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HOUSE BILL NO. 1511

Offered January 11, 2023

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A BILL to amend and reenact §§ 54.1-3303 and 54.1-3408 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 54.1-2957.9:1, relating to midwifery; administration of medication.

Patrons—Adams, D.M., LaRock, Clark, Fariss, Gooditis, Kory, Maldonado, Rasoul and Willett

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3303 and 54.1-3408 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding a section numbered 54.1-2957.9:1 as follows:

§ 54.1-2957.9:1. Administration of medication by licensed midwives.

A licensed midwife may obtain, possess, and administer drugs and devices within the scope of his practice. An entity that provides or dispenses drugs or devices to a licensed midwife in accordance with this section, and who relies in good faith upon the license information provided by the licensed midwife, is not subject to liability for providing or dispensing such drugs or devices.

§ 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, a licensed physician assistant pursuant to § 54.1-2952.1, osteopathy, podiatry, dentistry or veterinary medicine who is authorized to prescribe controlled substances, a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to § 54.1-2957.04, a licensed midwife pursuant to § 54.1-2957.9:1, 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.

B. A prescription shall be issued only to persons or animals with whom the practitioner has a bona fide practitioner-patient relationship or veterinarian-client-patient relationship. If a practitioner is providing expedited partner therapy consistent with the recommendations of the Centers for Disease Control and Prevention, then a bona fide practitioner-patient relationship shall not be required.

A bona fide practitioner-patient relationship shall exist if the practitioner has (i) obtained or caused to be obtained a medical or drug history of the patient; (ii) provided information to the patient about the benefits and risks of the drug being prescribed; (iii) performed or caused to be 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; and (iv) initiated additional interventions and follow-up care, if necessary, especially if a prescribed drug may have serious side effects. Except in cases involving a medical emergency, the examination required pursuant to clause (iii) shall be performed by the practitioner prescribing the controlled substance, a practitioner who practices in the same group as the practitioner prescribing the controlled substance, or a consulting practitioner.

A practitioner who has established a bona fide practitioner-patient relationship with a patient in accordance with the provisions of this subsection may prescribe Schedule II through VI controlled substances to that patient.

A practitioner who has established a bona fide practitioner-patient relationship with a patient in accordance with the provisions of this subsection may prescribe Schedule II through VI controlled substances to that patient via telemedicine if such prescribing is in compliance with federal requirements for the practice of telemedicine and, in the case of the prescribing of a Schedule II through V controlled substance, the prescriber maintains a practice at a physical location in the Commonwealth or is able to make appropriate referral of patients to a licensed practitioner located in the Commonwealth in order to ensure an in-person examination of the patient when required by the standard of care.

A prescriber may establish a bona fide practitioner-patient relationship for the purpose of prescribing Schedule II through VI controlled substances 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

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59 examination, which may be carried out through the use of peripheral devices appropriate to the patient's
60 condition; (e) the prescriber is actively licensed in the Commonwealth and authorized to prescribe; (f) if
61 the patient is a member or enrollee of a health plan or carrier, the prescriber has been credentialed by
62 the health plan or carrier as a participating provider and the diagnosing and prescribing meets the
63 qualifications for reimbursement by the health plan or carrier pursuant to § 38.2-3418.16; (g) upon
64 request, the prescriber provides patient records in a timely manner in accordance with the provisions of
65 § 32.1-127.1:03 and all other state and federal laws and regulations; (h) the establishment of a bona
66 fide practitioner-patient relationship via telemedicine is consistent with the standard of care, and the
67 standard of care does not require an in-person examination for the purpose of diagnosis; and (i) the
68 establishment of a bona fide practitioner patient relationship via telemedicine is consistent with federal
69 law and regulations and any waiver thereof. Nothing in this paragraph shall apply to (1) a prescriber
70 providing on-call coverage per an agreement with another prescriber or his prescriber's professional
71 entity or employer; (2) a prescriber consulting with another prescriber regarding a patient's care; or (3)
72 orders of prescribers for hospital out-patients or in-patients.

73 For purposes of this section, a bona fide veterinarian-client-patient relationship is one in which a
74 veterinarian, another veterinarian within the group in which he practices, or a veterinarian with whom he
75 is consulting has assumed the responsibility for making medical judgments regarding the health of and
76 providing medical treatment to an animal as defined in § 3.2-6500, other than an equine as defined in
77 § 3.2-6200, a group of agricultural animals as defined in § 3.2-6500, or bees as defined in § 3.2-4400,
78 and a client who is the owner or other caretaker of the animal, group of agricultural animals, or bees
79 has consented to such treatment and agreed to follow the instructions of the veterinarian. Evidence that a
80 veterinarian has assumed responsibility for making medical judgments regarding the health of and
81 providing medical treatment to an animal, group of agricultural animals, or bees shall include evidence
82 that the veterinarian (A) has sufficient knowledge of the animal, group of agricultural animals, or bees
83 to provide a general or preliminary diagnosis of the medical condition of the animal, group of
84 agricultural animals, or bees; (B) has made an examination of the animal, group of agricultural animals,
85 or bees, either physically or by the use of instrumentation and diagnostic equipment through which
86 images and medical records may be transmitted electronically or has become familiar with the care and
87 keeping of that species of animal or bee on the premises of the client, including other premises within
88 the same operation or production system of the client, through medically appropriate and timely visits to
89 the premises at which the animal, group of agricultural animals, or bees are kept; and (C) is available to
90 provide follow-up care.

91 C. A prescription shall only be issued for a medicinal or therapeutic purpose in the usual course of
92 treatment or for authorized research. A prescription not issued in the usual course of treatment or for
93 authorized research is not a valid prescription. A practitioner who prescribes any controlled substance
94 with the knowledge that the controlled substance will be used otherwise than for medicinal or
95 therapeutic purposes shall be subject to the criminal penalties provided in § 18.2-248 for violations of
96 the provisions of law relating to the distribution or possession of controlled substances.

97 D. No prescription shall be filled unless a bona fide practitioner-patient-pharmacist relationship exists.
98 A bona fide practitioner-patient-pharmacist relationship shall exist in cases in which a practitioner
99 prescribes, and a pharmacist dispenses, controlled substances in good faith to a patient for a medicinal
100 or therapeutic purpose within the course of his professional practice.

101 In cases in which it is not clear to a pharmacist that a bona fide practitioner-patient relationship
102 exists between a prescriber and a patient, a pharmacist shall contact the prescribing practitioner or his
103 agent and verify the identity of the patient and name and quantity of the drug prescribed.

104 Any person knowingly filling an invalid prescription shall be subject to the criminal penalties
105 provided in § 18.2-248 for violations of the provisions of law relating to the sale, distribution or
106 possession of controlled substances.

107 E. Notwithstanding any provision of law to the contrary and consistent with recommendations of the
108 Centers for Disease Control and Prevention or the Department of Health, a practitioner may prescribe
109 Schedule VI antibiotics and antiviral agents to other persons in close contact with a diagnosed patient
110 when (i) the practitioner meets all requirements of a bona fide practitioner-patient relationship, as
111 defined in subsection B, with the diagnosed patient and (ii) in the practitioner's professional judgment,
112 the practitioner deems there is urgency to begin treatment to prevent the transmission of a communicable
113 disease. In cases in which the practitioner is an employee of or contracted by the Department of Health
114 or a local health department, the bona fide practitioner-patient relationship with the diagnosed patient, as
115 required by clause (i), shall not be required.

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

120 G. A licensed nurse practitioner who is authorized to prescribe controlled substances pursuant to

§ 54.1-2957.01 may issue prescriptions or provide manufacturers' professional samples for controlled substances and devices as set forth in the Drug Control Act (§ 54.1-3400 et seq.) in good faith to his patient for a medicinal or therapeutic purpose within the scope of his professional practice.

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

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

J. The requirement for a bona fide practitioner-patient relationship shall be deemed to be satisfied by a member or committee of a hospital's medical staff when approving a standing order or protocol for the administration of influenza vaccinations and pneumococcal vaccinations in a hospital in compliance with § 32.1-126.4.

K. Notwithstanding any other provision of law, a prescriber may authorize a registered nurse or licensed practical nurse to approve additional refills of a prescribed drug for no more than 90 consecutive days, provided that (i) the drug is classified as a Schedule VI drug; (ii) there are no changes in the prescribed drug, strength, or dosage; (iii) the prescriber has a current written protocol, accessible by the nurse, that identifies the conditions under which the nurse may approve additional refills; and (iv) the nurse documents in the patient's chart any refills authorized for a specific patient pursuant to the protocol and the additional refills are transmitted to a pharmacist in accordance with the allowances for an authorized agent to transmit a prescription orally or by facsimile pursuant to subsection C of § 54.1-3408.01 and regulations of the Board.

§ 54.1-3408. Professional use by practitioners.

A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine, a *licensed physician assistant pursuant to § 54.1-2952.1*, a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to § 54.1-2957.04, a *licensed midwife pursuant to § 54.1-2957.9:1*, 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 shall only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice.

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

1. A nurse, physician assistant, or intern under his direction and supervision;
2. Persons trained to administer drugs and devices to patients in state-owned or state-operated hospitals or facilities licensed as hospitals by the Board of Health or psychiatric hospitals licensed by the 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

182 lines.

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

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

189 Pursuant to an order or standing protocol that shall be issued by the local health director within the
190 course of his professional practice, any school nurse, school board employee, employee of a local
191 governing body, or employee of a local health department who is authorized by the local health director
192 and trained in the administration of albuterol inhalers and valved holding chambers or nebulized
193 albuterol may possess or administer an albuterol inhaler and a valved holding chamber or nebulized
194 albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol
195 when the student is believed to be experiencing or about to experience an asthmatic crisis.

196 Pursuant to an order or a standing protocol issued by the prescriber within the course of his
197 professional practice, any employee of a school for students with disabilities, as defined in § 22.1-319
198 and licensed by the Board of Education, or any employee of a private school that is accredited pursuant
199 to § 22.1-19 as administered by the Virginia Council for Private Education who is authorized by a
200 prescriber and trained in the administration of (a) epinephrine may possess and administer epinephrine
201 and (b) albuterol inhalers or nebulized albuterol may possess or administer an albuterol inhaler or
202 nebulized albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized
203 albuterol when the student is believed to be experiencing or about to experience an asthmatic crisis.

204 Pursuant to an order or a standing protocol issued by the prescriber within the course of his
205 professional practice, any nurse at an early childhood care and education entity, employee of the entity,
206 or employee of a local health department who is authorized by a prescriber and trained in the
207 administration of epinephrine may possess and administer epinephrine.

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

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

216 Pursuant to an order or a standing protocol issued by the prescriber within the course of his
217 professional practice, and in accordance with policies and guidelines established by the Department of
218 Health, such prescriber may authorize any employee of a restaurant licensed pursuant to Chapter 3
219 (§ 35.1-18 et seq.) of Title 35.1 to possess and administer epinephrine on the premises of the restaurant
220 at which the employee is employed, provided that such person is trained in the administration of
221 epinephrine.

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

227 Pursuant to an order or standing protocol issued by the prescriber within the course of his
228 professional practice, any employee of a public place, as defined in § 15.2-2820, who is authorized by a
229 prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

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

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

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

241 G. Pursuant to an oral or written order or standing protocol issued by the prescriber within the
242 course of his professional practice, and in accordance with policies and guidelines established by the
243 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 medical evaluation of those in whom the test is positive. The prescriber shall ensure that the nurse implementing such standing protocols has received adequate training in the practice and principles underlying tuberculin screening.

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

H. Pursuant to a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize, with the consent of the parents as defined in § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is trained in the administration of insulin and glucagon to assist with the administration of insulin or administer 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. Such authorization shall only be effective when a licensed nurse, nurse practitioner, physician, or physician assistant is not present to perform the administration of the medication.

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

Pursuant to a written order issued by the prescriber within the course of his professional practice, such prescriber may authorize 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 to assist with the administration of insulin or to administer glucagon to a person diagnosed as having diabetes and who requires insulin injections or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia, provided such employee or person providing services has been trained in the administration of insulin and glucagon.

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

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

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

In addition, a dentist may 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

305 local anesthesia.

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

311 L. This section shall not prevent the administration of drugs by a person who has satisfactorily
312 completed a training program for this purpose approved by the Board of Nursing and who administers
313 such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of
314 administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to
315 security and record keeping, when the drugs administered would be normally self-administered by (i) an
316 individual receiving services in a program licensed by the Department of Behavioral Health and
317 Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision
318 Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the
319 placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program
320 participant of an adult day-care center licensed by the Department of Social Services; (v) a resident of
321 any facility authorized or operated by a state or local government whose primary purpose is not to
322 provide health care services; (vi) a resident of a private children's residential facility, as defined in §
323 63.2-100 and licensed by the Department of Social Services, Department of Education, or Department of
324 Behavioral Health and Developmental Services; or (vii) a student in a school for students with
325 disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

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

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

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

348 O. In addition, this section shall not prevent the administration of drugs by a person to (i) a child in
349 a child day program as defined in § 22.1-289.02 and regulated by the Board of Education or a local
350 government pursuant to § 15.2-914, or (ii) a student of a private school that is accredited pursuant to
351 § 22.1-19 as administered by the Virginia Council for Private Education, provided such person (a) has
352 satisfactorily completed a training program for this purpose approved by the Board of Nursing and
353 taught by a registered nurse, licensed practical nurse, nurse practitioner, physician assistant, doctor of
354 medicine or osteopathic medicine, or pharmacist; (b) has obtained written authorization from a parent or
355 guardian; (c) administers drugs only to the child identified on the prescription label in accordance with
356 the prescriber's instructions pertaining to dosage, frequency, and manner of administration; and (d)
357 administers only those drugs that were dispensed from a pharmacy and maintained in the original,
358 labeled container that would normally be self-administered by the child or student, or administered by a
359 parent or guardian to the child or student.

360 P. In addition, this section shall not prevent the administration or dispensing of drugs and devices by
361 persons if they are authorized by the State Health Commissioner in accordance with protocols
362 established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has
363 declared a disaster or a state of emergency, the United States Secretary of Health and Human Services
364 has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public
365 health emergency, or the Board of Health has made an emergency order pursuant to § 32.1-13 for the
366 purpose of suppressing nuisances dangerous to the public health and communicable, contagious, and

infectious diseases and other dangers to the public life and health and for the limited purpose of administering vaccines as an approved countermeasure for such communicable, contagious, and infectious diseases; (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.

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

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

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

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

V. A physician assistant, nurse, dental hygienist, or authorized agent of a doctor of medicine, osteopathic medicine, or dentistry may possess and administer topical fluoride varnish pursuant to an oral or written order or a standing protocol issued by a doctor of medicine, osteopathic medicine, or dentistry.

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

X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by a prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, a pharmacist, a health care provider providing services in a hospital emergency department, and emergency medical services personnel, as that term is defined in § 32.1-111.1, may dispense naloxone or other opioid antagonist used for overdose reversal and a person to whom naloxone or other opioid antagonist has been dispensed pursuant to this subsection may possess and administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. Law-enforcement officers as defined in § 9.1-101, employees of the Department of Forensic Science, employees of the Office of the Chief Medical Examiner, employees of the Department of General Services Division of Consolidated Laboratory Services, employees of the Department of Corrections designated as probation and parole officers or as correctional officers as defined in § 53.1-1, employees of the Department of Juvenile Justice designated as probation and parole officers or as juvenile correctional officers, employees of regional jails, school nurses, local health department employees that are assigned to a public school pursuant to an agreement between the local health department and the school board, other school board employees or individuals contracted by a school board to provide school health services, and firefighters

428 who have completed a training program may also possess and administer naloxone or other opioid
429 antagonist used for overdose reversal and may dispense naloxone or other opioid antagonist used for
430 overdose reversal pursuant to an oral, written, or standing order issued by a prescriber or a standing
431 order issued by the Commissioner of Health or his designee in accordance with protocols developed by
432 the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.

433 Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued
434 by a prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the
435 dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or
436 written order for a specific patient issued by a prescriber, and in accordance with protocols developed by
437 the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, an
438 employee or other person acting on behalf of a public place who has completed a training program may
439 also possess and administer naloxone or other opioid antagonist used for overdose reversal other than
440 naloxone in an injectable formulation with a hypodermic needle or syringe in accordance with protocols
441 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of
442 Health.

443 Notwithstanding any other law or regulation to the contrary, an employee or other person acting on
444 behalf of a public place may possess and administer naloxone or other opioid antagonist, other than
445 naloxone in an injectable formulation with a hypodermic needle or syringe, to a person who is believed
446 to be experiencing or about to experience a life-threatening opioid overdose if he has completed a
447 training program on the administration of such naloxone and administers naloxone in accordance with
448 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the
449 Department of Health.

450 For the purposes of this subsection, "public place" means any enclosed area that is used or held out
451 for use by the public, whether owned or operated by a public or private interest.

452 Y. Notwithstanding any other law or regulation to the contrary, a person who is acting on behalf of
453 an organization that provides services to individuals at risk of experiencing an opioid overdose or
454 training in the administration of naloxone for overdose reversal may dispense naloxone to a person who
455 has received instruction on the administration of naloxone for opioid overdose reversal, provided that
456 such dispensing is (i) pursuant to a standing order issued by a prescriber and (ii) in accordance with
457 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the
458 Department of Health. If the person acting on behalf of an organization dispenses naloxone in an
459 injectable formulation with a hypodermic needle or syringe, he shall first obtain authorization from the
460 Department of Behavioral Health and Developmental Services to train individuals on the proper
461 administration of naloxone by and proper disposal of a hypodermic needle or syringe, and he shall
462 obtain a controlled substance registration from the Board of Pharmacy. The Board of Pharmacy shall not
463 charge a fee for the issuance of such controlled substance registration. The dispensing may occur at a
464 site other than that of the controlled substance registration provided the entity possessing the controlled
465 substances registration maintains records in accordance with regulations of the Board of Pharmacy. No
466 person who dispenses naloxone on behalf of an organization pursuant to this subsection shall charge a
467 fee for the dispensing of naloxone that is greater than the cost to the organization of obtaining the
468 naloxone dispensed. A person to whom naloxone has been dispensed pursuant to this subsection may
469 possess naloxone and may administer naloxone to a person who is believed to be experiencing or about
470 to experience a life-threatening opioid overdose.

471 Z. A person who is not otherwise authorized to administer naloxone or other opioid antagonist used
472 for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a
473 person who is believed to be experiencing or about to experience a life-threatening opioid overdose.

474 AA. Pursuant to a written order or standing protocol issued by the prescriber within the course of his
475 professional practice, such prescriber may authorize, with the consent of the parents as defined in
476 § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in
477 § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19
478 as administered by the Virginia Council for Private Education who is trained in the administration of
479 injected medications for the treatment of adrenal crisis resulting from a condition causing adrenal
480 insufficiency to administer such medication to a student diagnosed with a condition causing adrenal
481 insufficiency when the student is believed to be experiencing or about to experience an adrenal crisis.
482 Such authorization shall be effective only when a licensed nurse, nurse practitioner, physician, or
483 physician assistant is not present to perform the administration of the medication.