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HOUSE BILL NO. 1511

House Amendments in [] - January 30, 2023

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.*

Patron Prior to Engrossment—Delegate Adams, D.M.

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 [, as described in the current North American Registry of Midwives Job Analysis. The Board of Medicine, in consultation with the Midwifery Advisory Board, shall promulgate regulations to allow for the possession and administration of medications by a licensed midwife and develop a formulary of such medications. Such regulations shall include a requirement for informed patient consent for the administration of such medications by a licensed midwife] . 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

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

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

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

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

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

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

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

120 F. A pharmacist may dispense a controlled substance pursuant to a prescription of an out-of-state

practitioner of medicine, osteopathy, podiatry, dentistry, optometry, or veterinary medicine, a nurse practitioner, or a physician assistant authorized to issue such prescription if the prescription complies with the requirements of this chapter and the Drug Control Act (§ 54.1-3400 et seq.).

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.

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

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

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

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

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

208 Pursuant to an order or a standing protocol issued by the prescriber within the course of his
209 professional practice, any nurse at an early childhood care and education entity, employee at the entity,
210 or employee of a local health department who is authorized by a prescriber and trained in the
211 administration of epinephrine may 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 a public institution of higher education or a private institution of
214 higher education who is authorized by a prescriber and trained in the administration of epinephrine may
215 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, any employee of an organization providing outdoor educational experiences or
218 programs for youth who is authorized by a prescriber and trained in the administration of epinephrine
219 may possess and administer epinephrine.

220 Pursuant to an order or a standing protocol issued by the prescriber within the course of his
221 professional practice, and in accordance with policies and guidelines established by the Department of
222 Health, such prescriber may authorize any employee of a restaurant licensed pursuant to Chapter 3
223 (§ 35.1-18 et seq.) of Title 35.1 to possess and administer epinephrine on the premises of the restaurant
224 at which the employee is employed, provided that such person is trained in the administration of
225 epinephrine.

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

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

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

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

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

other opioid antagonist for overdose reversal.

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 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

305 applied antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI
306 topical drug approved by the Board of Dentistry.

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

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

315 L. This section shall not prevent the administration of drugs by a person who has satisfactorily
316 completed a training program for this purpose approved by the Board of Nursing and who administers
317 such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of
318 administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to
319 security and record keeping, when the drugs administered would be normally self-administered by (i) an
320 individual receiving services in a program licensed by the Department of Behavioral Health and
321 Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision
322 Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the
323 placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program
324 participant of an adult day-care center licensed by the Department of Social Services; (v) a resident of
325 any facility authorized or operated by a state or local government whose primary purpose is not to
326 provide health care services; (vi) a resident of a private children's residential facility, as defined in
327 § 63.2-100 and licensed by the Department of Social Services, Department of Education, or Department
328 of Behavioral Health and Developmental Services; or (vii) a student in a school for students with
329 disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

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

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

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

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

364 P. In addition, this section shall not prevent the administration or dispensing of drugs and devices by
365 persons if they are authorized by the State Health Commissioner in accordance with protocols
366 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, 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, or the Board of Health has made an emergency order pursuant to § 32.1-13 for the 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 who have completed a training program may also possess and administer naloxone or other opioid antagonist used for overdose reversal and may dispense naloxone or other opioid antagonist used for overdose reversal 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 in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.

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, an employee or other person acting on behalf of a public place who has completed a training program may also possess and administer naloxone or other opioid antagonist used for overdose reversal other than naloxone in an injectable formulation with a hypodermic needle or syringe in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.

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

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

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

Z. A person who is not otherwise authorized to administer naloxone or other opioid antagonist used for overdose reversal may 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.

AA. 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 injected medications for the treatment of adrenal crisis resulting from a condition causing adrenal insufficiency to administer such medication to a student diagnosed with a condition causing adrenal insufficiency when the student is believed to be experiencing or about to experience an adrenal crisis. Such authorization shall be effective only when a licensed nurse, nurse practitioner, physician, or physician assistant is not present to perform the administration of the medication.