21102543D

HOUSE BILL NO. 2079

Offered January 13, 2021

- Prefiled January 12, 2021
- A BILL to amend and reenact §§ 54.1-3300 and 54.1-3303.1 of the Code of Virginia, relating to pharmacists; initiation of treatment; certain drugs and devices.

Patrons-Rasoul, Ayala, Carter, Cole, M.L., Helmer, Hope, Kory, Levine, Samirah, Sickles, Simon and Simonds

7 8 9

1

2

3

4 5

6

Referred to Committee on Health, Welfare and Institutions

10 Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3300 and 54.1-3303.1 of the Code of Virginia are amended and reenacted as 11 12 follows:

13 § 54.1-3300. Definitions.

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

15 "Board" means the Board of Pharmacy.

"Collaborative agreement" means a voluntary, written, or electronic arrangement between one 16 pharmacist and his designated alternate pharmacists involved directly in patient care at a single physical 17 location where patients receive services and (i) any person licensed to practice medicine, osteopathy, or 18 19 podiatry together with any person licensed, registered, or certified by a health regulatory board of the 20Department of Health Professions who provides health care services to patients of such person licensed 21 to practice medicine, osteopathy, or podiatry; (ii) a physician's office as defined in § 32.1-276.3, 22 provided that such collaborative agreement is signed by each physician participating in the collaborative agreement; (iii) any licensed physician assistant working under the supervision of a person licensed to 23 24 practice medicine, osteopathy, or podiatry; or (iv) any licensed nurse practitioner working in accordance 25 with the provisions of § 54.1-2957, involved directly in patient care which authorizes cooperative 26 procedures with respect to patients of such practitioners. Collaborative procedures shall be related to 27 treatment using drug therapy, laboratory tests, or medical devices, under defined conditions or 28 limitations, for the purpose of improving patient outcomes. A collaborative agreement is not required for 29 the management of patients of an inpatient facility.

30 "Dispense" means to deliver a drug to an ultimate user or research subject by or pursuant to the 31 lawful order of a practitioner, including the prescribing and administering, packaging, labeling, or 32 compounding necessary to prepare the substance for delivery. 33

"Pharmacist" means a person holding a license issued by the Board to practice pharmacy.

34 "Pharmacy" means every establishment or institution in which drugs, medicines, or medicinal chemicals are dispensed or offered for sale, or a sign is displayed bearing the word or words "pharmacist," "pharmacy," "apothecary," "drugstore," "druggist," "drugs," "medicine store," "drug sundries," "prescriptions filled," or any similar words intended to indicate that the practice of pharmacy 35 36 37 38 is being conducted.

39 "Pharmacy intern" means a student currently enrolled in or a graduate of an approved school of 40 pharmacy who is registered with the Board for the purpose of gaining the practical experience required 41 to apply for licensure as a pharmacist.

"Pharmacy technician" means a person registered with the Board to assist a pharmacist under the 42 43 pharmacist's supervision.

"Pharmacy technician trainee" means a person registered with the Board for the purpose of 44 45 performing duties restricted to a pharmacy technician as part of a pharmacy technician training program in accordance with the provisions of subsection G of § 54.1-3321. 46

"Practice of pharmacy" means the personal health service that is concerned with the art and science 47 48 of selecting, procuring, recommending, administering, preparing, compounding, packaging, and 49 dispensing of drugs, medicines, and devices used in the diagnosis, treatment, or prevention of disease, whether compounded or dispensed on a prescription or otherwise legally dispensed or distributed, and 50 51 shall include (i) the proper and safe storage and distribution of drugs; (ii) the maintenance of proper 52 records; (iii) the responsibility of providing information concerning drugs and medicines and their therapeutic values and uses in the treatment and prevention of disease; (iv) the management of patient 53 care under the terms of a collaborative agreement as defined in this section; and (v) the initiating of 54 treatment with or dispensing or administering of certain drugs, devices, or controlled paraphernalia in 55 accordance with the provisions of § 54.1-3303.1. 56

57 "Supervision" means the direction and control by a pharmacist of the activities of a pharmacy intern INTRODUCED

58 or a pharmacy technician whereby the supervising pharmacist is physically present in the pharmacy or in

59 the facility in which the pharmacy is located when the intern or technician is performing duties 60 restricted to a pharmacy intern or technician, respectively, and is available for immediate oral 61 communication.

62 Other terms used in the context of this chapter shall be defined as provided in Chapter 34 63 (§ 54.1-3400 et seq.) unless the context requires a different meaning.

64 § 54.1-3303.1. Initiating of treatment with and dispensing and administering of controlled substances by pharmacists. 65

A. Notwithstanding the provisions of § 54.1-3303, a pharmacist may initiate treatment with, dispense, 66 or administer the following drugs and, devices, controlled paraphernalia, and other supplies and 67 equipment to persons 18 years of age or older in accordance with a statewide protocol developed by the 68 Board in collaboration with the Board of Medicine and the Department of Health and set forth in 69 70 regulations of the Board:

71 1. Naloxone or other opioid antagonist, including such controlled paraphernalia, as defined in 72 § 54.1-3466, as may be necessary to administer such naloxone or other opioid antagonist; 73

2. Epinephrine;

74 3. Injectable or self-administered hormonal contraceptives, provided the patient completes an 75 assessment consistent with the United States Medical Eligibility Criteria for Contraceptive Use; 76

4. Prenatal vitamins for which a prescription is required;

77 5. Dietary fluoride supplements, in accordance with recommendations of the American Dental 78 Association for prescribing of such supplements for persons whose drinking water has a fluoride content 79 below the concentration recommended by the U.S. Department of Health and Human Services; and

6. <u>Medications</u> Drugs as defined in § 54.1-3401, devices as defined in § 54.1-3401, controlled 80 paraphernalia as defined in § 54.1-3466, and other supplies and equipment available over-the-counter, 81 82 covered by the patient's health carrier when the patient's out-of-pocket cost is lower than the out-of-pocket cost to purchase an over-the-counter equivalent of the same drug, device, controlled 83 84 paraphernalia, or other supplies or equipment;

85 7. Vaccines included on the Immunization Schedule published by the Centers for Disease Control and 86 Prevention or that have a current emergency use authorization from the U.S. Food and Drug 87 Administration: 88

8. Tuberculin purified protein derivative for tuberculosis testing; and

89 9. Controlled substances for the prevention of human immunodeficiency virus, including controlled 90 substances prescribed for pre-exposure and post-exposure prophylaxis pursuant to guidelines and 91 recommendations of the Centers for Disease Control and Prevention.

92 B. A pharmacist who initiates treatment with or dispenses or administers a drug or device pursuant to 93 this section shall notify the patient's primary health care provider that the pharmacist has initiated 94 treatment with such drug or device or that such drug or device has been dispensed or administered to 95 the patient, provided that the patient consents to such notification. If the patient does not have a primary 96 health care provider, the pharmacist shall counsel the patient regarding the benefits of establishing a 97 relationship with a primary health care provider and, upon request, provide information regarding 98 primary health care providers, including federally qualified health centers, free clinics, or local health 99 departments serving the area in which the patient is located. If the pharmacist is initiating treatment 100 with, dispensing, or administering injectable or self-administered hormonal contraceptives, the pharmacist 101 shall counsel the patient regarding seeking preventative care, including (i) routine well-woman visits, (ii) 102 testing for sexually transmitted infections, and (iii) pap smears.

C. A pharmacist who administers a vaccination pursuant to subdivision A 7 shall report such 103 104 administration to the Virginia Immunization Information System in accordance with the requirements of § 32.1-46.01. 105

106 2. That the Board of Pharmacy, in collaboration with the Board of Medicine and the Department of Health, shall establish protocols for the initiation of treatment with and dispensing and 107 108 administering of drugs, devices, controlled paraphernalia, and supplies and equipment available 109 over-the-counter by pharmacists in accordance with § 54.1-3303.1 of the Code of Virginia, as amended by this act, by November 1, 2021. The Board of Pharmacy shall convene a work group 110 composed of an equal number of representatives of the Boards of Pharmacy and Medicine to 111 112 recommend protocols to the Board of Pharmacy for review and implementation. No pharmacist shall initiate treatment with or dispense or administer such drug, device, controlled paraphernalia, 113 114 or supply or equipment until such protocols have been adopted. Such protocols shall address training and continuing education for pharmacists regarding the initiation of treatment with and 115 dispensing and administering of drugs, devices, controlled paraphernalia, and supplies and equipment pursuant to § 54.1-3303.1 of the Code of Virginia, as amended by this act. 116 117

3. That the Board of Pharmacy, in collaboration with the Board of Medicine, shall promulgate 118 regulations to implement the provisions of this act to be effective within 280 days of its enactment. 119

Such regulation shall include authorization for a pharmacist to initiate treatment with or dispense or administer drugs, devices, controlled paraphernalia, and supplies and equipment described in § 54.1-3303.1 of the Code of Virginia, as amended by this act, in accordance with protocols adopted by the Board of Pharmacy. The Board of Pharmacy shall convene a work group composed of an equal number of representatives of the Boards of Pharmacy and Medicine to develop recommendations and propose language for inclusion in such regulations.

126 4. That the Board of Pharmacy shall continue the work group composed of an equal number of 127 representatives of the Boards of Pharmacy and Medicine as well as representatives of the Board of 128 Medicine, the Department of Health, schools of medicine and pharmacy located in the 129 Commonwealth, and such other stakeholders as the Board of Pharmacy may deem appropriate to 130 provide recommendations regarding the development of protocols for the initiation of treatment 131 with and dispensing and administering of drugs, devices, controlled paraphernalia, and supplies and equipment by pharmacists to persons 18 years of age or older, including (i) controlled 132 133 substances, devices, controlled paraphernalia, and supplies and equipment for the treatment of 134 diseases or conditions for which clinical decision-making can be guided by a clinical test that is 135 classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988, 136 including influenza virus, urinary tract infection, and group A Streptococcus bacteria, and (ii) 137 drugs approved by the U.S. Food and Drug Administration for tobacco cessation therapy, 138 including nicotine replacement therapy. The work group shall focus its work on developing 139 protocols that can improve access to these treatments while maintaining patient safety and report 140 its recommendations to the Governor and the Chairmen of the Joint Commission on Health Care, 141 the House Committee on Health, Welfare and Institutions, and the Senate Committee on 142 Education and Health by November 1, 2021.