

HOUSE BILL NO. 342

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the House Committee on Health and Human Services

on _____)

(Patron Prior to Substitute--Delegate Hope)

A BILL to amend and reenact § 54.1-3408 of the Code of Virginia and to amend the Code of Virginia by adding in Chapter 28 of Title 2.2 a section numbered 2.2-2833, relating to naloxone or other opioid antagonists; possession and administration by state agencies.

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-3408 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding in Chapter 28 of Title 2.2 a section numbered 2.2-2833 as follows:

§ 2.2-2833. Possession of naloxone or other opioid antagonists by state agencies.

Each state agency shall possess naloxone or other opioid antagonists used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.

§ 54.1-3408. Professional use by practitioners.

A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine, a licensed advanced practice registered nurse pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to § 54.1-2957.04, 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. A licensed midwife pursuant to § 54.1-2957.7 shall only obtain, possess, and 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:

- 27 1. A nurse, physician assistant, or intern under his direction and supervision;
 - 28 2. Persons trained to administer drugs and devices to patients in state-owned or state-operated
29 hospitals or facilities licensed as hospitals by the Board of Health or psychiatric hospitals licensed by the
30 Department of Behavioral Health and Developmental Services who administer drugs under the control
31 and supervision of the prescriber or a pharmacist;
 - 32 3. Emergency medical services personnel certified and authorized to administer drugs and devices
33 pursuant to regulations of the Board of Health who act within the scope of such certification and pursuant
34 to an oral or written order or standing protocol;
 - 35 4. Persons who are employed or engaged at a medical care facility, as defined in § 32.1-3, who
36 have a valid emergency medical services provider certification issued by the Board of Health as a
37 requirement of being employed or engaged at the medical care facility within the scope of such
38 certification, pursuant to an oral or written order or standing protocol to administer drugs and devices at
39 the medical care facility; or
 - 40 5. A licensed respiratory therapist as defined in § 54.1-2954 who administers by inhalation
41 controlled substances used in inhalation or respiratory therapy.
- 42 C. Pursuant to an oral or written order or standing protocol, the prescriber, who is authorized by
43 state or federal law to possess and administer radiopharmaceuticals in the scope of his practice, may
44 authorize a nuclear medicine technologist to administer, under his supervision, radiopharmaceuticals used
45 in the diagnosis or treatment of disease.
- 46 D. Pursuant to an oral or written order or standing protocol issued by the prescriber within the
47 course of his professional practice, such prescriber may authorize registered nurses and licensed practical
48 nurses to possess (i) epinephrine and oxygen for administration in treatment of emergency medical
49 conditions and (ii) heparin and sterile normal saline to use for the maintenance of intravenous access lines.
- 50 Pursuant to the regulations of the Board of Health, certain emergency medical services technicians
51 may possess and administer epinephrine in emergency cases of anaphylactic shock.
- 52 Pursuant to an order or standing protocol issued by the prescriber within the course of his
53 professional practice, any school nurse, school board employee, employee of a local governing body, or

54 employee of a local health department who is authorized by a prescriber and trained in the administration
55 of epinephrine may possess and administer epinephrine.

56 Pursuant to an order or standing protocol that shall be issued by the local health director within the
57 course of his professional practice, any school nurse, licensed athletic trainer under contract with a local
58 school division, school board employee, employee of a local governing body, or employee of a local health
59 department who is authorized by the local health director and trained in the administration of albuterol
60 inhalers and valved holding chambers or nebulized albuterol may possess or administer an albuterol
61 inhaler and a valved holding chamber or nebulized albuterol to a student diagnosed with a condition
62 requiring an albuterol inhaler or nebulized albuterol when the student is believed to be experiencing or
63 about to experience an asthmatic crisis.

64 Pursuant to an order or a standing protocol issued by the prescriber within the course of his
65 professional practice, any employee of a school for students with disabilities, as defined in § 22.1-319 and
66 licensed by the Board of Education, or any employee of a private school that is accredited pursuant to §
67 22.1-19 as administered by the Virginia Council for Private Education who is authorized by a prescriber
68 and trained in the administration of (a) epinephrine may possess and administer epinephrine and (b)
69 albuterol inhalers or nebulized albuterol may possess or administer an albuterol inhaler or nebulized
70 albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol
71 when the student is believed to be experiencing or about to experience an asthmatic crisis.

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

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

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

84 Pursuant to an order or a standing protocol issued by the prescriber within the course of his
85 professional practice, and in accordance with policies and guidelines established by the Department of
86 Health, such prescriber may authorize any employee of a restaurant licensed pursuant to Chapter 3 (§
87 35.1-18 et seq.) of Title 35.1 to possess and administer epinephrine on the premises of the restaurant at
88 which the employee is employed, provided that such person is trained in the administration of epinephrine.

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

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

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

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

103 F. Pursuant to an oral or written order or standing protocol issued by the prescriber within the
104 course of his professional practice, such prescriber may authorize licensed athletic trainers to possess and
105 administer topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs; oxygen and IV

106 saline for use in emergency situations; subcutaneous lidocaine for wound closure; epinephrine for use in
107 emergency cases of anaphylactic shock; and naloxone or other opioid antagonist for overdose reversal.

108 G. Pursuant to an oral or written order or standing protocol issued by the prescriber within the
109 course of his professional practice, and in accordance with policies and guidelines established by the
110 Department of Health pursuant to § 32.1-50.2, such prescriber may authorize registered nurses or licensed
111 practical nurses under the supervision of a registered nurse to possess and administer tuberculin purified
112 protein derivative (PPD) in the absence of a prescriber. The Department of Health's policies and guidelines
113 shall be consistent with applicable guidelines developed by the Centers for Disease Control and Prevention
114 for preventing transmission of mycobacterium tuberculosis and shall be updated to incorporate any
115 subsequently implemented standards of the Occupational Safety and Health Administration and the
116 Department of Labor and Industry to the extent that they are inconsistent with the Department of Health's
117 policies and guidelines. Such standing protocols shall explicitly describe the categories of persons to
118 whom the tuberculin test is to be administered and shall provide for appropriate medical evaluation of
119 those in whom the test is positive. The prescriber shall ensure that the nurse implementing such standing
120 protocols has received adequate training in the practice and principles underlying tuberculin screening.

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

125 H. Pursuant to a written order or standing protocol issued by the prescriber within the course of
126 his professional practice, such prescriber may authorize, with the consent of the parents as defined in §
127 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-
128 319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as
129 administered by the Virginia Council for Private Education who is trained in the administration of insulin
130 and glucagon to assist with the administration of insulin or administer glucagon to a student diagnosed as
131 having diabetes and who requires insulin injections during the school day or for whom glucagon has been
132 prescribed for the emergency treatment of hypoglycemia. Such authorization shall only be effective when

133 a licensed nurse, an advanced practice registered nurse, a physician, or a physician assistant is not present
134 to perform the administration of the medication.

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

143 Pursuant to a written order issued by the prescriber within the course of his professional practice,
144 such prescriber may authorize an employee of a provider licensed by the Department of Behavioral Health
145 and Developmental Services or a person providing services pursuant to a contract with a provider licensed
146 by the Department of Behavioral Health and Developmental Services to assist with the administration of
147 insulin or to administer glucagon to a person diagnosed as having diabetes and who requires insulin
148 injections or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia,
149 provided such employee or person providing services has been trained in the administration of insulin and
150 glucagon.

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

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

162 Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist
163 in the course of his professional practice, a dentist may authorize a dental hygienist under his general
164 supervision, as defined in § 54.1-2722, or his remote supervision, as defined in subsection E or F of §
165 54.1-2722, to possess and administer topical oral fluorides, topical oral anesthetics, topical and directly
166 applied antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI topical
167 drug approved by the Board of Dentistry.

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

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

176 L. This section shall not prevent the administration of drugs by a person who has satisfactorily
177 completed a training program for this purpose approved by the Board of Nursing and who administers
178 such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of
179 administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to
180 security and record keeping, when the drugs administered would be normally self-administered by (i) an
181 individual receiving services in a program licensed by the Department of Behavioral Health and
182 Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision
183 Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the
184 placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program
185 participant of an adult day-care center licensed by the Department of Social Services; (v) a resident of any
186 facility authorized or operated by a state or local government whose primary purpose is not to provide

187 health care services; (vi) a resident of a private children's residential facility, as defined in § 63.2-100 and
188 licensed by the Department of Social Services, Department of Education, or Department of Behavioral
189 Health and Developmental Services; or (vii) a student in a school for students with disabilities, as defined
190 in § 22.1-319 and licensed by the Board of Education.

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

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

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

213 O. In addition, this section shall not prevent the administration of drugs by a person to (i) a child
214 in a child day program as defined in § 22.1-289.02 and regulated by the Board of Education or a local
215 government pursuant to § 15.2-914, or (ii) a student of a private school that is accredited pursuant to §
216 22.1-19 as administered by the Virginia Council for Private Education, provided such person (a) has
217 satisfactorily completed a training program for this purpose approved by the Board of Nursing and taught
218 by a registered nurse, a licensed practical nurse, an advanced practice registered nurse, a physician
219 assistant, a doctor of medicine or osteopathic medicine, or a pharmacist; (b) has obtained written
220 authorization from a parent or guardian; (c) administers drugs only to the child identified on the
221 prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and
222 manner of administration; and (d) administers only those drugs that were dispensed from a pharmacy and
223 maintained in the original, labeled container that would normally be self-administered by the child or
224 student, or administered by a parent or guardian to the child or student.

225 P. In addition, this section shall not prevent the administration or dispensing of drugs and devices
226 by persons if they are authorized by the State Health Commissioner in accordance with protocols
227 established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has declared
228 a disaster or a state of emergency, the United States Secretary of Health and Human Services has issued a
229 declaration of an actual or potential bioterrorism incident or other actual or potential public health
230 emergency, or the Board of Health has made an emergency order pursuant to § 32.1-13 for the purpose of
231 suppressing nuisances dangerous to the public health and communicable, contagious, and infectious
232 diseases and other dangers to the public life and health and for the limited purpose of administering
233 vaccines as an approved countermeasure for such communicable, contagious, and infectious diseases; (ii)
234 it is necessary to permit the provision of needed drugs or devices; and (iii) such persons have received the
235 training necessary to safely administer or dispense the needed drugs or devices. Such persons shall
236 administer or dispense all drugs or devices under the direction, control, and supervision of the State Health
237 Commissioner.

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

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

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

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

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

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

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

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

273 X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order
274 issued by a prescriber or a standing order issued by the Commissioner of Health or his designee
275 authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence
276 of an oral or written order for a specific patient issued by a prescriber, and in accordance with protocols
277 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of
278 Health, a pharmacist, a health care provider providing services in a hospital emergency department, and
279 emergency medical services personnel, as that term is defined in § 32.1-111.1, may dispense naloxone or
280 other opioid antagonist used for overdose reversal and a person to whom naloxone or other opioid
281 antagonist has been dispensed pursuant to this subsection may possess and administer naloxone or other
282 opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to
283 experience a life-threatening opioid overdose. Law-enforcement officers as defined in § 9.1-101,
284 employees of the Department of Forensic Science, employees of the Office of the Chief Medical
285 Examiner, employees of the Department of General Services Division of Consolidated Laboratory
286 Services, employees of the Department of Corrections designated by the Director of the Department of
287 Corrections or designated as probation and parole officers or as correctional officers as defined in § 53.1-
288 1, employees of the Department of Juvenile Justice designated as probation and parole officers or as
289 juvenile correctional officers, employees of regional jails, employees of any state agency, school nurses,
290 local health department employees that are assigned to a public school pursuant to an agreement between
291 the local health department and the school board, other school board employees or individuals contracted

292 by a school board to provide school health services, and firefighters may also possess and administer
293 naloxone or other opioid antagonist used for overdose reversal and may dispense naloxone or other opioid
294 antagonist used for overdose reversal pursuant to an oral, written, or standing order issued by a prescriber
295 or a standing order issued by the Commissioner of Health or his designee in accordance with protocols
296 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of
297 Health.

298 Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order
299 issued by a prescriber or a standing order issued by the Commissioner of Health or his designee
300 authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence
301 of an oral or written order for a specific patient issued by a prescriber, and in accordance with protocols
302 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of
303 Health, any person may possess and administer naloxone or other opioid antagonist used for overdose
304 reversal, other than naloxone in an injectable formulation with a hypodermic needle or syringe, in
305 accordance with protocols developed by the Board of Pharmacy in consultation with the Board of
306 Medicine and the Department of Health.

307 Y. Notwithstanding any other law or regulation to the contrary, a person who is acting on behalf
308 of an organization that provides services to individuals at risk of experiencing an opioid overdose or
309 training in the administration of naloxone for overdose reversal may dispense naloxone, provided that
310 such dispensing is (i) pursuant to a standing order issued by a prescriber and (ii) in accordance with
311 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the
312 Department of Health. If the person acting on behalf of an organization dispenses naloxone in an injectable
313 formulation with a hypodermic needle or syringe, he shall first obtain authorization from the Department
314 of Behavioral Health and Developmental Services to train individuals on the proper administration of
315 naloxone by and proper disposal of a hypodermic needle or syringe, and he shall obtain a controlled
316 substance registration from the Board of Pharmacy. The Board of Pharmacy shall not charge a fee for the
317 issuance of such controlled substance registration. The dispensing may occur at a site other than that of
318 the controlled substance registration provided the entity possessing the controlled substances registration

