

18105289D

HOUSE BILL NO. 1303

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the House Committee on Health, Welfare and Institutions
on February 6, 2018)

(Patron Prior to Substitute—Delegate Garrett)

A BILL to amend and reenact § 54.1-3303 of the Code of Virginia, relating to prescribing controlled substances; veterinarian-client-patient relationship.

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-3303 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-3303. Prescriptions to be issued and drugs to be dispensed for medical or therapeutic purposes only.

A. A prescription for a controlled substance may be issued only by a practitioner of medicine, osteopathy, podiatry, dentistry or veterinary medicine who is authorized to prescribe controlled substances, or by a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32. The prescription shall be issued for a medicinal or therapeutic purpose and may be issued only to persons or animals with whom the practitioner has a bona fide practitioner-patient relationship or veterinarian-client-patient relationship.

For purposes of this section, a bona fide practitioner-patient-pharmacist relationship is one in which a practitioner prescribes, and a pharmacist dispenses, controlled substances in good faith to his patient for a medicinal or therapeutic purpose within the course of his professional practice. In addition, a bona fide practitioner-patient relationship means that the practitioner shall (i) ensure that a medical or drug history is obtained; (ii) provide information to the patient about the benefits and risks of the drug being prescribed; (iii) perform or have performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; except for medical emergencies, the examination of the patient shall have been performed by the practitioner himself, within the group in which he practices, or by a consulting practitioner prior to issuing a prescription; and (iv) initiate additional interventions and follow-up care, if necessary, especially if a prescribed drug may have serious side effects. A practitioner who performs or has performed an appropriate examination of the patient required pursuant to clause (iii), either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically, for the purpose of establishing a bona fide practitioner-patient relationship, may prescribe Schedule II through VI controlled substances to the patient, provided that the prescribing of such Schedule II through V controlled substance is in compliance with federal requirements for the practice of telemedicine.

For the purpose of prescribing a Schedule VI controlled substance to a patient via telemedicine services as defined in § 38.2-3418.16, a prescriber may establish a bona fide practitioner-patient relationship by an examination through face-to-face interactive, two-way, real-time communications services or store-and-forward technologies when all of the following conditions are met: (a) the patient has provided a medical history that is available for review by the prescriber; (b) the prescriber obtains an updated medical history at the time of prescribing; (c) the prescriber makes a diagnosis at the time of prescribing; (d) the prescriber conforms to the standard of care expected of in-person care as appropriate to the patient's age and presenting condition, including when the standard of care requires the use of diagnostic testing and performance of a physical examination, which may be carried out through the use of peripheral devices appropriate to the patient's condition; (e) the prescriber is actively licensed in the Commonwealth and authorized to prescribe; (f) if the patient is a member or enrollee of a health plan or carrier, the prescriber has been credentialed by the health plan or carrier as a participating provider and the diagnosing and prescribing meets the qualifications for reimbursement by the health plan or carrier pursuant to § 38.2-3418.16; and (g) upon request, the prescriber provides patient records in a timely manner in accordance with the provisions of § 32.1-127.1:03 and all other state and federal laws and regulations. Nothing in this paragraph shall permit a prescriber to establish a bona fide practitioner-patient relationship for the purpose of prescribing a Schedule VI controlled substance when the standard of care dictates that an in-person physical examination is necessary for diagnosis. Nothing in this paragraph shall apply to: (1) a prescriber providing on-call coverage per an agreement with another prescriber or his prescriber's professional entity or employer; (2) a prescriber consulting with another prescriber regarding a patient's care; or (3) orders of prescribers for hospital out-patients or in-patients.

For purposes of this section, a bona fide veterinarian-client-patient relationship is one in which a veterinarian, another veterinarian within the group in which he practices, or a veterinarian with whom

HOUSE SUBSTITUTE

HB1303H1

60 *he is consulting has assumed the responsibility for making medical judgments regarding the health of*
61 *and providing medical treatment to an animal as defined in § 3.2-6500, other than an equine as defined*
62 *in § 3.2-6200, a group of agricultural animals as defined in § 3.2-6500, or bees as defined in*
63 *§ 3.2-4400, and a client who is the owner or other caretaker of the animal, group of agricultural*
64 *animals, or bees has consented to such treatment and agreed to follow the instructions of the*
65 *veterinarian. Evidence that a veterinarian has assumed responsibility for making medical judgments*
66 *regarding the health of and providing medical treatment to an animal, group of agricultural animals, or*
67 *bees shall include evidence that the veterinarian (A) has sufficient knowledge of the animal, group of*
68 *agricultural animals, or bees to provide a general or preliminary diagnosis of the medical condition of*
69 *the animal, group of agricultural animals, or bees; (B) has made an examination of the animal, group*
70 *of agricultural animals, or bees, either physically or by the use of instrumentation and diagnostic*
71 *equipment through which images and medical records may be transmitted electronically or has become*
72 *familiar with the care and keeping of that species of animal or bee on the premises of the client,*
73 *including other premises within the same operation or production system of the client, through medically*
74 *appropriate and timely visits to the premises at which the animal, group of agricultural animals, or bees*
75 *are kept; and (C) is available to provide follow-up care.*

76 Any practitioner who prescribes any controlled substance with the knowledge that the controlled
77 substance will be used otherwise than medicinally or for therapeutic purposes shall be subject to the
78 criminal penalties provided in § 18.2-248 for violations of the provisions of law relating to the
79 distribution or possession of controlled substances.

80 B. In order to determine whether a prescription that appears questionable to the pharmacist results
81 from a bona fide practitioner-patient relationship, the pharmacist shall contact the prescribing practitioner
82 or his agent and verify the identity of the patient and name and quantity of the drug prescribed. The
83 person knowingly filling an invalid prescription shall be subject to the criminal penalties provided in
84 § 18.2-248 for violations of the provisions of law relating to the sale, distribution or possession of
85 controlled substances.

86 No prescription shall be filled unless there is a bona fide practitioner-patient-pharmacist relationship.
87 A prescription not issued in the usual course of treatment or for authorized research is not a valid
88 prescription.

89 C. Notwithstanding any provision of law to the contrary and consistent with recommendations of the
90 Centers for Disease Control and Prevention or the Department of Health, a practitioner may prescribe
91 Schedule VI antibiotics and antiviral agents to other persons in close contact with a diagnosed patient
92 when (i) the practitioner meets all requirements of a bona fide practitioner-patient relationship, as
93 defined in subsection A, with the diagnosed patient; (ii) in the practitioner's professional judgment, the
94 practitioner deems there is urgency to begin treatment to prevent the transmission of a communicable
95 disease; (iii) the practitioner has met all requirements of a bona fide practitioner-patient relationship, as
96 defined in subsection A, for the close contact except for the physical examination required in clause (iii)
97 of subsection A; and (iv) when such emergency treatment is necessary to prevent imminent risk of
98 death, life-threatening illness, or serious disability.

99 D. A pharmacist may dispense a controlled substance pursuant to a prescription of an out-of-state
100 practitioner of medicine, osteopathy, podiatry, dentistry, optometry, or veterinary medicine, a nurse
101 practitioner, or a physician assistant authorized to issue such prescription if the prescription complies
102 with the requirements of this chapter and the Drug Control Act (§ 54.1-3400 et seq.).

103 E. A licensed nurse practitioner who is authorized to prescribe controlled substances pursuant to
104 § 54.1-2957.01 may issue prescriptions or provide manufacturers' professional samples for controlled
105 substances and devices as set forth in the Drug Control Act (§ 54.1-3400 et seq.) in good faith to his
106 patient for a medicinal or therapeutic purpose within the scope of his professional practice.

107 F. A licensed physician assistant who is authorized to prescribe controlled substances pursuant to
108 § 54.1-2952.1 may issue prescriptions or provide manufacturers' professional samples for controlled
109 substances and devices as set forth in the Drug Control Act (§ 54.1-3400 et seq.) in good faith to his
110 patient for a medicinal or therapeutic purpose within the scope of his professional practice.

111 G. A TPA-certified optometrist who is authorized to prescribe controlled substances pursuant to
112 Article 5 (§ 54.1-3222 et seq.) of Chapter 32 may issue prescriptions in good faith or provide
113 manufacturers' professional samples to his patients for medicinal or therapeutic purposes within the
114 scope of his professional practice for the drugs specified on the TPA-Formulary, established pursuant to
115 § 54.1-3223, which shall be limited to (i) analgesics included on Schedule II controlled substances as
116 defined in § 54.1-3448 of the Drug Control Act (§ 54.1-3400 et seq.) consisting of hydrocodone in
117 combination with acetaminophen; (ii) oral analgesics included in Schedules III through VI, as defined in
118 §§ 54.1-3450 and 54.1-3455 of the Drug Control Act (§ 54.1-3400 et seq.), which are appropriate to
119 relieve ocular pain; (iii) other oral Schedule VI controlled substances, as defined in § 54.1-3455 of the
120 Drug Control Act, appropriate to treat diseases and abnormal conditions of the human eye and its
121 adnexa; (iv) topically applied Schedule VI drugs, as defined in § 54.1-3455 of the Drug Control Act;

122 and (v) intramuscular administration of epinephrine for treatment of emergency cases of anaphylactic
123 shock.
124 H. The requirement for a bona fide practitioner-patient relationship shall be deemed to be satisfied by
125 a member or committee of a hospital's medical staff when approving a standing order or protocol for the
126 administration of influenza vaccinations and pneumococcal vaccinations in a hospital in compliance with
127 § 32.1-126.4.