16. To expedite application processing, to the extent possible, for an applicant for licensure or certification by the Board upon submission of evidence that the applicant, who is licensed or certified in another state, is relocating to the Commonwealth pursuant to a spouse's official military orders;

17. To register medication aides and promulgate regulations governing the criteria for such registration and standards of conduct for medication aides;

18. To approve training programs for medication aides to include requirements for instructional personnel, curriculum, continuing education, and a competency evaluation;

19. To set guidelines for the collection of data by all approved nursing education programs and to compile this data in an annual report. The data shall include but not be limited to enrollment, graduation rate, attrition rate, and number of qualified applicants who are denied admission;

20. To develop, in consultation with the Board of Pharmacy, guidelines for the training of employees of child day programs as defined in § 63.2-100 and regulated by the State Board of Social Services or the Child Day Care Council in the administration of prescription drugs as defined in the Drug Control Act (§ 54.1-3400 et seq.). Such training programs shall be taught by a registered nurse, licensed practical

552 nurse, doctor of medicine or osteopathic medicine, or pharmacist;

553 21. In order to protect the privacy and security of health professionals licensed, registered or certified
554 under this chapter, to promulgate regulations permitting use on identification badges of first name and
555 first letter only of last name and appropriate title when practicing in hospital emergency departments, in
556 psychiatric and mental health units and programs, or in health care facility units offering treatment for
557 patients in custody of state or local law-enforcement agencies; ~~and~~

558 22. To revise, as may be necessary, guidelines for seizure management, in coordination with the
559 Board of Medicine, including the list of rescue medications for students with epilepsy and other seizure
560 disorders in the public schools. The revised guidelines shall be finalized and made available to the
561 Board of Education by August 1, 2010. The guidelines shall then be posted on the Department of
562 Education's website; *and*

563 23. *To promulgate, together with the Board of Medicine, regulations governing the licensure of nurse*
564 *practitioners pursuant to § 54.1-2957.*

565 § 54.1-3301. Exceptions.

566 This chapter shall not be construed to:

567 1. Interfere with any legally qualified practitioner of dentistry, or veterinary medicine or any
568 physician acting on behalf of the Virginia Department of Health or local health departments, in the
569 compounding of his prescriptions or the purchase and possession of drugs as he may require;

570 2. Prevent any legally qualified practitioner of dentistry, or veterinary medicine or any prescriber, as
571 defined in § 54.1-3401, acting on behalf of the Virginia Department of Health or local health
572 departments, from administering or supplying to his patients the medicines that he deems proper under
573 the conditions of § 54.1-3303 or from causing drugs to be administered or dispensed pursuant to
574 §§ 32.1-42.1 and 54.1-3408;

575 3. Prohibit the sale by merchants and retail dealers of proprietary medicines as defined in Chapter 34
576 (§ 54.1-3400 et seq.) of this title;

577 4. Prevent the operation of automated drug dispensing systems in hospitals pursuant to Chapter 34
578 (§ 54.1-3400 et seq.) of this title;

579 5. Prohibit the employment of ancillary personnel to assist a pharmacist as provided in the
580 regulations of the Board;

581 6. Interfere with any legally qualified practitioner of medicine, osteopathy, or podiatry from
582 purchasing, possessing or administering controlled substances to his own patients or providing controlled
583 substances to his own patients in a bona fide medical emergency or providing manufacturers'
584 professional samples to his own patients;

585 7. Interfere with any legally qualified practitioner of optometry, certified or licensed to use diagnostic
586 pharmaceutical agents, from purchasing, possessing or administering those controlled substances as
587 specified in § 54.1-3221 or interfere with any legally qualified practitioner of optometry certified to
588 prescribe therapeutic pharmaceutical agents from purchasing, possessing, or administering to his own
589 patients those controlled substances as specified in § 54.1-3222 and the TPA formulary, providing
590 manufacturers' samples of these drugs to his own patients, or dispensing, administering, or selling
591 ophthalmic devices as authorized in § 54.1-3204;

592 8. Interfere with any physician assistant with prescriptive authority receiving and dispensing to his
593 own patients manufacturers' professional samples of controlled substances and devices that he is
594 authorized, in compliance with the provisions of § 54.1-2952.1, to prescribe according to his practice
595 setting and a written agreement with a physician or podiatrist;

596 9. Interfere with any licensed nurse practitioner with prescriptive authority receiving and dispensing
597 to his own patients manufacturers' professional samples of controlled substances and devices that he is
598 authorized, in compliance with the provisions of § 54.1-2957.01, to prescribe according to his practice
599 setting and a written *or electronic* agreement with a physician;

600 10. Interfere with any legally qualified practitioner of medicine or osteopathy participating in an
601 indigent patient program offered by a pharmaceutical manufacturer in which the practitioner sends a
602 prescription for one of his own patients to the manufacturer, and the manufacturer donates a stock bottle
603 of the prescription drug ordered at no cost to the practitioner or patient. The practitioner may dispense
604 such medication at no cost to the patient without holding a license to dispense from the Board of
605 Pharmacy. However, the container in which the drug is dispensed shall be labeled in accordance with
606 the requirements of § 54.1-3410, and, unless directed otherwise by the practitioner or the patient, shall
607 meet standards for special packaging as set forth in § 54.1-3426 and Board of Pharmacy regulations. In
608 lieu of dispensing directly to the patient, a practitioner may transfer the donated drug with a valid
609 prescription to a pharmacy for dispensing to the patient. The practitioner or pharmacy participating in
610 the program shall not use the donated drug for any purpose other than dispensing to the patient for
611 whom it was originally donated, except as authorized by the donating manufacturer for another patient
612 meeting that manufacturer's requirements for the indigent patient program. Neither the practitioner nor
613 the pharmacy shall charge the patient for any medication provided through a manufacturer's indigent

patient program pursuant to this subdivision. A participating pharmacy, including a pharmacy participating in bulk donation programs, may charge a reasonable dispensing or administrative fee to offset the cost of dispensing, not to exceed the actual costs of such dispensing. However, if the patient is unable to pay such fee, the dispensing or administrative fee shall be waived;

11. Interfere with any legally qualified practitioner of medicine or osteopathy from providing controlled substances to his own patients in a free clinic without charge when such controlled substances are donated by an entity other than a pharmaceutical manufacturer as authorized by subdivision 10. The practitioner shall first obtain a controlled substances registration from the Board and shall comply with the labeling and packaging requirements of this chapter and the Board's regulations; or

12. Prevent any pharmacist from providing free health care to an underserved population in Virginia who (i) does not regularly practice pharmacy in Virginia, (ii) holds a current valid license or certificate to practice pharmacy in another state, territory, district or possession of the United States, (iii) volunteers to provide free health care to an underserved area of this Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people, (iv) files a copy of the license or certificate issued in such other jurisdiction with the Board, (v) notifies the Board at least five business days prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and at the location filed with the Board. The Board may deny the right to practice in Virginia to any pharmacist whose license has been previously suspended or revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws or regulations. However, the Board shall allow a pharmacist who meets the above criteria to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit organization verifies that the practitioner has a valid, unrestricted license in another state.

This section shall not be construed as exempting any person from the licensure, registration, permitting and record keeping requirements of this chapter or Chapter 34 of this title.

§ 54.1-3401. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by (i) a practitioner or by his authorized agent and under his direction or (ii) the patient or research subject at the direction and in the presence of the practitioner.

"Advertisement" means all representations disseminated in any manner or by any means, other than by labeling, for the purpose of inducing, or which are likely to induce, directly or indirectly, the purchase of drugs or devices.

"Agent" means an authorized person who acts on behalf of or at the direction of a manufacturer, distributor, or dispenser. It does not include a common or contract carrier, public warehouseman, or employee of the carrier or warehouseman.

"Anabolic steroid" means any drug or hormonal substance, chemically and pharmacologically related to testosterone, other than estrogens, progestins, corticosteroids, and dehydroepiandrosterone.

"Animal" means any nonhuman animate being endowed with the power of voluntary action.

"Automated drug dispensing system" means a mechanical or electronic system that performs operations or activities, other than compounding or administration, relating to pharmacy services, including the storage, dispensing, or distribution of drugs and the collection, control, and maintenance of all transaction information, to provide security and accountability for such drugs.

"Board" means the Board of Pharmacy.

"Bulk drug substance" means any substance that is represented for use, and that, when used in the compounding, manufacturing, processing, or packaging of a drug, becomes an active ingredient or a finished dosage form of the drug; however, "bulk drug substance" shall not include intermediates that are used in the synthesis of such substances.

"Change of ownership" of an existing entity permitted, registered or licensed by the Board means (i) the sale or transfer of all or substantially all of the assets of the entity or of any corporation that owns or controls the entity; (ii) the creation of a partnership by a sole proprietor, the dissolution of a partnership, or change in partnership composition; (iii) the acquisition or disposal of 50 percent or more of the outstanding shares of voting stock of a corporation owning the entity or of the parent corporation of a wholly owned subsidiary owning the entity, except that this shall not apply to any corporation the voting stock of which is actively traded on any securities exchange or in any over-the-counter market; (iv) the merger of a corporation owning the entity or of the parent corporation of a wholly-owned subsidiary owning the entity with another business or corporation; or (v) the expiration or forfeiture of a corporation's charter.

675 "Compounding" means the combining of two or more ingredients to fabricate such ingredients into a
676 single preparation and includes the mixing, assembling, packaging, or labeling of a drug or device (i) by
677 a pharmacist, or within a permitted pharmacy, pursuant to a valid prescription issued for a medicinal or
678 therapeutic purpose in the context of a bona fide practitioner-patient-pharmacist relationship, or in
679 expectation of receiving a valid prescription based on observed prescribing patterns; (ii) by or for a
680 practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine as an incident to his
681 administering or dispensing, if authorized to dispense, a controlled substance in the course of his
682 professional practice; or (iii) for the purpose of, or as incident to, research, teaching, or chemical
683 analysis and not for sale or for dispensing. The mixing, diluting, or reconstituting of a manufacturer's
684 product drugs for the purpose of administration to a patient, when performed by a practitioner of
685 medicine or osteopathy licensed under Chapter 29 (§ 54.1-2900 et seq.) ~~or, a person supervised by such~~
686 ~~practitioner pursuant to subdivisions 4, subdivision A 6; or A 19 of subsection A of § 54.1-2901, or a~~
687 ~~person supervised by such practitioner or a licensed nurse practitioner or physician assistant pursuant~~
688 ~~to subdivision A 4 of § 54.1-2901~~ shall not be considered compounding.

689 "Controlled substance" means a drug, substance or immediate precursor in Schedules I through VI of
690 this chapter. The term shall not include distilled spirits, wine, malt beverages, or tobacco as those terms
691 are defined or used in Title 3.2 or Title 4.1.

692 "DEA" means the Drug Enforcement Administration, United States Department of Justice, or its
693 successor agency.

694 "Deliver" or "delivery" means the actual, constructive, or attempted transfer of any item regulated by
695 this chapter, whether or not there exists an agency relationship.

696 "Device" means instruments, apparatus, and contrivances, including their components, parts and
697 accessories, intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in
698 man or animals or to affect the structure or any function of the body of man or animals.

699 "Dialysis care technician" or "dialysis patient care technician" means an individual who is certified
700 by an organization approved by the Board of Health Professions pursuant to Chapter 27.01
701 (§ 54.1-2729.1 et seq.) and who, under the supervision of a licensed physician, nurse practitioner,
702 physician assistant or a registered nurse, assists in the care of patients undergoing renal dialysis
703 treatments in a Medicare-certified renal dialysis facility.

704 "Dialysis solution" means either the commercially available, unopened, sterile solutions whose
705 purpose is to be instilled into the peritoneal cavity during the medical procedure known as peritoneal
706 dialysis, or commercially available solutions whose purpose is to be used in the performance of
707 hemodialysis not to include any solutions administered to the patient intravenously.

708 "Dispense" means to deliver a drug to an ultimate user or research subject by or pursuant to the
709 lawful order of a practitioner, including the prescribing and administering, packaging, labeling or
710 compounding necessary to prepare the substance for that delivery. However, dispensing shall not include
711 the transportation of drugs mixed, diluted, or reconstituted in accordance with this chapter to other sites
712 operated by such practitioner or that practitioner's medical practice for the purpose of administration of
713 such drugs to patients of the practitioner or that practitioner's medical practice at such other sites. For
714 practitioners of medicine or osteopathy, "dispense" shall only include the provision of drugs by a
715 practitioner to patients to take with them away from the practitioner's place of practice.

716 "Dispenser" means a practitioner who dispenses.

717 "Distribute" means to deliver other than by administering or dispensing a controlled substance.

718 "Distributor" means a person who distributes.

719 "Drug" means (i) articles or substances recognized in the official United States Pharmacopoeia
720 National Formulary or official Homeopathic Pharmacopoeia of the United States, or any supplement to
721 any of them; (ii) articles or substances intended for use in the diagnosis, cure, mitigation, treatment or
722 prevention of disease in man or animals; (iii) articles or substances, other than food, intended to affect
723 the structure or any function of the body of man or animals; or (iv) articles or substances intended for
724 use as a component of any article specified in clause (i), (ii) or (iii). "Drug" does not include devices or
725 their components, parts or accessories.

726 "Drug product" means a specific drug in dosage form from a known source of manufacture, whether
727 by brand or therapeutically equivalent drug product name.

728 "Electronic transmission prescription" means any prescription, other than an oral or written
729 prescription or a prescription transmitted by facsimile machine, that is electronically transmitted directly
730 to a pharmacy without interception or intervention from a third party from a practitioner authorized to
731 prescribe or from one pharmacy to another pharmacy.

732 "Facsimile (FAX) prescription" means a written prescription or order, which is transmitted by an
733 electronic device over telephone lines that sends the exact image to the receiving pharmacy in hard copy
734 form.

735 "FDA" means the United States Food and Drug Administration.

736 "Hashish oil" means any oily extract containing one or more cannabinoids, but shall not include any

such extract with a tetrahydrocannabinol content of less than 12 percent by weight.

"Immediate precursor" means a substance which the Board of Pharmacy has found to be and by regulation designates as being the principal compound commonly used or produced primarily for use, and which is an immediate chemical intermediary used or likely to be used in the manufacture of a controlled substance, the control of which is necessary to prevent, curtail, or limit manufacture.

"Label" means a display of written, printed or graphic matter upon the immediate container of any article. A requirement made by or under authority of this chapter that any word, statement or other information appear on the label shall not be considered to be complied with unless such word, statement or other information also appears on the outside container or wrapper, if any, of the retail package of such article, or is easily legible through the outside container or wrapper.

"Labeling" means all labels and other written, printed or graphic matter on an article or any of its containers or wrappers, or accompanying such article.

"Manufacture" means the production, preparation, propagation, conversion or processing of any item regulated by this chapter, either directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling or relabeling of its container. This term does not include compounding.

"Manufacturer" means every person who manufactures.

"Marijuana" means any part of a plant of the genus *Cannabis* whether growing or not, its seeds or resin; and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds, or its resin. Marijuana shall not include any oily extract containing one or more cannabinoids unless such extract contains less than 12 percent of tetrahydrocannabinol by weight, nor shall marijuana include the mature stalks of such plant, fiber produced from such stalk, oil or cake made from the seeds of such plant, unless such stalks, fiber, oil or cake is combined with other parts of plants of the genus *Cannabis*.

"Medical equipment supplier" means any person, as defined in § 1-230, engaged in the delivery to the ultimate consumer, pursuant to the lawful order of a practitioner, of hypodermic syringes and needles, medicinal oxygen, Schedule VI controlled devices, those Schedule VI controlled substances with no medicinal properties which are used for the operation and cleaning of medical equipment and solutions for peritoneal dialysis.

"Narcotic drug" means any of the following, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis: (i) opium, opiates, and any salt, compound, derivative, or preparation of opium or opiates; (ii) any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in clause (i), but not including the isoquinoline alkaloids of opium; (iii) opium poppy and poppy straw; (iv) coca leaves and any salt, compound, derivative, or preparation of coca leaves, and any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances, but not including decocainized coca leaves or extraction of coca leaves which do not contain cocaine or ecgonine.

"New drug" means: (i) any drug, except a new animal drug or an animal feed bearing or containing a new animal drug, the composition of which is such that such drug is not generally recognized, among experts qualified by scientific training and experience to evaluate the safety and effectiveness of drugs, as safe and effective for use under the conditions prescribed, recommended, or suggested in the labeling, except that such a drug not so recognized shall not be deemed to be a "new drug" if at any time prior to the enactment of this chapter it was subject to the Food and Drugs Act of June 30, 1906, as amended, and if at such time its labeling contained the same representations concerning the conditions of its use; or (ii) any drug, except a new animal drug or an animal feed bearing or containing a new animal drug, the composition of which is such that such drug, as a result of investigations to determine its safety and effectiveness for use under such conditions, has become so recognized, but which has not, otherwise than in such investigations, been used to a material extent or for a material time under such conditions.

"Nuclear medicine technologist" means an individual who holds a current certification with the American Registry of Radiological Technologists or the Nuclear Medicine Technology Certification Board.

"Official compendium" means the official United States Pharmacopoeia National Formulary, official Homeopathic Pharmacopoeia of the United States, or any supplement to any of them.

"Official written order" means an order written on a form provided for that purpose by the United States Drug Enforcement Administration, under any laws of the United States making provision therefor, if such order forms are authorized and required by federal law, and if no such order form is provided then on an official form provided for that purpose by the Board of Pharmacy.

"Opiate" means any substance having an addiction-forming or addiction-sustaining liability similar to

798 morphine or being capable of conversion into a drug having such addiction-forming or
799 addiction-sustaining liability. It does not include, unless specifically designated as controlled under
800 Article 4 (§ 54.1-3437 et seq.) ~~of this chapter~~, the dextrorotatory isomer of
801 3-methoxy-n-methylmorphinan and its salts (dextromethorphan). It does include its racemic and
802 levorotatory forms.

803 "Opium poppy" means the plant of the species *Papaver somniferum* L., except the seeds thereof.

804 "Original package" means the unbroken container or wrapping in which any drug or medicine is
805 enclosed together with label and labeling, put up by or for the manufacturer, wholesaler, or distributor
806 for use in the delivery or display of such article.

807 "Person" means both the plural and singular, as the case demands, and includes an individual,
808 partnership, corporation, association, governmental agency, trust, or other institution or entity.

809 "Pharmacist-in-charge" means the person who, being licensed as a pharmacist, signs the application
810 for a pharmacy permit and assumes full legal responsibility for the operation of the relevant pharmacy in
811 a manner complying with the laws and regulations for the practice of pharmacy and the sale and
812 dispensing of controlled substances; the "pharmacist-in-charge" shall personally supervise the pharmacy
813 and the pharmacy's personnel as required by § 54.1-3432.

814 "Poppy straw" means all parts, except the seeds, of the opium poppy, after mowing.

815 "Practitioner" means a physician, dentist, licensed nurse practitioner pursuant to § 54.1-2957.01,
816 licensed physician assistant pursuant to § 54.1-2952.1, pharmacist pursuant to § 54.1-3300, TPA-certified
817 optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32, veterinarian, scientific investigator,
818 or other person licensed, registered or otherwise permitted to distribute, dispense, prescribe and
819 administer, or conduct research with respect to, a controlled substance in the course of professional
820 practice or research in the Commonwealth.

821 "Prescriber" means a practitioner who is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue
822 a prescription.

823 "Prescription" means an order for drugs or medical supplies, written or signed or transmitted by word
824 of mouth, telephone, telegraph or other means of communication to a pharmacist by a duly licensed
825 physician, dentist, veterinarian or other practitioner, authorized by law to prescribe and administer such
826 drugs or medical supplies.

827 "Prescription drug" means any drug required by federal law or regulation to be dispensed only
828 pursuant to a prescription, including finished dosage forms and active ingredients subject to § 503 (b) of
829 the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 353 (b)).

830 "Production" or "produce" includes the manufacture, planting, cultivation, growing or harvesting of a
831 controlled substance or marijuana.

832 "Proprietary medicine" means a completely compounded nonprescription drug in its unbroken,
833 original package which does not contain any controlled substance or marijuana as defined in this chapter
834 and is not in itself poisonous, and which is sold, offered, promoted or advertised directly to the general
835 public by or under the authority of the manufacturer or primary distributor, under a trademark, trade
836 name or other trade symbol privately owned, and the labeling of which conforms to the requirements of
837 this chapter and applicable federal law. However, this definition shall not include a drug which is only
838 advertised or promoted professionally to licensed practitioners, a narcotic or drug containing a narcotic,
839 a drug which may be dispensed only upon prescription or the label of which bears substantially the
840 statement "Warning - may be habit-forming," or a drug intended for injection.

841 "Radiopharmaceutical" means any drug that exhibits spontaneous disintegration of unstable nuclei
842 with the emission of nuclear particles or photons and includes any non-radioactive reagent kit or
843 radionuclide generator that is intended to be used in the preparation of any such substance, but does not
844 include drugs such as carbon-containing compounds or potassium-containing salts that include trace
845 quantities of naturally occurring radionuclides. The term also includes any biological product that is
846 labeled with a radionuclide or intended solely to be labeled with a radionuclide.

847 "Sale" includes barter, exchange, or gift, or offer therefor, and each such transaction made by any
848 person, whether as an individual, proprietor, agent, servant or employee.

849 "Therapeutically equivalent drug products" means drug products that contain the same active
850 ingredients and are identical in strength or concentration, dosage form, and route of administration and
851 that are classified as being therapeutically equivalent by the United States Food and Drug Administration
852 pursuant to the definition of "therapeutically equivalent drug products" set forth in the most recent
853 edition of the Approved Drug Products with Therapeutic Equivalence Evaluations, otherwise known as
854 the "Orange Book."

855 "USP-NF" means the current edition of the United States Pharmacopeia-National Formulary.

856 "Warehouser" means any person, other than a wholesale distributor, engaged in the business of
857 selling or otherwise distributing prescription drugs or devices to any person who is not the ultimate user
858 or consumer. No person shall be subject to any state or local tax by reason of this definition.

859 "Wholesale distribution" means distribution of prescription drugs to persons other than consumers or

patients, subject to the exceptions set forth in § 54.1-3401.1.

"Wholesale distributor" means any person engaged in wholesale distribution of prescription drugs including, but not limited to, manufacturers; repackers; own-label distributors; private-label distributors; jobbers; brokers; warehouses, including manufacturers' and distributors' warehouses, chain drug warehouses conducting wholesale distributions, and wholesale drug warehouses; independent wholesale drug traders; and retail pharmacies conducting wholesale distributions. No person shall be subject to any state or local tax as a wholesale merchant by reason of this definition.

The words "drugs" and "devices" as used in Chapter 33 (§ 54.1-3300 et seq.) and in this chapter shall not include surgical or dental instruments, physical therapy equipment, X-ray apparatus or glasses or lenses for the eyes.

The terms "pharmacist," "pharmacy" and "practice of pharmacy" as used in this chapter shall be defined as provided in Chapter 33 (§§ 54.1-3300 et seq.) unless the context requires a different meaning.

2. That the Board of Medicine and the Board of Nursing shall promulgate regulations to implement the provisions of this act to be effective within 280 days of its enactment.