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HOUSE BILL NO. 2493

Offered January 9, 2019

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A BILL to amend and reenact §§ 54.1-2722 and 54.1-3408 of the Code of Virginia, relating to the administration of topical drugs; dental hygienists, physician assistants, and nurses.

Patron—Tran

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2722 and 54.1-3408 of the Code of Virginia are amended and reenacted as follows:
§ 54.1-2722. License; application; qualifications; practice of dental hygiene.

A. No person shall practice dental hygiene unless he possesses a current, active, and valid license from the Board of Dentistry. The licensee shall have the right to practice dental hygiene in the Commonwealth for the period of his license as set by the Board, under the direction of any licensed dentist.

B. An application for such license shall be made to the Board in writing and shall be accompanied by satisfactory proof that the applicant (i) is of good moral character, (ii) is a graduate of a dental hygiene program accredited by the Commission on Dental Accreditation and offered by an accredited institution of higher education, (iii) has passed the dental hygiene examination given by the Joint Commission on Dental Examinations, and (iv) has successfully completed a clinical examination acceptable to the Board.

C. The Board may grant a license to practice dental hygiene to an applicant licensed to practice in another jurisdiction if he (i) meets the requirements of subsection B; (ii) holds a current, unrestricted license to practice dental hygiene in another jurisdiction in the United States; (iii) has not committed any act that would constitute grounds for denial as set forth in § 54.1-2706; and (iv) meets other qualifications as determined in regulations promulgated by the Board.

D. A licensed dental hygienist may, under the direction or general supervision of a licensed dentist and subject to the regulations of the Board, perform services that are educational, diagnostic, therapeutic, or preventive. These services shall not include the establishment of a final diagnosis or treatment plan for a dental patient. Pursuant to subsection V of § 54.1-3408, a licensed dental hygienist may administer topical oral fluorides under an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine.

A dentist may also authorize a dental hygienist under his direction to administer Schedule VI nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI local anesthesia. In its regulations, the Board of Dentistry shall establish the education and training requirements for dental hygienists to administer such controlled substances under a dentist's direction.

For the purposes of this section, "general supervision" means that a dentist has evaluated the patient and prescribed authorized services to be provided by a dental hygienist; however, the dentist need not be present in the facility while the authorized services are being provided.

The Board shall provide for an inactive license for those dental hygienists who hold a current, unrestricted license to practice in the Commonwealth at the time of application for an inactive license and who do not wish to practice in Virginia. The Board shall promulgate such regulations as may be necessary to carry out the provisions of this section, including requirements for remedial education to activate a license.

E. For the purposes of this subsection, "remote supervision" means that a public health dentist has regular, periodic communications with a public health dental hygienist regarding patient treatment, but such dentist may not have conducted an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided.

Notwithstanding any provision of law, a dental hygienist employed by the Virginia Department of Health who holds a license issued by the Board of Dentistry may provide educational and preventative dental care in the Commonwealth under the remote supervision of a dentist employed by the Department of Health. A dental hygienist providing such services shall practice pursuant to a protocol adopted by the Commissioner of Health on September 23, 2010, having been developed jointly by (i) the medical directors of the Cumberland Plateau, Southside, and Lenowisco Health Districts; (ii) dental hygienists employed by the Department of Health; (iii) the Director of the Dental Health Division of the Department of Health; (iv) one representative of the Virginia Dental Association; and (v) one

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59 representative of the Virginia Dental Hygienists' Association. Such protocol shall be adopted by the
60 Board as regulations.

61 A report of services provided by dental hygienists pursuant to such protocol, including their impact
62 upon the oral health of the citizens of the Commonwealth, shall be prepared and submitted by the
63 Department of Health to the Virginia Secretary of Health and Human Resources annually. Nothing in
64 this section shall be construed to authorize or establish the independent practice of dental hygiene.

65 F. For the purposes of this subsection, "remote supervision" means that a supervising dentist is
66 accessible and available for communication and consultation with a dental hygienist during the delivery
67 of dental hygiene services, but such dentist may not have conducted an initial examination of the
68 patients who are to be seen and treated by the dental hygienist and may not be present with the dental
69 hygienist when dental hygiene services are being provided.

70 Notwithstanding any other provision of law, a dental hygienist may practice dental hygiene under the
71 remote supervision of a dentist who holds an active license by the Board and who has a dental practice
72 physically located in the Commonwealth. No dental hygienist shall practice under remote supervision
73 unless he has (i) completed a continuing education course designed to develop the competencies needed
74 to provide care under remote supervision offered by an accredited dental education program or from a
75 continuing education provider approved by the Board and (ii) at least two years of clinical experience,
76 consisting of at least 2,500 hours of clinical experience. A dental hygienist practicing under remote
77 supervision shall have professional liability insurance with policy limits acceptable to the supervising
78 dentist. A dental hygienist shall only practice under remote supervision at a federally qualified health
79 center; charitable safety net facility; free clinic; long-term care facility; elementary or secondary school;
80 Head Start program; or women, infants, and children (WIC) program.

81 A dental hygienist practicing under remote supervision may (a) obtain a patient's treatment history
82 and consent, (b) perform an oral assessment, (c) perform scaling and polishing, (d) perform all
83 educational and preventative services, (e) take X-rays as ordered by the supervising dentist or consistent
84 with a standing order, (f) maintain appropriate documentation in the patient's chart, (g) administer topical
85 oral fluorides, *topical oral anesthetics, topical and directly applied antimicrobial agents for treatment of*
86 *periodontal pocket lesions, and any other Schedule VI topical drug approved by the Board of Dentistry*
87 under an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or
88 osteopathic medicine pursuant to subsection V of § 54.1-3408, and (h) perform any other service ordered
89 by the supervising dentist or required by statute or Board regulation. No dental hygienist practicing
90 under remote supervision shall administer local anesthetic or nitrous oxide.

91 Prior to providing a patient dental hygiene services, a dental hygienist practicing under remote
92 supervision shall obtain (1) the patient's or the patient's legal representative's signature on a statement
93 disclosing that the delivery of dental hygiene services under remote supervision is not a substitute for
94 the need for regular dental examinations by a dentist and (2) verbal confirmation from the patient that
95 he does not have a dentist of record whom he is seeing regularly.

96 After conducting an initial oral assessment of a patient, a dental hygienist practicing under remote
97 supervision may provide further dental hygiene services following a written practice protocol developed
98 and provided by the supervising dentist. Such written practice protocol shall consider, at a minimum, the
99 medical complexity of the patient and the presenting signs and symptoms of oral disease.

100 A dental hygienist practicing under remote supervision shall inform the supervising dentist of all
101 findings for a patient. A dental hygienist practicing under remote supervision may continue to treat a
102 patient for 90 days. After such 90-day period, the supervising dentist, absent emergent circumstances,
103 shall either conduct an examination of the patient or refer the patient to another dentist to conduct an
104 examination. The supervising dentist shall develop a diagnosis and treatment plan for the patient, and
105 either the supervising dentist or the dental hygienist shall provide the treatment plan to the patient. The
106 supervising dentist shall review a patient's records at least once every 10 months.

107 Nothing in this subsection shall prevent a dental hygienist from practicing dental hygiene under
108 general supervision whether as an employee or as a volunteer.

109 **§ 54.1-3408. Professional use by practitioners.**

110 A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine or a licensed
111 nurse practitioner pursuant to § 54.1-2957.01, a licensed physician assistant pursuant to § 54.1-2952.1, or
112 a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 shall only
113 prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic
114 purposes within the course of his professional practice.

115 B. The prescribing practitioner's order may be on a written prescription or pursuant to an oral
116 prescription as authorized by this chapter. The prescriber may administer drugs and devices, or he may
117 cause drugs or devices to be administered by:

118 1. A nurse, physician assistant, or intern under his direction and supervision;

119 2. Persons trained to administer drugs and devices to patients in state-owned or state-operated
120 hospitals or facilities licensed as hospitals by the Board of Health or psychiatric hospitals licensed by

the Department of Behavioral Health and Developmental Services who administer drugs under the control and supervision of the prescriber or a pharmacist;

3. Emergency medical services personnel certified and authorized to administer drugs and devices pursuant to regulations of the Board of Health who act within the scope of such certification and pursuant to an oral or written order or standing protocol; or

4. A licensed respiratory therapist as defined in § 54.1-2954 who administers by inhalation controlled substances used in inhalation or respiratory therapy.

C. Pursuant to an oral or written order or standing protocol, the prescriber, who is authorized by state or federal law to possess and administer radiopharmaceuticals in the scope of his practice, may authorize a nuclear medicine technologist to administer, under his supervision, radiopharmaceuticals used in the diagnosis or treatment of disease.

D. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize registered nurses and licensed practical nurses to possess (i) epinephrine and oxygen for administration in treatment of emergency medical conditions and (ii) heparin and sterile normal saline to use for the maintenance of intravenous access lines.

Pursuant to the regulations of the Board of Health, certain emergency medical services technicians may possess and administer epinephrine in emergency cases of anaphylactic shock.

Pursuant to an order or standing protocol issued by the prescriber within the course of his professional practice, any school nurse, school board employee, employee of a local governing body, or employee of a local health department who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, any employee of a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education, or any employee of a private school that is accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, any employee of a public institution of higher education or a private institution of higher education who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, any employee of an organization providing outdoor educational experiences or programs for youth who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

Pursuant to an order issued by the prescriber within the course of his professional practice, an employee of a provider licensed by the Department of Behavioral Health and Developmental Services or a person providing services pursuant to a contract with a provider licensed by the Department of Behavioral Health and Developmental Services may possess and administer epinephrine, provided such person is authorized and trained in the administration of epinephrine.

Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize pharmacists to possess epinephrine and oxygen for administration in treatment of emergency medical conditions.

E. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize licensed physical therapists to possess and administer topical corticosteroids, topical lidocaine, and any other Schedule VI topical drug.

F. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize licensed athletic trainers to possess and administer topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs; oxygen for use in emergency situations; and epinephrine for use in emergency cases of anaphylactic shock.

G. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, and in accordance with policies and guidelines established by the Department of Health pursuant to § 32.1-50.2, such prescriber may authorize registered nurses or licensed practical nurses under the supervision of a registered nurse to possess and administer tuberculin purified protein derivative (PPD) in the absence of a prescriber. The Department of Health's policies and guidelines shall be consistent with applicable guidelines developed by the Centers for Disease Control and Prevention for preventing transmission of mycobacterium tuberculosis and shall be updated to incorporate any subsequently implemented standards of the Occupational Safety and Health Administration and the Department of Labor and Industry to the extent that they are inconsistent with the Department of Health's policies and guidelines. Such standing protocols shall explicitly describe the categories of persons to whom the tuberculin test is to be administered and shall provide for appropriate

182 medical evaluation of those in whom the test is positive. The prescriber shall ensure that the nurse
183 implementing such standing protocols has received adequate training in the practice and principles
184 underlying tuberculin screening.

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

189 H. Pursuant to a written order or standing protocol issued by the prescriber within the course of his
190 professional practice, such prescriber may authorize, with the consent of the parents as defined in
191 § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in
192 § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19
193 as administered by the Virginia Council for Private Education who is trained in the administration of
194 insulin and glucagon to assist with the administration of insulin or administer glucagon to a student
195 diagnosed as having diabetes and who requires insulin injections during the school day or for whom
196 glucagon has been prescribed for the emergency treatment of hypoglycemia. Such authorization shall
197 only be effective when a licensed nurse, nurse practitioner, physician, or physician assistant is not
198 present to perform the administration of the medication.

199 Pursuant to a written order or standing protocol issued by the prescriber within the course of his
200 professional practice, such prescriber may authorize an employee of a public institution of higher
201 education or a private institution of higher education who is trained in the administration of insulin and
202 glucagon to assist with the administration of insulin or administration of glucagon to a student diagnosed
203 as having diabetes and who requires insulin injections or for whom glucagon has been prescribed for the
204 emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse,
205 nurse practitioner, physician, or physician assistant is not present to perform the administration of the
206 medication.

207 Pursuant to a written order issued by the prescriber within the course of his professional practice,
208 such prescriber may authorize an employee of a provider licensed by the Department of Behavioral
209 Health and Developmental Services or a person providing services pursuant to a contract with a provider
210 licensed by the Department of Behavioral Health and Developmental Services to assist with the
211 administration of insulin or to administer glucagon to a person diagnosed as having diabetes and who
212 requires insulin injections or for whom glucagon has been prescribed for the emergency treatment of
213 hypoglycemia, provided such employee or person providing services has been trained in the
214 administration of insulin and glucagon.

215 I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the
216 administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is
217 not physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses
218 under the supervision of a registered nurse. A prescriber acting on behalf of and in accordance with
219 established protocols of the Department of Health may authorize the administration of vaccines to any
220 person by a pharmacist, nurse, or designated emergency medical services provider who holds an
221 advanced life support certificate issued by the Commissioner of Health under the direction of an
222 operational medical director when the prescriber is not physically present. The emergency medical
223 services provider shall provide documentation of the vaccines to be recorded in the Virginia
224 Immunization Information System.

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

227 Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist
228 in the course of his professional practice, a dentist may authorize a dental hygienist under his general
229 supervision, as defined in § 54.1-2722, *or his remote supervision, as defined in subsection E or F of*
230 *§ 54.1-2722*, to possess and administer topical oral fluorides, topical oral anesthetics, topical and directly
231 applied antimicrobial agents for treatment of periodontal pocket lesions, ~~as well as~~ *and* any other
232 Schedule VI topical drug approved by the Board of Dentistry.

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

236 K. Pursuant to an oral or written order or standing protocol issued by the prescriber within the
237 course of his professional practice, such prescriber may authorize registered professional nurses certified
238 as sexual assault nurse examiners-A (SANE-A) under his supervision and when he is not physically
239 present to possess and administer preventive medications for victims of sexual assault as recommended
240 by the Centers for Disease Control and Prevention.

241 L. This section shall not prevent the administration of drugs by a person who has satisfactorily
242 completed a training program for this purpose approved by the Board of Nursing and who administers
243 such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of

administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to security and record keeping, when the drugs administered would be normally self-administered by (i) an individual receiving services in a program licensed by the Department of Behavioral Health and Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program participant of an adult day-care center licensed by the Department of Social Services; (v) a resident of any facility authorized or operated by a state or local government whose primary purpose is not to provide health care services; (vi) a resident of a private children's residential facility, as defined in § 63.2-100 and licensed by the Department of Social Services, Department of Education, or Department of Behavioral Health and Developmental Services; or (vii) a student in a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

In addition, this section shall not prevent a person who has successfully completed a training program for the administration of drugs via percutaneous gastrostomy tube approved by the Board of Nursing and been evaluated by a registered nurse as having demonstrated competency in administration of drugs via percutaneous gastrostomy tube from administering drugs to a person receiving services from a program licensed by the Department of Behavioral Health and Developmental Services to such person via percutaneous gastrostomy tube. The continued competency of a person to administer drugs via percutaneous gastrostomy tube shall be evaluated semiannually by a registered nurse.

M. Medication aides registered by the Board of Nursing pursuant to Article 7 (§ 54.1-3041 et seq.) of Chapter 30 may administer drugs that would otherwise be self-administered to residents of any assisted living facility licensed by the Department of Social Services. A registered medication aide shall administer drugs pursuant to this section in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration; in accordance with regulations promulgated by the Board of Pharmacy relating to security and recordkeeping; in accordance with the assisted living facility's Medication Management Plan; and in accordance with such other regulations governing their practice promulgated by the Board of Nursing.

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

O. In addition, this section shall not prevent the administration of drugs by a person to (i) a child in a child day program as defined in § 63.2-100 and regulated by the State Board of Social Services or a local government pursuant to § 15.2-914, or (ii) a student of a private school that is accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education, provided such person (a) has satisfactorily completed a training program for this purpose approved by the Board of Nursing and taught by a registered nurse, licensed practical nurse, nurse practitioner, physician assistant, doctor of medicine or osteopathic medicine, or pharmacist; (b) has obtained written authorization from a parent or guardian; (c) administers drugs only to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration; and (d) administers only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container that would normally be self-administered by the child or student, or administered by a parent or guardian to the child or student.

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

Q. Nothing in this title shall prohibit the administration of normally self-administered drugs by unlicensed individuals to a person in his private residence.

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

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

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

319 T. Persons who are otherwise authorized to administer controlled substances in hospitals shall be
320 authorized to administer influenza or pneumococcal vaccines pursuant to § 32.1-126.4.

321 U. Pursuant to a specific order for a patient and under his direct and immediate supervision, a
322 prescriber may authorize the administration of controlled substances by personnel who have been
323 properly trained to assist a doctor of medicine or osteopathic medicine, provided the method does not
324 include intravenous, intrathecal, or epidural administration and the prescriber remains responsible for
325 such administration.

326 V. A physician assistant, nurse, or a dental hygienist may possess and administer topical fluoride
327 varnish to the teeth of children aged six months to three years pursuant to an oral or written order or a
328 standing protocol issued by a doctor of medicine, osteopathic medicine, or dentistry that conforms to
329 standards adopted by the Department of Health.

330 W. A prescriber, acting in accordance with guidelines developed pursuant to § 32.1-46.02, may
331 authorize the administration of influenza vaccine to minors by a licensed pharmacist, registered nurse,
332 licensed practical nurse under the direction and immediate supervision of a registered nurse, or
333 emergency medical services provider who holds an advanced life support certificate issued by the
334 Commissioner of Health when the prescriber is not physically present.

335 X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order
336 issued by a prescriber or a standing order issued by the Commissioner of Health or his designee
337 authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the
338 absence of an oral or written order for a specific patient issued by a prescriber, and in accordance with
339 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the
340 Department of Health, a pharmacist may dispense naloxone or other opioid antagonist used for overdose
341 reversal and a person may possess and administer naloxone or other opioid antagonist used for overdose
342 reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid
343 overdose. Law-enforcement officers as defined in § 9.1-101, employees of the Department of Forensic
344 Science, employees of the Office of the Chief Medical Examiner, employees of the Department of
345 General Services Division of Consolidated Laboratory Services, employees of the Department of
346 Corrections designated as probation and parole officers or as correctional officers as defined in §
347 53.1-1, and firefighters who have completed a training program may also possess and administer
348 naloxone in accordance with protocols developed by the Board of Pharmacy in consultation with the
349 Board of Medicine and the Department of Health.

350 Y. Notwithstanding any other law or regulation to the contrary, a person who is authorized by the
351 Department of Behavioral Health and Developmental Services to train individuals on the administration
352 of naloxone for use in opioid overdose reversal and who is acting on behalf of an organization that
353 provides services to individuals at risk of experiencing an opioid overdose or training in the
354 administration of naloxone for overdose reversal and that has obtained a controlled substances
355 registration from the Board of Pharmacy pursuant to § 54.1-3423 may dispense naloxone to a person
356 who has completed a training program on the administration of naloxone for opioid overdose reversal
357 approved by the Department of Behavioral Health and Developmental Services, provided that such
358 dispensing is (i) pursuant to a standing order issued by a prescriber, (ii) in accordance with protocols
359 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of
360 Health, and (iii) without charge or compensation. The dispensing may occur at a site other than that of
361 the controlled substance registration provided the entity possessing the controlled substances registration
362 maintains records in accordance with regulations of the Board of Pharmacy. A person to whom naloxone
363 has been dispensed pursuant to this subsection may possess naloxone and may administer naloxone to a
364 person who is believed to be experiencing or about to experience a life-threatening opioid overdose.

365 Z. Pursuant to a written order or standing protocol issued by the prescriber within the course of his
366 professional practice, such prescriber may authorize, with the consent of the parents as defined in

367 § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in
368 § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19
369 as administered by the Virginia Council for Private Education who is trained in the administration of
370 injected medications for the treatment of adrenal crisis resulting from a condition causing adrenal
371 insufficiency to administer such medication to a student diagnosed with a condition causing adrenal
372 insufficiency when the student is believed to be experiencing or about to experience an adrenal crisis.
373 Such authorization shall be effective only when a licensed nurse, nurse practitioner, physician, or
374 physician assistant is not present to perform the administration of the medication.

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