

24104734D

SENATE BILL NO. 351

Offered January 10, 2024

Prefiled January 9, 2024

A BILL to amend and reenact §§ 8.01-401.2, 22.1-271.7, 32.1-134.2, 32.1-263, 32.1-282, 54.1-2900, 54.1-2901, 54.1-2910.5, 54.1-2927, 54.1-2957.9, 54.1-2972, 54.1-2973.1, 54.1-3000, 54.1-3005, 54.1-3300, 54.1-3300.1, 54.1-3301, 54.1-3303, 54.1-3401, 54.1-3408, 54.1-3482, 54.1-3482.1, and 63.2-2203 of the Code of Virginia; to amend the Code of Virginia by adding in Chapter 30 of Title 54.1 articles numbered 8 and 9, consisting of sections numbered 54.1-3044 through 54.1-3051; and to repeal §§ 54.1-2957 through 54.1-2957.04 of the Code of Virginia, relating to Board of Medicine; Board of Nursing; joint licensing of advanced practice registered nurses and licensed certified midwives.

Patrons—Boysko and Suetterlein

Referred to Committee on Health Professions

Be it enacted by the General Assembly of Virginia:

1. That §§ 8.01-401.2, 22.1-271.7, 32.1-134.2, 32.1-263, 32.1-282, 54.1-2900, 54.1-2901, 54.1-2910.5, 54.1-2927, 54.1-2957.9, 54.1-2972, 54.1-2973.1, 54.1-3000, 54.1-3005, 54.1-3300, 54.1-3300.1, 54.1-3301, 54.1-3303, 54.1-3401, 54.1-3408, 54.1-3482, 54.1-3482.1, and 63.2-2203 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Chapter 30 of Title 54.1 articles numbered 8 and 9, consisting of sections numbered 54.1-3044 through 54.1-3051, as follows:

§ 8.01-401.2. Chiropractor, advanced practice registered nurse, or physician assistant as expert witness.

A. A doctor of chiropractic, when properly qualified, may testify as an expert witness in a court of law as to etiology, diagnosis, prognosis, treatment, treatment plan, and disability, including anatomical, physiological, and pathological considerations within the scope of the practice of chiropractic as defined in § 54.1-2900.

B. A physician assistant or an advanced practice registered nurse, when properly qualified, may testify as an expert witness in a court of law as to etiology, diagnosis, prognosis, treatment, treatment plan, and disability, including anatomical, physiological, and pathological considerations within the scope of his activities as authorized pursuant to § 54.1-2952 or ~~54.1-2957~~ 54.1-3044, respectively. However, no physician assistant or advanced practice registered nurse shall be permitted to testify as an expert witness for or against (i) a defendant doctor of medicine or osteopathic medicine in a medical malpractice action regarding the standard of care of a doctor of medicine or osteopathic medicine or (ii) a defendant health care provider in a medical malpractice action regarding causation.

§ 22.1-271.7. Public middle school student-athletes; pre-participation physical examination.

No public middle school student shall be a participant on or try out for any school athletic team or squad with a predetermined roster, regular practices, and scheduled competitions with other middle schools unless such student has submitted to the school principal a signed report from a licensed physician, a licensed advanced practice registered nurse practicing in accordance with the provisions of § ~~54.1-2957~~ 54.1-3044, or a licensed physician assistant acting under the supervision of a licensed physician attesting that such student has been examined, within the preceding 12 months, and found to be physically fit for athletic competition.

§ 32.1-134.2. Clinical privileges for certain practitioners.

The grant or denial of clinical privileges to licensed podiatrists and certified nurse midwives licensed as advanced practice registered nurses pursuant to § ~~54.1-2957~~ 54.1-3044 by any hospital licensed in this Commonwealth, and the determination by the hospital of the scope of such privileges, shall be based upon such practitioner's professional license, experience, competence, ability, and judgment, and the reasonable objectives and regulations of the hospital in which such privileges are sought.

§ 32.1-263. Filing death certificates; medical certification; investigation by Office of the Chief Medical Examiner.

A. A death certificate, including, if known, the social security number or control number issued by the Department of Motor Vehicles pursuant to § 46.2-342 of the deceased, shall be filed for each death that occurs in the Commonwealth. Non-electronically filed death certificates shall be filed with the registrar of any district in the Commonwealth within three days after such death and prior to final disposition or removal of the body from the Commonwealth. Electronically filed death certificates shall be filed with the State Registrar of Vital Records through the Electronic Death Registration System within three days after such death and prior to final disposition or removal of the body from the Commonwealth. Any death certificate shall be registered by such registrar if it has been completed and filed in accordance with the following requirements:

59 1. If the place of death is unknown, but the dead body is found in the Commonwealth, the death shall be
60 registered in the Commonwealth and the place where the dead body is found shall be shown as the place of
61 death. If the date of death is unknown, it shall be determined by approximation, taking into consideration all
62 relevant information, including information provided by the immediate family regarding the date and time
63 that the deceased was last seen alive, if the individual died in his home; and

64 2. When death occurs in a moving conveyance, in the United States of America and the body is first
65 removed from the conveyance in the Commonwealth, the death shall be registered in the Commonwealth and
66 the place where it is first removed shall be considered the place of death. When a death occurs on a moving
67 conveyance while in international waters or air space or in a foreign country or its air space and the body is
68 first removed from the conveyance in the Commonwealth, the death shall be registered in the Commonwealth
69 but the certificate shall show the actual place of death insofar as can be determined.

70 B. The licensed funeral director, funeral service licensee, office of the state anatomical program, or next
71 of kin as defined in § 54.1-2800 who first assumes custody of a dead body shall complete the certificate of
72 death. He shall obtain personal data of the deceased necessary to complete the certificate of death, including
73 the social security number of the deceased or control number issued to the deceased by the Department of
74 Motor Vehicles pursuant to § 46.2-342, from the best qualified person or source available and obtain the
75 medical certification from the person responsible therefor.

76 If a licensed funeral director, funeral service licensee, or representative of the office of the state
77 anatomical program completes the certificate of death, he shall file the certificate of death with the State
78 Registrar of Vital Records electronically using the Electronic Death Registration System and in accordance
79 with the requirements of subsection A. If a member of the next of kin of the deceased completes the
80 certificate of death, he shall file the certificate of death in accordance with the requirements of subsection A
81 but shall not be required to file the certificate of death electronically.

82 C. The medical certification shall be completed and filed electronically with the State Registrar of Vital
83 Records using the Electronic Death Registration System within 24 hours after death by the physician or
84 autonomous nurse practitioner in charge of the patient's care for the illness or condition that resulted in death
85 except when inquiry or investigation by the Office of the Chief Medical Examiner is required by § 32.1-283
86 or 32.1-285.1, or by the physician or autonomous nurse practitioner who pronounces death pursuant to §
87 54.1-2972. If the death occurred while under the care of a hospice provider, the medical certification shall be
88 completed by the decedent's health care provider and filed electronically with the State Registrar of Vital
89 Records using the Electronic Death Registration System for completion of the death certificate.

90 In the absence of such physician or autonomous nurse practitioner or with his approval, the certificate
91 may be completed and filed by the following: (i) another physician or autonomous nurse practitioner
92 employed or engaged by the same professional practice; (ii) a physician assistant supervised by such
93 physician; (iii) an advanced practice registered nurse who is not an autonomous nurse practitioner practicing
94 in accordance with the provisions of ~~§ 54.1-2957~~ 54.1-3044; (iv) the chief medical officer or medical
95 director, or his designee, of the institution, hospice, or nursing home in which death occurred; (v) a physician
96 or autonomous nurse practitioner specializing in the delivery of health care to hospitalized or emergency
97 department patients who is employed by or engaged by the facility where the death occurred; (vi) the
98 physician who performed an autopsy upon the decedent; (vii) an individual to whom the physician or
99 autonomous nurse practitioner has delegated authority to complete and file the certificate, if such individual
100 has access to the medical history of the case and death is due to natural causes; or (viii) a physician who is
101 not licensed by the Board of Medicine who was in charge of the patient's care for the illness or condition that
102 resulted in death. A physician described in clause (viii) who completes a certificate in accordance with this
103 subsection shall not be required to register with the Electronic Death Registration System or complete the
104 certificate electronically.

105 As used in this subsection, "autonomous nurse practitioner" has the same meaning as provided in ~~§ 54.1-~~
106 ~~2972~~ 54.1-3300.

107 D. When inquiry or investigation by the Office of the Chief Medical Examiner is required by § 32.1-283
108 or 32.1-285.1, the Chief Medical Examiner shall cause an investigation of the cause of death to be made and
109 the medical certification portion of the death certificate to be completed and filed within 24 hours after being
110 notified of the death. If the Office of the Chief Medical Examiner refuses jurisdiction, the physician last
111 furnishing medical care to the deceased shall prepare and file the medical certification portion of the death
112 certificate.

113 E. If the death is a natural death and a death certificate is being prepared pursuant to § 54.1-2972 and the
114 physician, autonomous nurse practitioner, or physician assistant is uncertain about the cause of death, he shall
115 use his best medical judgment to certify a reasonable cause of death or contact the health district physician
116 director in the district where the death occurred to obtain guidance in reaching a determination as to a cause
117 of death and document the same.

118 If the cause of death cannot be determined within 24 hours after death, the medical certification shall be
119 completed as provided by regulations of the Board. The attending physician or autonomous nurse

120 practitioner, as defined in § 54.1-2972, or the Chief Medical Examiner, an Assistant Chief Medical Examiner,
 121 or a medical examiner appointed pursuant to § 32.1-282 shall give the funeral director or person acting as
 122 such notice of the reason for the delay, and final disposition of the body shall not be made until authorized by
 123 the attending physician, autonomous nurse practitioner, the Chief Medical Examiner, an Assistant Chief
 124 Medical Examiner, or a medical examiner appointed pursuant to § 32.1-282.

125 F. A physician, autonomous nurse practitioner, physician assistant, or individual delegated authority to
 126 complete and file a certificate of death by a physician who, in good faith, files a certificate of death or
 127 determines the cause of death shall be immune from civil liability, only for such filing and determination of
 128 causes of death on such certificate, absent gross negligence or willful misconduct.

129 **§ 32.1-282. Medical examiners.**

130 A. The Chief Medical Examiner may appoint for each county and city one or more medical examiners,
 131 who shall be licensed as a doctor of medicine or osteopathic medicine, a physician assistant, or an advanced
 132 practice registered nurse in the Commonwealth and appointed as agents of the Commonwealth, to assist the
 133 Office of the Chief Medical Examiner with medicolegal death investigations. A physician assistant appointed
 134 as a medical examiner shall practice in accordance with § 54.1-2952. An advanced practice registered nurse
 135 appointed as a medical examiner shall practice in accordance with ~~§ 54.1-2957~~ 54.1-3044.

136 B. At the request of the Chief Medical Examiner, the Assistant Chief Medical Examiner, or their
 137 designees, medical examiners may assist the Office of the Chief Medical Examiner with cases requiring
 138 medicolegal death investigations in accordance with § 32.1-283.

139 C. The term of each medical examiner appointed, other than an appointment to fill a vacancy, shall begin
 140 on the first day of October of the year of appointment. The term of each medical examiner shall be three
 141 years; however, an appointment to fill a vacancy shall be for the unexpired term.

142 **§ 54.1-2900. Definitions.**

143 As used in this chapter, unless the context requires a different meaning:

144 "Acupuncturist" means an individual approved by the Board to practice acupuncture. This is limited to
 145 "licensed acupuncturist" which means an individual other than a doctor of medicine, osteopathy, chiropractic
 146 or podiatry who has successfully completed the requirements for licensure established by the Board
 147 (approved titles are limited to: Licensed Acupuncturist, Lic.Ac., and L.Ac.).

148 "Advanced practice registered nurse" means a certified nurse midwife, certified registered nurse
 149 anesthetist, clinical nurse specialist, or nurse practitioner who is ~~jointly~~ licensed by the ~~Boards of Medicine~~
 150 ~~and Board of Nursing~~ pursuant to ~~§ 54.1-2957~~ 54.1-3044, has completed an advanced graduate-level
 151 education program in a specialty category of nursing, and has passed a national certifying examination for
 152 that specialty.

153 "Auricular acupuncture" means the subcutaneous insertion of sterile, disposable acupuncture needles in
 154 predetermined, bilateral locations in the outer ear when used exclusively and specifically in the context of a
 155 chemical dependency treatment program.

156 "Birth control" means contraceptive methods that are approved by the U.S. Food and Drug
 157 Administration. "Birth control" shall not be considered abortion for the purposes of Title 18.2.

158 "Board" means the Board of Medicine.

159 "Certified nurse midwife" means an advanced practice registered nurse who is certified in the specialty of
 160 nurse midwifery and who is ~~jointly~~ licensed by the ~~Boards of Medicine and Board of Nursing~~ as an advanced
 161 practice registered nurse pursuant to ~~§ 54.1-2957~~ 54.1-3044.

162 "Certified registered nurse anesthetist" means an advanced practice registered nurse who is certified in the
 163 specialty of nurse anesthesia, who is ~~jointly~~ licensed by the ~~Boards of Medicine and Board of Nursing~~ as an
 164 advanced practice registered nurse pursuant to ~~§ 54.1-2957~~ 54.1-3044, and who practices under the
 165 supervision of a doctor of medicine, osteopathy, podiatry, or dentistry but is not subject to the practice
 166 agreement requirement described in ~~§ 54.1-2957~~ 54.1-3044.

167 "Clinical nurse specialist" means an advanced practice registered nurse who is certified in the specialty of
 168 clinical nurse specialist and who is ~~jointly~~ licensed by the ~~Boards of Medicine and Board of Nursing~~ as an
 169 advanced practice registered nurse pursuant to ~~§ 54.1-2957~~ 54.1-3044.

170 "Collaboration" means the communication and decision-making process among health care providers who
 171 are members of a patient care team related to the treatment of a patient that includes the degree of cooperation
 172 necessary to provide treatment and care of the patient and includes (i) communication of data and information
 173 about the treatment and care of a patient, including the exchange of clinical observations and assessments,
 174 and (ii) development of an appropriate plan of care, including decisions regarding the health care provided,
 175 accessing and assessment of appropriate additional resources or expertise, and arrangement of appropriate
 176 referrals, testing, or studies.

177 "Consultation" means communicating data and information, exchanging clinical observations and
 178 assessments, accessing and assessing additional resources and expertise, problem-solving, and arranging for
 179 referrals, testing, or studies.

180 "Genetic counselor" means a person licensed by the Board to engage in the practice of genetic counseling.

181 "Healing arts" means the arts and sciences dealing with the prevention, diagnosis, treatment and cure or

182 alleviation of human physical or mental ailments, conditions, diseases, pain or infirmities.

183 "Licensed certified midwife" means a person who is licensed as a certified midwife by the ~~Boards of~~
184 ~~Medicine and~~ Board of Nursing.

185 "Medical malpractice judgment" means any final order of any court entering judgment against a licensee
186 of the Board that arises out of any tort action or breach of contract action for personal injuries or wrongful
187 death, based on health care or professional services rendered, or that should have been rendered, by a health
188 care provider, to a patient.

189 "Medical malpractice settlement" means any written agreement and release entered into by or on behalf of
190 a licensee of the Board in response to a written claim for money damages that arises out of any personal
191 injuries or wrongful death, based on health care or professional services rendered, or that should have been
192 rendered, by a health care provider, to a patient.

193 "Nurse practitioner" means an advanced practice registered nurse, ~~other than an advanced practice~~
194 ~~registered nurse licensed by the Boards of Medicine and~~ who is certified in one of the specialties of nurse
195 practitioner and is licensed by the Board of Nursing in the category of certified nurse midwife, certified
196 registered nurse anesthetist, or clinical nurse specialist, who is jointly licensed by the Boards of Medicine and
197 Nursing as an advanced practice registered nurse pursuant to § ~~54.1-2957~~ 54.1-3044.

198 "Occupational therapy assistant" means an individual who has met the requirements of the Board for
199 licensure and who works under the supervision of a licensed occupational therapist to assist in the practice of
200 occupational therapy.

201 "Patient care team" means a multidisciplinary team of health care providers actively functioning as a unit
202 with the management and leadership of one or more patient care team physicians for the purpose of providing
203 and delivering health care to a patient or group of patients.

204 "Patient care team physician" means a physician who is actively licensed to practice medicine in the
205 Commonwealth, who regularly practices medicine in the Commonwealth, and who provides management and
206 leadership in the care of patients as part of a patient care team.

207 "Patient care team podiatrist" means a podiatrist who is actively licensed to practice podiatry in the
208 Commonwealth, who regularly practices podiatry in the Commonwealth, and who provides management and
209 leadership in the care of patients as part of a patient care team.

210 "Physician assistant" means a health care professional who has met the requirements of the Board for
211 licensure as a physician assistant.

212 "Practice of acupuncture" means the stimulation of certain points on or near the surface of the body by the
213 insertion of needles to prevent or modify the perception of pain or to normalize physiological functions,
214 including pain control, for the treatment of certain ailments or conditions of the body and includes the
215 techniques of electroacupuncture, cupping and moxibustion. The practice of acupuncture does not include the
216 use of physical therapy, chiropractic, or osteopathic manipulative techniques; the use or prescribing of any
217 drugs, medications, serums or vaccines; or the procedure of auricular acupuncture as exempted in § 54.1-
218 2901 when used in the context of a chemical dependency treatment program for patients eligible for federal,
219 state or local public funds by an employee of the program who is trained and approved by the National
220 Acupuncture Detoxification Association or an equivalent certifying body.

221 "Practice of athletic training" means the prevention, recognition, evaluation, and treatment of injuries or
222 conditions related to athletic or recreational activity that requires physical skill and utilizes strength, power,
223 endurance, speed, flexibility, range of motion or agility or a substantially similar injury or condition resulting
224 from occupational activity immediately upon the onset of such injury or condition; and subsequent treatment
225 and rehabilitation of such injuries or conditions under the direction of the patient's physician or under the
226 direction of any doctor of medicine, osteopathy, chiropractic, podiatry, or dentistry, while using heat, light,
227 sound, cold, electricity, exercise or mechanical or other devices.

228 "Practice of behavior analysis" means the design, implementation, and evaluation of environmental
229 modifications, using behavioral stimuli and consequences, to produce socially significant improvement in
230 human behavior, including the use of direct observation, measurement, and functional analysis of the
231 relationship between environment and behavior.

232 "Practice of chiropractic" means the adjustment of the 24 movable vertebrae of the spinal column, and
233 assisting nature for the purpose of normalizing the transmission of nerve energy, but does not include the use
234 of surgery, obstetrics, osteopathy, or the administration or prescribing of any drugs, medicines, serums, or
235 vaccines. "Practice of chiropractic" shall include (i) requesting, receiving, and reviewing a patient's medical
236 and physical history, including information related to past surgical and nonsurgical treatment of the patient
237 and controlled substances prescribed to the patient, and (ii) documenting in a patient's record information
238 related to the condition and symptoms of the patient, the examination and evaluation of the patient made by
239 the doctor of chiropractic, and treatment provided to the patient by the doctor of chiropractic. "Practice of
240 chiropractic" shall also include performing the physical examination of an applicant for a commercial driver's
241 license or commercial learner's permit pursuant to § 46.2-341.12 if the practitioner has (i) applied for and
242 received certification as a medical examiner pursuant to 49 C.F.R. Part 390, Subpart D and (ii) registered

243 with the National Registry of Certified Medical Examiners.

244 "Practice of genetic counseling" means (i) obtaining and evaluating individual and family medical
245 histories to assess the risk of genetic medical conditions and diseases in a patient, his offspring, and other
246 family members; (ii) discussing the features, history, diagnosis, environmental factors, and risk management
247 of genetic medical conditions and diseases; (iii) ordering genetic laboratory tests and other diagnostic studies
248 necessary for genetic assessment; (iv) integrating the results with personal and family medical history to
249 assess and communicate risk factors for genetic medical conditions and diseases; (v) evaluating the patient's
250 and family's responses to the medical condition or risk of recurrence and providing client-centered counseling
251 and anticipatory guidance; (vi) identifying and utilizing community resources that provide medical,
252 educational, financial, and psychosocial support and advocacy; and (vii) providing written documentation of
253 medical, genetic, and counseling information for families and health care professionals.

254 "Practice of licensed certified midwifery" means the provision of primary health care for preadolescents,
255 adolescents, and adults within the scope of practice of a certified midwife established in accordance with the
256 Standards for the Practice of Midwifery set by the American College of Nurse-Midwives, including (i)
257 providing sexual and reproductive care and care during pregnancy and childbirth, postpartum care, and care
258 for the newborn for up to 28 days following the birth of the child; (ii) prescribing of pharmacological and
259 non-pharmacological therapies within the scope of the practice of midwifery; (iii) consulting or collaborating
260 with or referring patients to such other health care providers as may be appropriate for the care of the
261 patients; and (iv) serving as an educator in the theory and practice of midwifery.

262 "Practice of medicine or osteopathic medicine" means the prevention, diagnosis, and treatment of human
263 physical or mental ailments, conditions, diseases, pain, or infirmities by any means or method.

264 "Practice of occupational therapy" means the therapeutic use of occupations for habilitation and
265 rehabilitation to enhance physical health, mental health, and cognitive functioning and includes the
266 evaluation, analysis, assessment, and delivery of education and training in basic and instrumental activities of
267 daily living; the design, fabrication, and application of orthoses (splints); the design, selection, and use of
268 adaptive equipment and assistive technologies; therapeutic activities to enhance functional performance;
269 vocational evaluation and training; and consultation concerning the adaptation of physical, sensory, and
270 social environments.

271 "Practice of podiatry" means the prevention, diagnosis, treatment, and cure or alleviation of physical
272 conditions, diseases, pain, or infirmities of the human foot and ankle, including the medical, mechanical and
273 surgical treatment of the ailments of the human foot and ankle, but does not include amputation of the foot
274 proximal to the transmetatarsal level through the metatarsal shafts. Amputations proximal to the metatarsal-
275 phalangeal joints may only be performed in a hospital or ambulatory surgery facility accredited by an
276 organization listed in § 54.1-2939. The practice includes the diagnosis and treatment of lower extremity
277 ulcers; however, the treatment of severe lower extremity ulcers proximal to the foot and ankle may only be
278 performed by appropriately trained, credentialed podiatrists in an approved hospital or ambulatory surgery
279 center at which the podiatrist has privileges, as described in § 54.1-2939. The Board of Medicine shall
280 determine whether a specific type of treatment of the foot and ankle is within the scope of practice of
281 podiatry.

282 "Practice of radiologic technology" means the application of ionizing radiation to human beings for
283 diagnostic or therapeutic purposes.

284 "Practice of respiratory care" means the (i) administration of pharmacological, diagnostic, and therapeutic
285 agents related to respiratory care procedures necessary to implement a treatment, disease prevention,
286 pulmonary rehabilitative, or diagnostic regimen prescribed by a practitioner of medicine or osteopathic
287 medicine; (ii) transcription and implementation of the written or verbal orders of a practitioner of medicine or
288 osteopathic medicine pertaining to the practice of respiratory care; (iii) observation and monitoring of signs
289 and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic
290 testing, including determination of whether such signs, symptoms, reactions, behavior or general physical
291 response exhibit abnormal characteristics; and (iv) implementation of respiratory care procedures, based on
292 observed abnormalities, or appropriate reporting, referral, respiratory care protocols or changes in treatment
293 pursuant to the written or verbal orders by a licensed practitioner of medicine or osteopathic medicine or the
294 initiation of emergency procedures, pursuant to the Board's regulations or as otherwise authorized by law.
295 The practice of respiratory care may be performed in any clinic, hospital, skilled nursing facility, private
296 dwelling or other place deemed appropriate by the Board in accordance with the written or verbal order of a
297 practitioner of medicine or osteopathic medicine, and shall be performed under qualified medical direction.

298 "Practice of surgical assisting" means the performance of significant surgical tasks, including
299 manipulation of organs, suturing of tissue, placement of hemostatic agents, injection of local anesthetic,
300 harvesting of veins, implementation of devices, and other duties as directed by a licensed doctor of medicine,
301 osteopathy, or podiatry under the direct supervision of a licensed doctor of medicine, osteopathy, or podiatry.

302 "Qualified medical direction" means, in the context of the practice of respiratory care, having readily
303 accessible to the respiratory therapist a licensed practitioner of medicine or osteopathic medicine who has

304 specialty training or experience in the management of acute and chronic respiratory disorders and who is
 305 responsible for the quality, safety, and appropriateness of the respiratory services provided by the respiratory
 306 therapist.

307 "Radiologic technologist" means an individual, other than a licensed doctor of medicine, osteopathy,
 308 podiatry, or chiropractic or a dentist licensed pursuant to Chapter 27 (§ 54.1-2700 et seq.), who (i) performs,
 309 may be called upon to perform, or is licensed to perform a comprehensive scope of diagnostic or therapeutic
 310 radiologic procedures employing ionizing radiation and (ii) is delegated or exercises responsibility for the
 311 operation of radiation-generating equipment, the shielding of patient and staff from unnecessary radiation, the
 312 appropriate exposure of radiographs, the administration of radioactive chemical compounds under the
 313 direction of an authorized user as specified by regulations of the Department of Health, or other procedures
 314 that contribute to any significant extent to the site or dosage of ionizing radiation to which a patient is
 315 exposed.

316 "Radiologic technologist, limited" means an individual, other than a licensed radiologic technologist,
 317 dental hygienist, or person who is otherwise authorized by the Board of Dentistry under Chapter 27 (§ 54.1-
 318 2700 et seq.) and the regulations pursuant thereto, who performs diagnostic radiographic procedures
 319 employing equipment that emits ionizing radiation that is limited to specific areas of the human body.

320 "Radiologist assistant" means an individual who has met the requirements of the Board for licensure as an
 321 advanced-level radiologic technologist and who, under the direct supervision of a licensed doctor of medicine
 322 or osteopathy specializing in the field of radiology, is authorized to (i) assess and evaluate the physiological
 323 and psychological responsiveness of patients undergoing radiologic procedures; (ii) evaluate image quality,
 324 make initial observations, and communicate observations to the supervising radiologist; (iii) administer
 325 contrast media or other medications prescribed by the supervising radiologist; and (iv) perform, or assist the
 326 supervising radiologist to perform, any other procedure consistent with the guidelines adopted by the
 327 American College of Radiology, the American Society of Radiologic Technologists, and the American
 328 Registry of Radiologic Technologists.

329 "Respiratory care" means the practice of the allied health profession responsible for the direct and indirect
 330 services, including inhalation therapy and respiratory therapy, in the treatment, management, diagnostic
 331 testing, control, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary
 332 system under qualified medical direction.

333 "Surgical assistant" means an individual who has met the requirements of the Board for licensure as a
 334 surgical assistant and who works under the direct supervision of a licensed doctor of medicine, osteopathy, or
 335 podiatry.

336 **§ 54.1-2901. Exceptions and exemptions generally.**

337 A. The provisions of this chapter shall not prevent or prohibit:

338 1. Any person entitled to practice his profession under any prior law on June 24, 1944, from continuing
 339 such practice within the scope of the definition of his particular school of practice;

340 2. Any person licensed to practice naturopathy prior to June 30, 1980, from continuing such practice in
 341 accordance with regulations promulgated by the Board;

342 3. Any licensed advanced practice registered nurse from rendering care in accordance with the provisions
 343 of §§ ~~54.1-2957~~ 54.1-3044 and ~~54.1-2957.01~~ 54.1-3045, any advanced practice registered nurse licensed by
 344 the ~~Boards of Medicine and Board of Nursing~~ in the category of certified nurse midwife practicing pursuant
 345 to subsection H of § ~~54.1-2957~~ 54.1-3044, or any advanced practice registered nurse licensed by the ~~Boards~~
 346 ~~of Medicine and Board of Nursing~~ in the category of clinical nurse specialist practicing pursuant to
 347 subsection J of § ~~54.1-2957~~ 54.1-3044 when such services are authorized by regulations promulgated ~~jointly~~
 348 by the ~~Boards of Medicine and Board of Nursing~~;

349 4. Any registered professional nurse, licensed advanced practice registered nurse, graduate laboratory
 350 technician or other technical personnel who have been properly trained from rendering care or services within
 351 the scope of their usual professional activities which shall include the taking of blood, the giving of
 352 intravenous infusions and intravenous injections, and the insertion of tubes when performed under the orders
 353 of a person licensed to practice medicine or osteopathy, an advanced practice registered nurse, or a physician
 354 assistant;

355 5. Any dentist, pharmacist or optometrist from rendering care or services within the scope of his usual
 356 professional activities;

357 6. Any practitioner licensed or certified by the Board *or an advanced practice registered nurse licensed*
 358 *by the Board of Nursing* from delegating to personnel supervised by him, such activities or functions as are
 359 nondiscretionary and do not require the exercise of professional judgment for their performance and which
 360 are usually or customarily delegated to such persons by practitioners of the healing arts *or nursing*, if such
 361 activities or functions are authorized by and performed for such practitioners of the healing arts and
 362 responsibility for such activities or functions is assumed by such practitioners of the healing arts *or nursing*;

363 7. The rendering of medical advice or information through telecommunications from a physician licensed
 364 to practice medicine in Virginia or an adjoining state, or from a licensed advanced practice registered nurse,

- 365 to emergency medical personnel acting in an emergency situation;
- 366 8. The domestic administration of family remedies;
- 367 9. The giving or use of massages, steam baths, dry heat rooms, infrared heat or ultraviolet lamps in public
- 368 or private health clubs and spas;
- 369 10. The manufacture or sale of proprietary medicines in this Commonwealth by licensed pharmacists or
- 370 druggists;
- 371 11. The advertising or sale of commercial appliances or remedies;
- 372 12. The fitting by nonitinerant persons or manufacturers of artificial eyes, limbs or other apparatus or
- 373 appliances or the fitting of plaster cast counterparts of deformed portions of the body by a nonitinerant
- 374 bracer or prosthetist for the purpose of having a three-dimensional record of the deformity, when such
- 375 bracer or prosthetist has received a prescription from a licensed physician, licensed advanced practice
- 376 registered nurse, or licensed physician assistant directing the fitting of such casts and such activities are
- 377 conducted in conformity with the laws of Virginia;
- 378 13. Any person from the rendering of first aid or medical assistance in an emergency in the absence of a
- 379 person licensed to practice medicine or osteopathy under the provisions of this chapter;
- 380 14. The practice of the religious tenets of any church in the ministration to the sick and suffering by
- 381 mental or spiritual means without the use of any drug or material remedy, whether gratuitously or for
- 382 compensation;
- 383 15. Any legally qualified out-of-state or foreign practitioner from meeting in consultation with legally
- 384 licensed practitioners in this Commonwealth;
- 385 16. Any practitioner of the healing arts licensed or certified and in good standing with the applicable
- 386 regulatory agency in another state or Canada when that practitioner of the healing arts is in Virginia
- 387 temporarily and such practitioner has been issued a temporary authorization by the Board from practicing
- 388 medicine or the duties of the profession for which he is licensed or certified (i) in a summer camp or in
- 389 conjunction with patients who are participating in recreational activities, (ii) while participating in continuing
- 390 educational programs prescribed by the Board, or (iii) by rendering at any site any health care services within
- 391 the limits of his license, voluntarily and without compensation, to any patient of any clinic which is organized
- 392 in whole or in part for the delivery of health care services without charge as provided in § 54.1-106;
- 393 17. The performance of the duties of any active duty health care provider in active service in the army,
- 394 navy, coast guard, marine corps, air force, or public health service of the United States at any public or
- 395 private health care facility while such individual is so commissioned or serving and in accordance with his
- 396 official military duties;
- 397 18. Any masseur, who publicly represents himself as such, from performing services within the scope of
- 398 his usual professional activities and in conformance with state law;
- 399 19. Any person from performing services in the lawful conduct of his particular profession or business
- 400 under state law;
- 401 20. Any person from rendering emergency care pursuant to the provisions of § 8.01-225;
- 402 21. Qualified emergency medical services personnel, when acting within the scope of their certification,
- 403 and licensed health care practitioners, when acting within their scope of practice, from following Durable Do
- 404 Not Resuscitate Orders issued in accordance with § 54.1-2987.1 and Board of Health regulations, or licensed
- 405 health care practitioners from following any other written order of a physician not to resuscitate a patient in
- 406 the event of cardiac or respiratory arrest;
- 407 22. Any commissioned or contract medical officer of the army, navy, coast guard or air force rendering
- 408 services voluntarily and without compensation while deemed to be licensed pursuant to § 54.1-106;
- 409 23. Any provider of a chemical dependency treatment program who is certified as an "acupuncture
- 410 detoxification specialist" by the National Acupuncture Detoxification Association or an equivalent certifying
- 411 body, from administering auricular acupuncture treatment under the appropriate supervision of a National
- 412 Acupuncture Detoxification Association certified licensed physician or licensed acupuncturist;
- 413 24. Any employee of any assisted living facility who is certified in cardiopulmonary resuscitation (CPR)
- 414 acting in compliance with the patient's individualized service plan and with the written order of the attending
- 415 physician not to resuscitate a patient in the event of cardiac or respiratory arrest;
- 416 25. Any person working as a health assistant under the direction of a licensed medical or osteopathic
- 417 doctor within the Department of Corrections, the Department of Juvenile Justice or local correctional
- 418 facilities;
- 419 26. Any employee of a school board, authorized by a prescriber and trained in the administration of
- 420 insulin and glucagon, when, upon the authorization of a prescriber and the written request of the parents as
- 421 defined in § 22.1-1, assisting with the administration of insulin or administering glucagon to a student
- 422 diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon
- 423 has been prescribed for the emergency treatment of hypoglycemia;
- 424 27. Any practitioner of the healing arts or other profession regulated by the Board from rendering free
- 425 health care to an underserved population of Virginia who (i) does not regularly practice his profession in

426 Virginia, (ii) holds a current valid license or certificate to practice his profession in another state, territory,
427 district or possession of the United States, (iii) volunteers to provide free health care to an underserved area
428 of the Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization that
429 sponsors the provision of health care to populations of underserved people, (iv) files a copy of the license or
430 certification issued in such other jurisdiction with the Board, (v) notifies the Board at least five business days
431 prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledges,
432 in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations,
433 during the limited period that such free health care is made available through the volunteer, nonprofit
434 organization on the dates and at the location filed with the Board. The Board may deny the right to practice in
435 Virginia to any practitioner of the healing arts whose license or certificate has been previously suspended or
436 revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws
437 or regulations. However, the Board shall allow a practitioner of the healing arts who meets the above criteria
438 to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit
439 organization verifies that the practitioner has a valid, unrestricted license in another state;

440 28. Any registered nurse, acting as an agent of the Department of Health, from obtaining specimens of
441 sputum or other bodily fluid from persons in whom the diagnosis of active tuberculosis disease, as defined in
442 § 32.1-49.1, is suspected and submitting orders for testing of such specimens to the Division of Consolidated
443 Laboratories or other public health laboratories, designated by the State Health Commissioner, for the
444 purpose of determining the presence or absence of tubercle bacilli as defined in § 32.1-49.1;

445 29. Any physician of medicine or osteopathy or advanced practice registered nurse from delegating to a
446 registered nurse under his supervision the screening and testing of children for elevated blood-lead levels
447 when such testing is conducted (i) in accordance with a written protocol between the physician or advanced
448 practice registered nurse and the registered nurse and (ii) in compliance with the Board of Health's
449 regulations promulgated pursuant to §§ 32.1-46.1 and 32.1-46.2. Any follow-up testing or treatment shall be
450 conducted at the direction of a physician or an advanced practice registered nurse;

451 30. Any practitioner of one of the professions regulated by the Board of Medicine who is in good standing
452 with the applicable regulatory agency in another state or Canada from engaging in the practice of that
453 profession when the practitioner is in Virginia temporarily with an out-of-state athletic team or athlete for the
454 duration of the athletic tournament, game, or event in which the team or athlete is competing;

455 31. Any person from performing state or federally funded health care tasks directed by the consumer,
456 which are typically self-performed, for an individual who lives in a private residence and who, by reason of
457 disability, is unable to perform such tasks but who is capable of directing the appropriate performance of such
458 tasks;

459 32. Any practitioner of one of the professions regulated by the Board of Medicine who is in good standing
460 with the applicable regulatory agency in another state from engaging in the practice of that profession in
461 Virginia with a patient who is being transported to or from a Virginia hospital for care;

462 33. Any doctor of medicine or osteopathy, physician assistant, or advanced practice registered nurse who
463 would otherwise be subject to licensure by the Board who holds an active, unrestricted license in another
464 state, the District of Columbia, or a United States territory or possession and who is in good standing with the
465 applicable regulatory agency in that state, the District of Columbia, or that United States territory or
466 possession who provides behavioral health services, as defined in § 37.2-100, from engaging in the practice
467 of his profession and providing behavioral health services to a patient located in the Commonwealth in
468 accordance with the standard of care when (i) such practice is for the purpose of providing continuity of care
469 through the use of telemedicine services as defined in § 38.2-3418.16 and (ii) the practitioner has previously
470 established a practitioner-patient relationship with the patient and has performed an in-person evaluation of
471 the patient within the previous year. A practitioner who provides behavioral health services to a patient
472 located in the Commonwealth through use of telemedicine services pursuant to this subdivision may provide
473 such services for a period of no more than one year from the date on which the practitioner began providing
474 such services to such patient;

475 34. Any employee of a program licensed by the Department of Behavioral Health and Developmental
476 Services who is certified in cardiopulmonary resuscitation from acting in compliance with a program
477 participant's valid written order not to resuscitate issued in accordance with § 54.1-2987.1 if such valid
478 written order not to resuscitate is included in the program participant's individualized service plan; or

479 35. Any doctor of medicine or osteopathy, physician assistant, respiratory therapist, occupational
480 therapist, or advanced practice registered nurse who would otherwise be subject to licensure by the Board
481 who holds an active, unrestricted license in another state or the District of Columbia and who is in good
482 standing with the applicable regulatory agency in that state or the District of Columbia from engaging in the
483 practice of that profession in the Commonwealth with a patient located in the Commonwealth when (i) such
484 practice is for the purpose of providing continuity of care through the use of telemedicine services as defined
485 in § 38.2-3418.16 and (ii) the patient is a current patient of the practitioner with whom the practitioner has
486 previously established a practitioner-patient relationship and the practitioner has performed an in-person

487 examination of the patient within the previous 12 months.

488 For purposes of this subdivision, if such practitioner with whom the patient has previously established a
489 practitioner-patient relationship is unavailable at the time in which the patient seeks continuity of care,
490 another practitioner of the same subspecialty at the same practice group with access to the patient's treatment
491 history may provide continuity of care using telemedicine services until the practitioner with whom the
492 patient has a previously established practitioner-patient relationship becomes available. For the purposes of
493 this subdivision, "practitioner of the same subspecialty" means a practitioner who utilizes the same
494 subspecialty taxonomy code designation for claims processing.

495 For the purposes of this subdivision, if a patient is (a) an enrollee of a health maintenance organization
496 that contracts with a multispecialty group of practitioners, each of whom is licensed by the Board of
497 Medicine, and (b) a current patient of at least one practitioner who is a member of the multispecialty group
498 with whom such practitioner has previously established a practitioner-patient relationship and of whom such
499 practitioner has performed an in-person examination within the previous 12 months, the patient shall be
500 deemed to be a current patient of each practitioner in the multispecialty group with whom each such
501 practitioner has established a practitioner-patient relationship.

502 B. Notwithstanding any provision of law or regulation to the contrary, military medical personnel, as
503 defined in § 2.2-2001.4, while participating in a program established by the Department of Veterans Services
504 pursuant to § 2.2-2001.4, may practice under the supervision of a licensed physician or podiatrist or the chief
505 medical officer of an organization participating in such program, or his designee who is a licensee of the
506 Board and supervising within his scope of practice.

507 **§ 54.1-2910.5. Pediatric sexual assault survivor services; requirements.**

508 Any health care practitioner licensed by the Board to practice medicine or osteopathy or as a physician
509 assistant, or jointly licensed by the Board and the Board of Nursing as an advanced practice registered nurse,
510 who wishes to provide sexual assault survivor treatment services or sexual assault survivor transfer services,
511 as defined in § 32.1-162.15:2, to pediatric survivors of sexual assault, as defined in § 32.1-162.15:2, shall
512 comply with the provisions of Article 8 (§ 32.1-162.15:2 et seq.) of Chapter 5 of Title 32.1 applicable to
513 pediatric medical care facilities.

514 **§ 54.1-2927. Applicants from other states without reciprocity; temporary licenses or certificates for
515 certain practitioners of the healing arts.**

516 A. The Board, ~~in its discretion,~~ may issue certificates or licenses to applicants upon endorsement by
517 boards or other appropriate authorities of other states or territories or the District of Columbia with which
518 reciprocal relations have not been established if the credentials of such applicants are satisfactory and the
519 examinations and passing grades required by such other boards are fully equal to those required by the
520 Virginia Board.

521 The Board may issue certificates or licenses to applicants holding certificates from the national boards of
522 their respective branches of the healing arts if their credentials, schools of graduation and national board
523 examinations and results are acceptable to the Board. The Board shall promulgate regulations in order to
524 carry out the provisions of this section.

525 The Board of Medicine shall prioritize applicants for licensure as a doctor of medicine or osteopathic
526 medicine, or a physician assistant, or an advanced practice registered nurse from such states that are
527 contiguous with the Commonwealth in processing their applications for licensure by endorsement through a
528 streamlined process, with a final determination regarding qualification to be made within 20 days of the
529 receipt of a completed application.

530 B. The Board may issue authorization to practice valid for a period not to exceed three months to a
531 practitioner of the healing arts licensed or certified and in good standing with the applicable regulatory
532 agency in the state, District of Columbia, or Canada where the practitioner resides when the practitioner is in
533 Virginia temporarily to practice the healing arts (i) in a summer camp or in conjunction with patients who are
534 participating in recreational activities, (ii) in continuing education programs, or (iii) by rendering at any site
535 any health care services within the limits of his license or certificate, voluntarily and without compensation,
536 to any patient of any clinic that is organized in whole or in part for the delivery of health care services
537 without charge as provided in § 54.1-106. A fee not to exceed \$25 may be charged by the Board for the
538 issuance of authorization to practice pursuant to the provisions of this subsection.

539 **§ 54.1-2957.9. Regulation of the practice of midwifery.**

540 The Board shall adopt regulations governing the practice of midwifery, upon consultation with the
541 Advisory Board on Midwifery. The regulations shall (i) address the requirements for licensure to practice
542 midwifery, including the establishment of standards of care, (ii) be consistent with the North American
543 Registry of Midwives' current job description for the profession and the National Association of Certified
544 Professional Midwives' standards of practice, except that prescriptive authority shall be prohibited, (iii)
545 ensure independent practice, (iv) require midwives to disclose to their patients, when appropriate, options for
546 consultation and referral to a physician and evidence-based information on health risks associated with birth
547 of a child outside of a hospital or birthing center, as defined in § ~~54.1-2957.03~~ 54.1-3049, including risks

548 associated with vaginal births after a prior cesarean section, breech births, births by women experiencing
 549 high-risk pregnancies, and births involving multiple gestation, (v) provide for an appropriate license fee, and
 550 (vi) include requirements for licensure renewal and continuing education. Such regulations shall not (a)
 551 require any agreement, written or otherwise, with another health care professional or (b) require the
 552 assessment of a woman who is seeking midwifery services by another health care professional. A licensed
 553 midwife may obtain, possess, and administer drugs and devices that are used within the licensed midwife's
 554 scope of practice as determined by the North American Registry of Midwives Job Analysis. The Board of
 555 Medicine shall develop and publish best practice and standards of care guidance for all such drugs. The
 556 formulary shall not include any drug, as defined in § 54.1-3401, in Schedule I through V of the Drug Control
 557 Act. A licensed midwife may obtain medications and devices to treat conditions within the licensed midwife's
 558 scope of practice from entities including a pharmacy, as defined in § 54.1-3300, or a manufacturer, medical
 559 equipment supplier, outsourcing facility, warehouse, or wholesale distributor, as these terms are defined in §
 560 54.1-3401. An entity that provides a medication to a licensed midwife in accordance with this section, and
 561 who relies in good faith upon the license information provided by the licensed midwife, is not subject to
 562 liability for providing the medication.

563 Completing all Alliance for Innovation on Maternal Health patient safety bundles advanced by the
 564 Virginia Neonatal Perinatal Collaborative shall be required of any licensed midwife who obtains, possesses,
 565 and administers drugs and devices within the scope of his practice.

566 License renewal shall be contingent upon maintaining a Certified Professional Midwife certification.

567 **§ 54.1-2972. When person deemed medically and legally dead; determination of death; nurses',**
 568 **licensed practical nurses', physician assistants', or advanced practice registered nurses' authority to**
 569 **pronounce death under certain circumstances.**

570 A. As used in this section, "autonomous nurse practitioner" ~~means a nurse practitioner who is authorized~~
 571 ~~to practice without a practice agreement pursuant to subsection I of § 54.1-2957~~ *has the same meaning as*
 572 *provided in § 54.1-3300.*

573 B. A person shall be medically and legally dead if:

574 1. In the opinion of a physician duly authorized to practice medicine in the Commonwealth or
 575 autonomous nurse practitioner, based on the ordinary standards of medical practice, there is the absence of
 576 spontaneous respiratory and spontaneous cardiac functions and, because of the disease or condition that
 577 directly or indirectly caused these functions to cease, or because of the passage of time since these functions
 578 ceased, attempts at resuscitation would not, in the opinion of such physician or autonomous nurse
 579 practitioner, be successful in restoring spontaneous life-sustaining functions, and, in such event, death shall
 580 be deemed to have occurred at the time these functions ceased; or

581 2. In the opinion of a physician, who shall be duly licensed to practice medicine in the Commonwealth
 582 and board-eligible or board-certified in the field of neurology, neurosurgery, or critical care medicine, when
 583 based on the ordinary standards of medical practice, there is irreversible cessation of all functions of the
 584 entire brain, including the brain stem, and, in the opinion of such physician, based on the ordinary standards
 585 of medical practice and considering the irreversible cessation of all functions of the entire brain, including the
 586 brain stem, and the patient's medical record, further attempts at resuscitation or continued supportive
 587 maintenance would not be successful in restoring such functions, and, in such event, death shall be deemed to
 588 have occurred at the time when all such functions have ceased.

589 C. A registered nurse, a physician assistant, or an advanced practice registered nurse who is not an
 590 autonomous nurse practitioner may pronounce death if the following criteria are satisfied: (i) the nurse is
 591 employed by or the physician assistant or advanced practice registered nurse who is not an autonomous nurse
 592 practitioner works at (a) a home care organization as defined in § 32.1-162.7, (b) a hospice as defined in §
 593 32.1-162.1, (c) a hospital or nursing home as defined in § 32.1-123, including state-operated hospitals for the
 594 purposes of this section, (d) the Department of Corrections, or (e) a continuing care retirement community
 595 registered with the State Corporation Commission pursuant to Chapter 49 (§ 38.2-4900 et seq.) of Title 38.2;
 596 (ii) the nurse, physician assistant, or advanced practice registered nurse who is not an autonomous nurse
 597 practitioner is directly involved in the care of the patient; (iii) the patient's death has occurred; (iv) the patient
 598 is under the care of a physician or autonomous nurse practitioner when his death occurs; (v) the patient's
 599 death has been anticipated; and (vi) the physician or autonomous nurse practitioner is unable to be present
 600 within a reasonable period of time to determine death. A licensed practical nurse may pronounce death for a
 601 patient in hospice pursuant to a valid Do Not Resuscitate Order issued in accordance with § 54.1-2987.1. The
 602 nurse, licensed practical nurse, physician assistant, or advanced practice registered nurse who is not an
 603 autonomous nurse practitioner shall inform the patient's attending and consulting physician or autonomous
 604 nurse practitioner of the patient's death as soon as practicable.

605 The nurse, licensed practical nurse, physician assistant, or advanced practice registered nurse who is not
 606 an autonomous nurse practitioner shall have the authority to pronounce death in accordance with such
 607 procedural regulations, if any, as may be promulgated by the Board of Medicine; however, if the
 608 circumstances of the death are not anticipated or the death requires an investigation by the Office of the Chief

609 Medical Examiner, such nurse, licensed practical nurse, physician assistant, or advanced practice registered
 610 nurse shall notify the Office of the Chief Medical Examiner of the death and the body shall not be released to
 611 the funeral director.

612 This subsection shall not authorize a nurse, licensed practical nurse, physician assistant, or advanced
 613 practice registered nurse who is not an autonomous nurse practitioner to determine the cause of death.
 614 Determination of cause of death shall continue to be the responsibility of the attending physician or
 615 autonomous nurse practitioner, except as provided in § 32.1-263. Further, this subsection shall not be
 616 construed to impose any obligation to carry out the functions of this subsection.

617 This subsection shall not relieve any registered nurse, licensed practical nurse, physician assistant, or
 618 nurse practitioner who is not an autonomous nurse practitioner from any civil or criminal liability that might
 619 otherwise be incurred for failure to follow statutes or Board of Nursing or Board of Medicine regulations.

620 D. The alternative definitions of death provided in subdivisions B 1 and 2 may be utilized for all purposes
 621 in the Commonwealth, including the trial of civil and criminal cases.

622 **§ 54.1-2973.1. Practice of laser hair removal.**

623 The practice of laser hair removal shall be performed by a properly trained person licensed to practice
 624 medicine or osteopathic medicine or a physician assistant as authorized pursuant to § 54.1-2952 or an
 625 advanced practice registered nurse as authorized pursuant to § ~~54.1-2957~~ 54.1-3044 or by a properly trained
 626 person under the direction and supervision of a licensed doctor of medicine or osteopathic medicine or a
 627 physician assistant as authorized pursuant to § 54.1-2952 or an advanced practice registered nurse as
 628 authorized pursuant to § ~~54.1-2957~~ 54.1-3044 who may delegate such practice in accordance with
 629 subdivision A 6 of § 54.1-2901.

630 **§ 54.1-3000. Definitions.**

631 As used in this chapter, unless the context requires a different meaning:

632 "Advanced practice registered nurse" means a certified nurse midwife, certified registered nurse
 633 anesthetist, clinical nurse specialist, or nurse practitioner who is ~~jointly~~ licensed by the ~~Boards of Medicine~~
 634 ~~and Nursing~~ Board pursuant to § ~~54.1-2957~~ 54.1-3044, has completed an advanced graduate-level education
 635 program in a specialty category of nursing, and has passed a national certifying examination for that
 636 specialty.

637 "Board" means the Board of Nursing.

638 "Certified nurse aide" means a person who meets the qualifications specified in this article and who is
 639 currently certified by the Board.

640 "*Certified nurse midwife*" means an advanced practice registered nurse who is certified in the specialty of
 641 nurse midwifery and who is licensed by the Board as an advanced practice registered nurse pursuant to §
 642 54.1-3044.

643 "*Certified registered nurse anesthetist*" means an advanced practice registered nurse who is certified in
 644 the specialty of nurse anesthesia, who is licensed by the Board as an advanced practice registered nurse
 645 pursuant to § 54.1-3044, and who practices under the supervision of a doctor of medicine, osteopathy,
 646 podiatry, or dentistry but is not subject to the practice agreement requirement described in § 54.1-3044.

647 "*Clinical nurse specialist*" means an advanced practice registered nurse who is certified in the specialty
 648 of clinical nurse specialist and who is licensed by the Board as an advanced practice registered nurse
 649 pursuant to § 54.1-3044.

650 "Massage therapist" means a person who meets the qualifications specified in this chapter and who is
 651 currently licensed by the Board.

652 "Massage therapy" means the treatment of soft tissues for therapeutic purposes by the application of
 653 massage and bodywork techniques based on the manipulation or application of pressure to the muscular
 654 structure or soft tissues of the human body. The term "massage therapy" does not include the diagnosis or
 655 treatment of illness or disease or any service or procedure for which a license to practice medicine, nursing,
 656 midwifery, chiropractic, physical therapy, occupational therapy, acupuncture, athletic training, or podiatry is
 657 required by law or any service described in subdivision A 18 of § 54.1-3001.

658 "Massage therapy" shall not include manipulation of the spine or joints.

659 "Nurse practitioner" means an advanced practice registered nurse who is ~~jointly~~ certified in one of the
 660 specialties of nurse practitioner and who is licensed by the ~~Boards of Medicine and Nursing~~ Board as an
 661 advanced practice registered nurse pursuant to § ~~54.1-2957~~ 54.1-3044.

662 "Practical nurse" or "licensed practical nurse" means a person who is licensed or holds a multistate
 663 licensure privilege under the provisions of this chapter to practice practical nursing as defined in this section.
 664 Such a licensee shall be empowered to provide nursing services without compensation. The abbreviation
 665 "L.P.N." shall stand for such terms.

666 "Practical nursing" or "licensed practical nursing" means the performance for compensation of selected
 667 nursing acts in the care of individuals or groups who are ill, injured, or experiencing changes in normal health
 668 processes; in the maintenance of health; in the prevention of illness or disease; or, subject to such regulations
 669 as the Board may promulgate, in the teaching of those who are or will be nurse aides. Practical nursing or

670 licensed practical nursing requires knowledge, judgment and skill in nursing procedures gained through
671 prescribed education. Practical nursing or licensed practical nursing is performed under the direction or
672 supervision of a licensed medical practitioner, a professional nurse, registered nurse or registered professional
673 nurse or other licensed health professional authorized by regulations of the Board.

674 "Practice of a nurse aide" or "nurse aide practice" means the performance of services requiring the
675 education, training, and skills specified in this chapter for certification as a nurse aide. Such services are
676 performed under the supervision of a dentist, physician, podiatrist, professional nurse, licensed practical
677 nurse, or other licensed health care professional acting within the scope of the requirements of his profession.

678 "Professional nurse," "registered nurse" or "registered professional nurse" means a person who is licensed
679 or holds a multistate licensure privilege under the provisions of this chapter to practice professional nursing
680 as defined in this section. Such a licensee shall be empowered to provide professional services without
681 compensation, to promote health and to teach health to individuals and groups. The abbreviation "R.N." shall
682 stand for such terms.

683 "Professional nursing," "registered nursing" or "registered professional nursing" means the performance
684 for compensation of any nursing acts in the observation, care and counsel of individuals or groups who are ill,
685 injured or experiencing changes in normal health processes or the maintenance of health; in the prevention of
686 illness or disease; in the supervision and teaching of those who are or will be involved in nursing care; in the
687 delegation of selected nursing tasks and procedures to appropriately trained unlicensed persons as determined
688 by the Board; or in the administration of medications and treatments as prescribed by any person authorized
689 by law to prescribe such medications and treatment. Professional nursing, registered nursing and registered
690 professional nursing require specialized education, judgment, and skill based upon knowledge and
691 application of principles from the biological, physical, social, behavioral and nursing sciences.

692 **§ 54.1-3005. Specific powers and duties of Board.**

693 In addition to the general powers and duties conferred in this title, the Board shall have the following
694 specific powers and duties:

695 1. To prescribe minimum standards and approve curricula for educational programs preparing persons for
696 licensure, certification, or registration under this chapter;

697 2. To approve programs that meet the requirements of this chapter and of the Board;

698 3. To provide consultation service for educational programs as requested;

699 4. To provide for periodic surveys of educational or training programs;

700 5. To deny or withdraw approval from educational or training programs for failure to meet prescribed
701 standards;

702 6. To provide consultation regarding nursing practice for institutions and agencies as requested and
703 investigate illegal nursing practices;

704 7. To keep a record of all its proceedings;

705 8. To certify and maintain a registry of all certified nurse aides and to promulgate regulations consistent
706 with federal law and regulation. The Board shall require all schools to demonstrate their compliance with §
707 54.1-3006.2 upon application for approval or reapproval, during an on-site visit, or in response to a complaint
708 or a report of noncompliance. The Board may impose a fee pursuant to § 54.1-2401 for any violation thereof.
709 Such regulations may include standards for the authority of licensed practical nurses to teach nurse aides;

710 9. To maintain a registry of clinical nurse specialists and to promulgate regulations governing clinical
711 nurse specialists;

712 10. To license and maintain a registry of all licensed massage therapists and to promulgate regulations
713 governing the criteria for licensure as a massage therapist and the standards of professional conduct for
714 licensed massage therapists;

715 11. To promulgate regulations for the delegation of certain nursing tasks and procedures not involving
716 assessment, evaluation or nursing judgment to an appropriately trained unlicensed person by and under the
717 supervision of a registered nurse, who retains responsibility and accountability for such delegation;

718 12. To develop and revise as may be necessary, in coordination with the Boards of Medicine and
719 Education, guidelines for the training of employees of a school board in the administration of insulin and
720 glucagon for the purpose of assisting with routine insulin injections and providing emergency treatment for
721 life-threatening hypoglycemia. The first set of such guidelines shall be finalized by September 1, 1999, and
722 shall be made available to local school boards for a fee not to exceed the costs of publication;

723 13. To enter into the Nurse Licensure Compact as set forth in this chapter and to promulgate regulations
724 for its implementation;

725 14. To collect, store and make available nursing workforce information regarding the various categories of
726 nurses certified, licensed or registered pursuant to § 54.1-3012.1;

727 15. To expedite application processing, to the extent possible, pursuant to § 54.1-119 for an applicant for
728 licensure or certification by the Board upon submission of evidence that the applicant, who is licensed or
729 certified in another state, is relocating to the Commonwealth pursuant to a spouse's official military orders;

730 16. To register medication aides and promulgate regulations governing the criteria for such registration

731 and standards of conduct for medication aides;

732 17. To approve training programs for medication aides to include requirements for instructional personnel,
733 curriculum, continuing education, and a competency evaluation;

734 18. To set guidelines for the collection of data by all approved nursing education programs and to compile
735 this data in an annual report. The data shall include but not be limited to enrollment, graduation rate, attrition
736 rate, and number of qualified applicants who are denied admission;

737 19. To develop, in consultation with the Board of Pharmacy, guidelines for the training of employees of
738 child day programs as defined in § 22.1-289.02 and regulated by the Board of Education in the administration
739 of prescription drugs as defined in the Drug Control Act (§ 54.1-3400 et seq.). Such training programs shall
740 be taught by a registered nurse, licensed practical nurse, doctor of medicine or osteopathic medicine, or
741 pharmacist;

742 20. In order to protect the privacy and security of health professionals licensed, registered or certified
743 under this chapter, to promulgate regulations permitting use on identification badges of first name and first
744 letter only of last name and appropriate title when practicing in hospital emergency departments, in
745 psychiatric and mental health units and programs, or in health care facility units offering treatment for
746 patients in custody of state or local law-enforcement agencies;

747 21. To revise, as may be necessary, guidelines for seizure management, in coordination with the Board of
748 Medicine, including the list of rescue medications for students with epilepsy and other seizure disorders in the
749 public schools. The revised guidelines shall be finalized and made available to the Board of Education by
750 August 1, 2010. The guidelines shall then be posted on the Department of Education's website; and

751 22. To promulgate, together with the Board of Medicine, regulations governing the licensure of advanced
752 practice registered nurses pursuant to § 54.1-2957 54.1-3044 and the licensure of licensed certified midwives
753 pursuant to § 54.1-2957.04 54.1-3050.

754 *Article 8.*

755 *Advanced Practice Registered Nurses.*

756 **§ 54.1-3044. Licensure and practice of advanced practice registered nurses.**

757 A. As used in this section, "clinical experience" means the postgraduate delivery of health care directly to
758 patients pursuant to a practice agreement with a patient care team physician.

759 B. The Board shall prescribe the regulations governing the licensure of advanced practice registered
760 nurses. It is unlawful for a person to practice as an advanced practice registered nurse in the Commonwealth
761 unless he holds such a license.

762 C. Every nurse practitioner who does not meet the requirements of subsection I shall maintain
763 appropriate collaboration and consultation, as evidenced in a written or electronic practice agreement, with
764 at least one patient care team physician. An advanced practice registered nurse who meets the requirements
765 of subsection I may practice without a written or electronic practice agreement. A certified nurse midwife
766 shall practice pursuant to subsection H. An advanced practice registered nurse who is licensed by the Board
767 as a clinical nurse specialist shall practice pursuant to subsection J. A certified registered nurse anesthetist
768 shall practice under the supervision of a licensed doctor of medicine, osteopathy, podiatry, or dentistry. An
769 advanced practice registered nurse who is appointed as a medical examiner pursuant to § 32.1-282 shall
770 practice in collaboration with a licensed doctor of medicine or osteopathic medicine who has been appointed
771 to serve as a medical examiner pursuant to § 32.1-282. Collaboration and consultation among advanced
772 practice registered nurses and patient care team physicians may be provided through telemedicine as
773 described in § 38.2-3418.16.

774 Physicians on patient care teams may require that an advanced practice registered nurse be covered by a
775 professional liability insurance policy with limits equal to the current limitation on damages set forth in §
776 8.01-581.15.

777 Service on a patient care team by a patient care team member shall not, by the existence of such service
778 alone, establish or create liability for the actions or inactions of other team members.

779 D. The Board shall promulgate regulations specifying collaboration and consultation among physicians
780 and nurse practitioners working as part of patient care teams that shall include the development of, and
781 periodic review and revision of, a written or electronic practice agreement, guidelines for availability and
782 ongoing communications that define consultation among the collaborating parties and the patient, and
783 periodic joint evaluation of the services delivered. Practice agreements shall include provisions for (i)
784 periodic review of health records, which may include visits to the site where health care is delivered, in the
785 manner and at the frequency determined by the nurse practitioner and the patient care team physician and
786 (ii) input from appropriate health care providers in complex clinical cases and patient emergencies and for
787 referrals. Evidence of a practice agreement shall be maintained by a nurse practitioner and provided to the
788 Board upon request. For nurse practitioners providing care to patients within a hospital or health care
789 system, the practice agreement may be included as part of documents delineating the nurse practitioner's
790 clinical privileges or the electronic or written delineation of duties and responsibilities in collaboration and
791 consultation with a patient care team physician.

792 E. The Board may issue a license by endorsement to an applicant to practice as an advanced practice

793 registered nurse if the applicant has been licensed as an advanced practice registered nurse under the laws
794 of another state and, pursuant to regulations of the Board, the applicant meets the qualifications for licensure
795 required of advanced practice registered nurses in the Commonwealth. A nurse practitioner to whom a
796 license is issued by endorsement may practice without a practice agreement with a patient care team
797 physician pursuant to subsection I if such application provides an attestation to the Board that the applicant
798 has completed the equivalent of at least five years of full-time clinical experience, as determined by the
799 Board, in accordance with the laws of the state in which the nurse practitioner was licensed.

800 F. Pending the outcome of the next National Specialty Examination, the Board may grant temporary
801 licensure to advanced practice registered nurses.

802 G. In the event a physician who is serving as a patient care team physician dies, becomes disabled, retires
803 from active practice, surrenders his license or has it suspended or revoked by the Board, or relocates his
804 practice such that he is no longer able to serve, and the nurse practitioner is unable to enter into a new
805 practice agreement with another patient care team physician, the nurse practitioner may continue to practice
806 upon notification to the designee or his alternate of the Board and receipt of such notification. Such nurse
807 practitioner may continue to treat patients without a patient care team physician for an initial period not to
808 exceed 60 days, provided that the nurse practitioner continues to prescribe only those drugs previously
809 authorized by the practice agreement with such physician and to have access to appropriate input from
810 appropriate health care providers in complex clinical cases and patient emergencies and for referrals. The
811 designee or his alternate of the Board shall grant permission for the nurse practitioner to continue practice
812 under this subsection for another 60 days, provided that the nurse practitioner provides evidence of efforts
813 made to secure another patient care team physician and of access to physician input.

814 H. Every advanced practice registered nurse licensed by the Board in the category of certified nurse
815 midwife shall practice in accordance with regulations adopted by the Board and consistent with the
816 Standards for the Practice of Midwifery set by the American College of Nurse-Midwives governing such
817 practice. A certified nurse midwife who has practiced fewer than 1,000 hours shall practice in consultation
818 with a certified nurse midwife who has practiced for at least two years prior to entering into the practice
819 agreement or a licensed physician, in accordance with a practice agreement. Such practice agreement shall
820 address the availability of the certified nurse midwife who has practiced for at least two years prior to
821 entering into the practice agreement or the licensed physician for routine and urgent consultation on patient
822 care. Evidence of the practice agreement shall be maintained by the certified nurse midwife and provided to
823 the Board upon request. A certified nurse midwife who has completed 1,000 hours of practice as a certified
824 nurse midwife may practice without a practice agreement upon receipt by the certified nurse midwife of an
825 attestation from the certified nurse midwife who has practiced for at least two years prior to entering into the
826 practice agreement or the licensed physician with whom the certified nurse midwife has entered into a
827 practice agreement stating (i) that such certified nurse midwife or licensed physician has provided
828 consultation to the certified nurse midwife pursuant to a practice agreement meeting the requirements of this
829 section and (ii) the period of time for which such certified nurse midwife or licensed physician practiced in
830 collaboration and consultation with the certified nurse midwife pursuant to the practice agreement. A
831 certified nurse midwife authorized to practice without a practice agreement shall consult and collaborate
832 with and refer patients to such other health care providers as may be appropriate for the care of the patient.

833 I. An advanced practice registered nurse licensed by the Board in one of the categories of nurse
834 practitioner, other than a nurse practitioner licensed by the Board in the category of certified nurse midwife,
835 certified registered nurse anesthetist, or clinical nurse specialist, who has completed the equivalent of at least
836 five years of full-time clinical experience as a licensed nurse practitioner, as determined by the Board, may
837 practice in the practice category in which he is certified and licensed without a written or electronic practice
838 agreement upon receipt by the nurse practitioner of an attestation from the patient care team physician
839 stating (i) that the patient care team physician has served as a patient care team physician on a patient care
840 team with the nurse practitioner pursuant to a practice agreement meeting the requirements of this section
841 and § 54.1-3045; (ii) that while a party to such practice agreement, the patient care team physician routinely
842 practiced with a patient population and in a practice area included within the category for which the nurse
843 practitioner was certified and licensed; and (iii) the period of time for which the patient care team physician
844 practiced with the nurse practitioner under such a practice agreement. A copy of such attestation shall be
845 submitted to the Board together with a fee established by the Board. Upon receipt of such attestation and
846 verification that a nurse practitioner satisfies the requirements of this subsection, the Board shall issue to the
847 nurse practitioner a new license that includes a designation indicating that the nurse practitioner is
848 authorized to practice without a practice agreement. In the event that a nurse practitioner is unable to obtain
849 the attestation required by this subsection, the Board may accept other evidence demonstrating that the
850 applicant has met the requirements of this subsection in accordance with regulations adopted by the Board.

851 A nurse practitioner authorized to practice without a practice agreement pursuant to this subsection shall
852 (a) practice only within the scope of his clinical and professional training and limits of his knowledge and
853 experience and consistent with the applicable standards of care, (b) consult and collaborate with other health

854 care providers based on the clinical conditions of the patient to whom health care is provided, and (c)
855 establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate
856 health care providers.

857 J. An advanced practice registered nurse licensed by the Board in the category of clinical nurse specialist
858 who does not prescribe controlled substances or devices may practice in the practice category in which he is
859 certified and licensed without a written or electronic practice agreement. Such advanced practice registered
860 nurse shall (i) only practice within the scope of his clinical and professional training and limits of his
861 knowledge and experience and consistent with the applicable standards of care, (ii) consult and collaborate
862 with other health care providers based on the clinical condition of the patient to whom health care is
863 provided, and (iii) establish a plan for referral of complex medical cases and emergencies to physicians or
864 other appropriate health care providers.

865 An advanced practice registered nurse licensed by the Board in the category of clinical nurse specialist
866 who prescribes controlled substances or devices shall practice in consultation with a licensed physician in
867 accordance with a practice agreement between the nurse practitioner and the licensed physician. Such
868 practice agreement shall address the availability of the physician for routine and urgent consultation on
869 patient care. Evidence of a practice agreement shall be maintained by an advanced practice nurse
870 practitioner and provided to the Board upon request. The practice of clinical nurse specialists shall be
871 consistent with the standards of care for the profession and with applicable laws and regulations.

872 **§ 54.1-3045. Prescription of certain controlled substances and devices by advanced practice registered**
873 **nurses.**

874 A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33 (§
875 54.1-3300 et seq.), a licensed advanced practice registered nurse shall have the authority to prescribe
876 Schedule II through Schedule VI controlled substances and devices as set forth in the Drug Control Act (§
877 54.1-3400 et seq.).

878 B. An advanced practice registered nurse who does not meet the requirements for practice without a
879 written or electronic practice agreement set forth in subsection I of § 54.1-3044 shall prescribe controlled
880 substances or devices only if such prescribing is authorized by a written or electronic practice agreement
881 entered into by the advanced practice registered nurse licensed by the Board in one of the categories of nurse
882 practitioner and a patient care team physician or, if the advanced practice registered nurse is licensed by the
883 Board in the category of clinical nurse specialist, the advanced practice registered nurse and a licensed
884 physician. Such advanced practice registered nurse shall provide to the Board such evidence as the Board
885 may require that the advanced practice registered nurse has entered into and is, at the time of writing a
886 prescription, a party to a written or electronic practice agreement that clearly states the prescriptive
887 practices of the advanced practice registered nurse. Such written or electronic practice agreements shall
888 include the controlled substances the advanced practice registered nurse is or is not authorized to prescribe
889 and may restrict such prescriptive authority as described in the practice agreement. Evidence of a practice
890 agreement shall be maintained by an advanced practice registered nurse pursuant to § 54.1-3044. Practice
891 agreements authorizing an advanced practice registered nurse to prescribe controlled substances or devices
892 pursuant to this section either shall be signed by the physician who has entered into the practice agreement
893 with the advanced practice registered nurse.

894 It is unlawful for an advanced practice registered nurse to prescribe controlled substances or devices
895 pursuant to this section unless (i) such prescription is authorized by the written or electronic practice
896 agreement or (ii) the advanced practice registered nurse is authorized to practice without a written or
897 electronic practice agreement pursuant to subsection I of § 54.1-3044.

898 C. The Board shall promulgate regulations governing the prescriptive authority of advanced practice
899 registered nurses as are deemed reasonable and necessary to ensure an appropriate standard of care for
900 patients. Such regulations shall include requirements as may be necessary to ensure continued competency,
901 which may include continuing education, testing, or any other requirement, and shall address the need to
902 promote ethical practice, an appropriate standard of care, patient safety, the use of new pharmaceuticals,
903 and appropriate communication with patients.

904 D. This section shall not limit the functions and procedures of certified registered nurse anesthetists or of
905 any advanced practice registered nurses that are otherwise authorized to prescribe controlled substances or
906 devices by law or regulation.

907 E. The following restrictions shall apply to any advanced practice registered nurse authorized to
908 prescribe controlled substances and devices pursuant to this section:

909 1. The advanced practice registered nurse shall disclose to the patient at the initial encounter that he is a
910 licensed advanced practice registered nurse. Any party to a practice agreement shall disclose, upon request
911 of a patient or his legal representative, the name of the patient care team physician, or, if the advanced
912 practice registered nurse is licensed by the Board in the category of clinical nurse specialist, the name of the
913 licensed physician, and information regarding how to contact the patient care team physician or licensed
914 physician.

915 2. Physicians shall not serve as a patient care team physician on a patient care team or enter into a

916 *practice agreement with more than six advanced practice registered nurses at any one time, except that a*
917 *physician may serve as a patient care team physician on a patient care team with up to 10 advanced practice*
918 *registered nurses licensed in the category of psychiatric-mental health nurse practitioner.*

919 *F. This section shall not prohibit a licensed advanced practice registered nurse from administering*
920 *controlled substances in compliance with the definition of "administer" in § 54.1-3401 or from receiving and*
921 *dispensing manufacturers' professional samples of controlled substances in compliance with the provisions of*
922 *this section.*

923 *G. Notwithstanding any provision of law or regulation to the contrary, an advanced practice registered*
924 *nurse licensed by the Board in the category of certified nurse midwife and holding a license for prescriptive*
925 *authority may prescribe Schedules II through VI controlled substances. However, if the advanced practice*
926 *registered nurse licensed by the Board in the category of certified nurse midwife is required, pursuant to*
927 *subsection H of § 54.1-3044, to practice pursuant to a practice agreement, such prescribing shall also be in*
928 *accordance with any prescriptive authority included in such practice agreement.*

929 *H. Notwithstanding any provision of law or regulation to the contrary, an advanced practice registered*
930 *nurse licensed by the Board as a certified registered nurse anesthetist shall have the authority to prescribe*
931 *Schedule II through Schedule VI controlled substances and devices in accordance with the requirements for*
932 *practice set forth in subsection C of § 54.1-3044 to a patient requiring anesthesia, as part of the*
933 *periprocedural care of such patient. As used in this subsection, "periprocedural" means the period beginning*
934 *prior to a procedure and ending at the time the patient is discharged.*

935 **§ 54.1-3046. Restricted volunteer license for advanced practice registered nurses.**

936 *A. The Board may issue a restricted volunteer license to an advanced practice registered nurse who (i)*
937 *within the past five years held an unrestricted license as an advanced practice registered nurse in the*
938 *Commonwealth or another state that was in good standing at the time the license expired or became inactive*
939 *and (ii) holds an active license or a volunteer restricted license as a registered nurse or a multistate licensure*
940 *privilege. Advanced practice registered nurses holding a restricted volunteer license issued pursuant to this*
941 *section shall only practice in public health or community free clinics that provide services to underserved*
942 *populations.*

943 *B. An applicant for a restricted volunteer license shall submit an application on a form provided by the*
944 *Board and attest that he will not receive remuneration directly or indirectly for providing nursing services.*

945 *C. An advanced practice registered nurse holding a restricted volunteer license pursuant to this section*
946 *may obtain prescriptive authority in accordance with the provisions of § 54.1-3045.*

947 *D. An advanced practice registered nurse holding a restricted volunteer license pursuant to this section*
948 *shall not be required to complete continuing competency requirements for the first renewal of such license.*
949 *For subsequent renewals, an advanced practice registered nurse holding a restricted volunteer license shall*
950 *be required to complete the continuing competency requirements required for renewal of an active license.*

951 *E. A restricted volunteer license issued pursuant to this section may be renewed biennially in accordance*
952 *with the renewal schedule established in regulations promulgated by the Board.*

953 *F. The application and biennial renewal fee for restricted volunteer licenses pursuant to this section shall*
954 *be one-half of the fee for an active license.*

955 *G. An advanced practice registered nurse holding a restricted volunteer license issued pursuant to this*
956 *section shall be subject to the provisions of this chapter and all regulations applicable to advanced practice*
957 *registered nurses practicing in the Commonwealth.*

958 **§ 54.1-3047. When advanced practice registered nurse signature accepted.**

959 *Whenever any law or regulation requires a signature, certification, stamp, verification, affidavit, or*
960 *endorsement by a physician, it shall be deemed to include a signature, certification, stamp, verification,*
961 *affidavit, or endorsement by an advanced practice registered nurse.*

962 **§ 54.1-3048. Applicants from other states without reciprocity; temporary licenses or certificates for**
963 **advanced practice registered nurses.**

964 *A. The Board may issue certificates or licenses to applicants upon endorsement by board or other*
965 *appropriate authorities of other states or territories or the District of Columbia with which reciprocal*
966 *relations have not been established if the credentials of such applicants are satisfactory and the examinations*
967 *and passing grades required by such other board are fully equal to those required by the Virginia Board.*

968 *The Board may issue certificates or licenses to applicants holding certificates from the national board of*
969 *advanced practice registered nurses if their credentials, schools of graduation, and national board*
970 *examinations and results are acceptable to the Board. The Board shall promulgate regulations in order to*
971 *carry out the provisions of this section.*

972 *The Board shall prioritize applicants for licensure as an advanced practice registered nurse from such*
973 *states that are contiguous with the Commonwealth in processing their applications for licensure by*
974 *endorsement through a streamlined process, with a final determination regarding qualification to be made*
975 *within 20 days of the receipt of a completed application.*

976 *B. The Board may issue authorization to practice valid for a period not to exceed three months to an*

977 advanced practice registered nurse licensed or certified and in good standing with the applicable regulatory
 978 agency in the state, District of Columbia, or Canada where the practitioner resides when the practitioner is
 979 in Virginia temporarily to practice (i) in a summer camp or in conjunction with patients who are
 980 participating in recreational activities, (ii) in continuing education programs, or (iii) by rendering at any site
 981 any health care services within the limits of his license or certificate, voluntarily and without compensation,
 982 to any patient of any clinic that is organized in whole or in part for the delivery of health care services
 983 without charge as provided in § 54.1-106. A fee not to exceed \$25 may be charged by the Board for the
 984 issuance of authorization to practice pursuant to the provisions of this subsection.

985 Article 9.

986 Midwifery.

987 **§ 54.1-3049. Certified nurse midwives; required disclosures; liability.**

988 A. As used in this section, "birthing center" means a facility outside a hospital that provides maternity
 989 services.

990 B. A certified nurse midwife who provides health care services to a patient outside of a hospital or
 991 birthing center shall disclose to that patient, when appropriate, information on health risks associated with
 992 births outside of a hospital or birthing center, including risks associated with vaginal births after a prior
 993 cesarean section, breech births, births by women experiencing high-risk pregnancies, and births involving
 994 multiple gestation.

995 C. A certified nurse midwife who provides health care to a patient shall be liable for negligent, grossly
 996 negligent, or willful and wanton acts or omissions. Except as otherwise provided by law, any (i) doctor of
 997 medicine or osteopathy who did not collaborate or consult with the midwife regarding the patient and who
 998 has not previously treated the patient for this pregnancy; (ii) physician assistant; (iii) advanced practice
 999 registered nurse; (iv) prehospital emergency medical personnel; or (v) hospital as defined in § 32.1-123, or
 1000 any employee of, person providing services pursuant to a contract with, or agent of such hospital that
 1001 provides screening and stabilization health care services to a patient as a result of a certified nurse midwife's
 1002 negligent, grossly negligent, or willful and wanton acts or omissions shall be immune from liability for acts
 1003 or omissions constituting ordinary negligence.

1004 **§ 54.1-3050. Licensure as a licensed certified midwife; practice as a licensed certified midwife; use of
 1005 title; required disclosures.**

1006 A. It is unlawful for any person to practice or to hold himself out as practicing as a licensed certified
 1007 midwife or use in connection with his name the words "Licensed Certified Midwife" unless he holds a license
 1008 as such issued by the Board.

1009 B. The Board shall adopt regulations for the licensure of licensed certified midwives, which shall include
 1010 criteria for licensure and renewal of a license as a certified midwife that shall include a requirement that the
 1011 applicant provide evidence satisfactory to the Board of current certification as a certified midwife by the
 1012 American Midwifery Certification Board and that shall be consistent with the requirements for certification
 1013 as a certified midwife established by the American Midwifery Certification Board.

1014 C. The Board may issue a license by endorsement to an applicant to practice as a licensed certified
 1015 midwife if the applicant has been licensed as a certified midwife under the laws of another state and,
 1016 pursuant to regulations of the Board, the applicant meets the qualifications for licensure as a licensed
 1017 certified midwife in the Commonwealth.

1018 D. Licensed certified midwives shall practice in consultation with a licensed physician in accordance with
 1019 a practice agreement between the licensed certified midwife and the licensed physician. Such practice
 1020 agreement shall address the availability of the physician for routine and urgent consultation on patient care.
 1021 Evidence of a practice agreement shall be maintained by the licensed certified midwife and provided to the
 1022 Board upon request. The Board shall adopt regulations for the practice of licensed certified midwives, which
 1023 shall be consistent with the Standards for the Practice of Midwifery set by the American College of Nurse-
 1024 Midwives governing the practice of midwifery.

1025 E. Notwithstanding any provision of law or regulation to the contrary, a licensed certified midwife may
 1026 prescribe Schedules II through VI controlled substances in accordance with regulations of the Board.

1027 F. A licensed certified midwife who provides health care services to a patient outside of a hospital or
 1028 birthing center shall disclose to that patient, when appropriate, information on health risks associated with
 1029 births outside of a hospital or birthing center, including but not limited to risks associated with vaginal births
 1030 after a prior cesarean section, breech births, births by women experiencing high-risk pregnancies, and births
 1031 involving multiple gestation. As used in this subsection, "birthing center" has the same meaning as provided
 1032 in § 54.1-3049.

1033 G. A licensed certified midwife who provides health care to a patient shall be liable for negligent, grossly
 1034 negligent, or willful and wanton acts or omissions. Except as otherwise provided by law, any (i) doctor of
 1035 medicine or osteopathy who did not collaborate or consult with the midwife regarding the patient and who
 1036 has not previously treated the patient for this pregnancy; (ii) physician assistant; (iii) advanced practice
 1037 registered nurse; (iv) prehospital emergency medical personnel; or (v) hospital as defined in § 32.1-123, or

1038 *any employee of, person providing services pursuant to a contract with, or agent of such hospital that*
 1039 *provides screening and stabilization health care services to a patient as a result of a licensed certified*
 1040 *midwife's negligent, grossly negligent, or willful and wanton acts or omissions shall be immune from liability*
 1041 *for acts or omissions constituting ordinary negligence.*

1042 **§ 54.1-3051. Advisory Board on Advanced Practice Midwifery.**

1043 *The Advisory Board on Advanced Practice Midwifery (the Advisory Board) shall assist the Board in*
 1044 *carrying out the provisions of this article regarding the qualifications, examination, licensure, regulation,*
 1045 *and standards of professional conduct of certified nurse midwives and licensed certified midwives as*
 1046 *described in §§ 54.1-3049 and 54.1-3050. The Advisory Board shall also assist in such other matters relating*
 1047 *to the practice of midwifery as the Board may require.*

1048 *The Advisory Board on Advanced Practice Midwifery shall consist of seven members to be appointed by*
 1049 *the Governor for four-year terms as follows: three members shall be licensed certified nurse midwives who*
 1050 *have practiced in the Commonwealth for not less than three years prior to their appointment, three members*
 1051 *shall be licensed certified midwives who have practiced in the Commonwealth for not less than three years*
 1052 *prior to their appointment, and one member shall be an administrator or faculty member of a nationally*
 1053 *accredited school of nursing.*

1054 *The Advisory Board shall elect a chairman and vice-chairman from among its membership. The Advisory*
 1055 *Board shall meet at least once a year and may hold additional meetings as necessary to perform its duties. A*
 1056 *majority of the Advisory Board shall constitute a quorum for the conduct of business.*

1057 *Vacancies occurring other than by expiration of a term shall be filled for the unexpired term. No person*
 1058 *shall be eligible to serve on the Advisory Board for more than two successive terms.*

1059 **§ 54.1-3300. Definitions.**

1060 *As used in this chapter, unless the context requires a different meaning:*

1061 *"Autonomous nurse practitioner" means a nurse practitioner who is authorized to practice without a*
 1062 *practice agreement pursuant to subsection I of § 54.1-3044.*

1063 *"Board" means the Board of Pharmacy.*

1064 *"Collaborative agreement" means a voluntary, written, or electronic arrangement between one pharmacist*
 1065 *and his designated alternate pharmacists involved directly in patient care at a single physical location where*
 1066 *patients receive services and (i) any person licensed to practice medicine, osteopathy, or podiatry together*
 1067 *with any person licensed, registered, or certified by a health regulatory board of the Department of Health*
 1068 *Professions who provides health care services to patients of such person licensed to practice medicine,*
 1069 *osteopathy, or podiatry; (ii) a physician's office as defined in § 32.1-276.3, provided that such collaborative*
 1070 *agreement is signed by each physician participating in the collaborative agreement; (iii) any licensed*
 1071 *physician assistant working under the supervision of a person licensed to practice medicine, osteopathy, or*
 1072 *podiatry; or (iv) any licensed advanced practice registered nurse working in accordance with the provisions of*
 1073 *§ ~~54.1-2957~~ 54.1-3044; or any licensed certified midwife working in accordance with the provisions of §*
 1074 *54.1-3050, involved directly in patient care which authorizes cooperative procedures with respect to patients*
 1075 *of such practitioners. Collaborative procedures shall be related to treatment using drug therapy, laboratory*
 1076 *tests, or medical devices, under defined conditions or limitations, for the purpose of improving patient*
 1077 *outcomes. A collaborative agreement is not required for the management of patients of an inpatient facility.*

1078 *"Dispense" means to deliver a drug to an ultimate user or research subject by or pursuant to the lawful*
 1079 *order of a practitioner, including the prescribing and administering, packaging, labeling, or compounding*
 1080 *necessary to prepare the substance for delivery.*

1081 *"Pharmacist" means a person holding a license issued by the Board to practice pharmacy.*

1082 *"Pharmacy" means every establishment or institution in which drugs, medicines, or medicinal chemicals*
 1083 *are dispensed or offered for sale, or a sign is displayed bearing the word or words "pharmacist," "pharmacy,"*
 1084 *"apothecary," "drugstore," "druggist," "drugs," "medicine store," "drug sundries," "prescriptions filled," or*
 1085 *any similar words intended to indicate that the practice of pharmacy is being conducted.*

1086 *"Pharmacy intern" means a student currently enrolled in or a graduate of an approved school of pharmacy*
 1087 *who is registered with the Board for the purpose of gaining the practical experience required to apply for*
 1088 *licensure as a pharmacist.*

1089 *"Pharmacy technician" means a person registered with the Board to assist a pharmacist under the*
 1090 *pharmacist's supervision.*

1091 *"Pharmacy technician trainee" means a person registered with the Board for the purpose of performing*
 1092 *duties restricted to a pharmacy technician as part of a pharmacy technician training program in accordance*
 1093 *with the provisions of subsection G of § 54.1-3321.*

1094 *"Practice of pharmacy" means the personal health service that is concerned with the art and science of*
 1095 *selecting, procuring, recommending, administering, preparing, compounding, packaging, and dispensing of*
 1096 *drugs, medicines, and devices used in the diagnosis, treatment, or prevention of disease, whether*
 1097 *compounded or dispensed on a prescription or otherwise legally dispensed or distributed, and shall include (i)*
 1098 *the proper and safe storage and distribution of drugs; (ii) the maintenance of proper records; (iii) the*

1099 responsibility of providing information concerning drugs and medicines and their therapeutic values and uses
 1100 in the treatment and prevention of disease; (iv) the management of patient care under the terms of a
 1101 collaborative agreement as defined in this section; and (v) the initiating of treatment with or dispensing or
 1102 administering of certain drugs, devices, or controlled paraphernalia in accordance with the provisions of §
 1103 54.1-3303.1.

1104 "Supervision" means the direction and control by a pharmacist of the activities of a pharmacy intern or a
 1105 pharmacy technician whereby the supervising pharmacist is physically present in the pharmacy or in the
 1106 facility in which the pharmacy is located when the intern or technician is performing duties restricted to a
 1107 pharmacy intern or technician, respectively, and is available for immediate oral communication.

1108 Other terms used in the context of this chapter shall be defined as provided in Chapter 34 (§ 54.1-3400 et
 1109 seq.) unless the context requires a different meaning.

1110 **§ 54.1-3300.1. Participation in collaborative agreements; regulations to be promulgated by the**
 1111 **Boards of Medicine and Pharmacy.**

1112 A. A pharmacist and his designated alternate pharmacists involved directly in patient care may participate
 1113 with (i) any person licensed to practice medicine, osteopathy, or podiatry together with any person licensed,
 1114 registered, or certified by a health regulatory board of the Department of Health Professions who provides
 1115 health care services to patients of such person licensed to practice medicine, osteopathy, or podiatry; (ii) a
 1116 physician's office as defined in § 32.1-276.3, provided that such collaborative agreement is signed by each
 1117 physician participating in the collaborative agreement; (iii) any licensed physician assistant working in
 1118 accordance with the provisions of § 54.1-2951.1; ~~or~~ (iv) any licensed advanced practice registered nurse
 1119 working in accordance with the provisions of § ~~54.1-2957~~ 54.1-3044; or (v) any licensed certified midwife
 1120 working in accordance with the provisions of § 54.1-3050, involved directly in patient care in collaborative
 1121 agreements which authorize cooperative procedures related to treatment using drug therapy, laboratory tests,
 1122 or medical devices, under defined conditions or limitations, for the purpose of improving patient outcomes
 1123 for patients who meet the criteria set forth in the collaborative agreement. However, no person licensed to
 1124 practice medicine, osteopathy, or podiatry, or licensed as an advanced practice registered nurse or physician
 1125 assistant, shall be required to participate in a collaborative agreement with a pharmacist and his designated
 1126 alternate pharmacists, regardless of whether a professional business entity on behalf of which the person is
 1127 authorized to act enters into a collaborative agreement with a pharmacist and his designated alternate
 1128 pharmacists.

1129 B. A patient who meets the criteria for inclusion in the category of patients whose care is subject to a
 1130 collaborative agreement and who chooses to not participate in a collaborative procedure shall notify the
 1131 prescriber of his refusal to participate in such collaborative procedure. A prescriber may elect to have a
 1132 patient not participate in a collaborative procedure by contacting the pharmacist or his designated alternative
 1133 pharmacists or by documenting the same on the patient's prescription.

1134 C. Collaborative agreements may include the implementation, modification, continuation, or
 1135 discontinuation of drug therapy pursuant to written or electronic protocols, provided implementation of drug
 1136 therapy occurs following diagnosis by the prescriber; the ordering of laboratory tests; or other patient care
 1137 management measures related to monitoring or improving the outcomes of drug or device therapy. No such
 1138 collaborative agreement shall exceed the scope of practice of the respective parties. Any pharmacist who
 1139 deviates from or practices in a manner inconsistent with the terms of a collaborative agreement shall be in
 1140 violation of § 54.1-2902; such violation shall constitute grounds for disciplinary action pursuant to §§ 54.1-
 1141 2400 and 54.1-3316.

1142 D. Collaborative agreements may only be used for conditions which have protocols that are clinically
 1143 accepted as the standard of care, or are approved by the Boards of Medicine and Pharmacy. The Boards of
 1144 Medicine and Pharmacy shall jointly develop and promulgate regulations to implement the provisions of this
 1145 section and to facilitate the development and implementation of safe and effective collaborative agreements
 1146 between the appropriate practitioners and pharmacists. The regulations shall include guidelines concerning
 1147 the use of protocols, and a procedure to allow for the approval or disapproval of specific protocols by the
 1148 Boards of Medicine and Pharmacy if review is requested by a practitioner or pharmacist.

1149 E. Nothing in this section shall be construed to supersede the provisions of § 54.1-3303.

1150 **§ 54.1-3301. Exceptions.**

1151 This chapter shall not be construed to:

1152 1. Interfere with any legally qualified practitioner of dentistry, or veterinary medicine or any physician
 1153 acting on behalf of the Virginia Department of Health or local health departments, in the compounding of his
 1154 prescriptions or the purchase and possession of drugs as he may require;

1155 2. Prevent any legally qualified practitioner of dentistry, or veterinary medicine or any prescriber, as
 1156 defined in § 54.1-3401, acting on behalf of the Virginia Department of Health or local health departments,
 1157 from administering or supplying to his patients the medicines that he deems proper under the conditions of §
 1158 54.1-3303 or from causing drugs to be administered or dispensed pursuant to §§ 32.1-42.1 and 54.1-3408,
 1159 except that a veterinarian shall only be authorized to dispense a compounded drug, distributed from a

1160 pharmacy, when (i) the animal is his own patient, (ii) the animal is a companion animal as defined in
1161 regulations promulgated by the Board of Veterinary Medicine, (iii) the quantity dispensed is no more than a
1162 seven-day supply, (iv) the compounded drug is for the treatment of an emergency condition, and (v) timely
1163 access to a compounding pharmacy is not available, as determined by the prescribing veterinarian;

1164 3. Prohibit the sale by merchants and retail dealers of proprietary medicines as defined in Chapter 34 (§
1165 54.1-3400 et seq.) of this title;

1166 4. Prevent the operation of automated drug dispensing systems in hospitals pursuant to Chapter 34 (§
1167 54.1-3400 et seq.) of this title;

1168 5. Prohibit the employment of ancillary personnel to assist a pharmacist as provided in the regulations of
1169 the Board;

1170 6. Interfere with any legally qualified practitioner of medicine, osteopathy, or podiatry from purchasing,
1171 possessing or administering controlled substances to his own patients or providing controlled substances to
1172 his own patients in a bona fide medical emergency or providing manufacturers' professional samples to his
1173 own patients;

1174 7. Interfere with any legally qualified practitioner of optometry, certified or licensed to use diagnostic
1175 pharmaceutical agents, from purchasing, possessing or administering those controlled substances as specified
1176 in § 54.1-3221 or interfere with any legally qualified practitioner of optometry certified to prescribe
1177 therapeutic pharmaceutical agents from purchasing, possessing, or administering to his own patients those
1178 controlled substances as specified in § 54.1-3222 and the TPA formulary, providing manufacturers' samples
1179 of these drugs to his own patients, or dispensing, administering, or selling ophthalmic devices as authorized
1180 in § 54.1-3204;

1181 8. Interfere with any physician assistant with prescriptive authority receiving and dispensing to his own
1182 patients manufacturers' professional samples of controlled substances and devices that he is authorized, in
1183 compliance with the provisions of § 54.1-2952.1, to prescribe according to his practice setting and a written
1184 agreement with a physician or podiatrist;

1185 9. Interfere with any licensed advanced practice registered nurse *or licensed certified midwife* with
1186 prescriptive authority receiving and dispensing to his own patients manufacturers' professional samples of
1187 controlled substances and devices that he is authorized, in compliance with the provisions of § ~~54.1-2957.04~~
1188 *54.1-3045*, to prescribe;

1189 10. Interfere with any legally qualified practitioner of medicine or osteopathy participating in an indigent
1190 patient program offered by a pharmaceutical manufacturer in which the practitioner sends a prescription for
1191 one of his own patients to the manufacturer, and the manufacturer donates a stock bottle of the prescription
1192 drug ordered at no cost to the practitioner or patient. The practitioner may dispense such medication at no
1193 cost to the patient without holding a license to dispense from the Board of Pharmacy. However, the container
1194 in which the drug is dispensed shall be labeled in accordance with the requirements of § 54.1-3410, and,
1195 unless directed otherwise by the practitioner or the patient, shall meet standards for special packaging as set
1196 forth in § 54.1-3426 and Board of Pharmacy regulations. In lieu of dispensing directly to the patient, a
1197 practitioner may transfer the donated drug with a valid prescription to a pharmacy for dispensing to the
1198 patient. The practitioner or pharmacy participating in the program shall not use the donated drug for any
1199 purpose other than dispensing to the patient for whom it was originally donated, except as authorized by the
1200 donating manufacturer for another patient meeting that manufacturer's requirements for the indigent patient
1201 program. Neither the practitioner nor the pharmacy shall charge the patient for any medication provided
1202 through a manufacturer's indigent patient program pursuant to this subdivision. A participating pharmacy,
1203 including a pharmacy participating in bulk donation programs, may charge a reasonable dispensing or
1204 administrative fee to offset the cost of dispensing, not to exceed the actual costs of such dispensing. However,
1205 if the patient is unable to pay such fee, the dispensing or administrative fee shall be waived;

1206 11. Interfere with any legally qualified practitioner of medicine or osteopathy from providing controlled
1207 substances to his own patients in a free clinic without charge when such controlled substances are donated by
1208 an entity other than a pharmaceutical manufacturer as authorized by subdivision 10. The practitioner shall
1209 first obtain a controlled substances registration from the Board and shall comply with the labeling and
1210 packaging requirements of this chapter and the Board's regulations; or

1211 12. Prevent any pharmacist from providing free health care to an underserved population in Virginia who
1212 (i) does not regularly practice pharmacy in Virginia, (ii) holds a current valid license or certificate to practice
1213 pharmacy in another state, territory, district or possession of the United States, (iii) volunteers to provide free
1214 health care to an underserved area of this Commonwealth under the auspices of a publicly supported all
1215 volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved
1216 people, (iv) files a copy of the license or certificate issued in such other jurisdiction with the Board, (v)
1217 notifies the Board at least five business days prior to the voluntary provision of services of the dates and
1218 location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be valid,
1219 in compliance with the Board's regulations, during the limited period that such free health care is made
1220 available through the volunteer, nonprofit organization on the dates and at the location filed with the Board.

1221 The Board may deny the right to practice in Virginia to any pharmacist whose license has been previously
 1222 suspended or revoked, who has been convicted of a felony or who is otherwise found to be in violation of
 1223 applicable laws or regulations. However, the Board shall allow a pharmacist who meets the above criteria to
 1224 provide volunteer services without prior notice for a period of up to three days, provided the nonprofit
 1225 organization verifies that the practitioner has a valid, unrestricted license in another state.

1226 This section shall not be construed as exempting any person from the licensure, registration, permitting
 1227 and record keeping requirements of this chapter or Chapter 34 of this title.

1228 **§ 54.1-3303. Prescriptions to be issued and drugs to be dispensed for medical or therapeutic**
 1229 **purposes only.**

1230 A. A prescription for a controlled substance may be issued only by a practitioner of medicine, osteopathy,
 1231 podiatry, dentistry or veterinary medicine who is authorized to prescribe controlled substances, a licensed
 1232 advanced practice registered nurse pursuant to § ~~54.1-2957.01~~ 54.1-3045, a licensed certified midwife
 1233 pursuant to § ~~54.1-2957.04~~ 54.1-3050, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-
 1234 certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32.

1235 B. A prescription shall be issued only to persons or animals with whom the practitioner has a bona fide
 1236 practitioner-patient relationship or veterinarian-client-patient relationship. If a practitioner is providing
 1237 expedited partner therapy consistent with the recommendations of the Centers for Disease Control and
 1238 Prevention, then a bona fide practitioner-patient relationship shall not be required.

1239 A bona fide practitioner-patient relationship shall exist if the practitioner has (i) obtained or caused to be
 1240 obtained a medical or drug history of the patient; (ii) provided information to the patient about the benefits
 1241 and risks of the drug being prescribed; (iii) performed or caused to be performed an appropriate examination
 1242 of the patient, either physically or by the use of instrumentation and diagnostic equipment through which
 1243 images and medical records may be transmitted electronically; and (iv) initiated additional interventions and
 1244 follow-up care, if necessary, especially if a prescribed drug may have serious side effects. Except in cases
 1245 involving a medical emergency, the examination required pursuant to clause (iii) shall be performed by the
 1246 practitioner prescribing the controlled substance, a practitioner who practices in the same group as the
 1247 practitioner prescribing the controlled substance, or a consulting practitioner.

1248 A practitioner who has established a bona fide practitioner-patient relationship with a patient in
 1249 accordance with the provisions of this subsection may prescribe Schedule II through VI controlled substances
 1250 to that patient.

1251 A practitioner who has established a bona fide practitioner-patient relationship with a patient in
 1252 accordance with the provisions of this subsection may prescribe Schedule II through VI controlled substances
 1253 to that patient via telemedicine if such prescribing is in compliance with federal requirements for the practice
 1254 of telemedicine and, in the case of the prescribing of a Schedule II through V controlled substance, the
 1255 prescriber maintains a practice at a physical location in the Commonwealth or is able to make appropriate
 1256 referral of patients to a licensed practitioner located in the Commonwealth in order to ensure an in-person
 1257 examination of the patient when required by the standard of care.

1258 A prescriber may establish a bona fide practitioner-patient relationship for the purpose of prescribing
 1259 Schedule II through VI controlled substances by an examination through face-to-face interactive, two-way,
 1260 real-time communications services or store-and-forward technologies when all of the following conditions
 1261 are met: (a) the patient has provided a medical history that is available for review by the prescriber; (b) the
 1262 prescriber obtains an updated medical history at the time of prescribing; (c) the prescriber makes a diagnosis
 1263 at the time of prescribing; (d) the prescriber conforms to the standard of care expected of in-person care as
 1264 appropriate to the patient's age and presenting condition, including when the standard of care requires the use
 1265 of diagnostic testing and performance of a physical examination, which may be carried out through the use of
 1266 peripheral devices appropriate to the patient's condition; (e) the prescriber is actively licensed in the
 1267 Commonwealth and authorized to prescribe; (f) if the patient is a member or enrollee of a health plan or
 1268 carrier, the prescriber has been credentialed by the health plan or carrier as a participating provider and the
 1269 diagnosing and prescribing meets the qualifications for reimbursement by the health plan or carrier pursuant
 1270 to § 38.2-3418.16; (g) upon request, the prescriber provides patient records in a timely manner in accordance
 1271 with the provisions of § 32.1-127.1:03 and all other state and federal laws and regulations; (h) the
 1272 establishment of a bona fide practitioner-patient relationship via telemedicine is consistent with the standard
 1273 of care, and the standard of care does not require an in-person examination for the purpose of diagnosis; and
 1274 (i) the establishment of a bona fide practitioner patient relationship via telemedicine is consistent with federal
 1275 law and regulations and any waiver thereof. Nothing in this paragraph shall apply to (1) a prescriber
 1276 providing on-call coverage per an agreement with another prescriber or his prescriber's professional entity or
 1277 employer; (2) a prescriber consulting with another prescriber regarding a patient's care; or (3) orders of
 1278 prescribers for hospital out-patients or in-patients.

1279 For purposes of this section, a bona fide veterinarian-client-patient relationship is one in which a
 1280 veterinarian, another veterinarian within the group in which he practices, or a veterinarian with whom he is
 1281 consulting has assumed the responsibility for making medical judgments regarding the health of and

1282 providing medical treatment to an animal as defined in § 3.2-6500, other than an equine as defined in § 3.2-
1283 6200, a group of agricultural animals as defined in § 3.2-6500, or bees as defined in § 3.2-4400, and a client
1284 who is the owner or other caretaker of the animal, group of agricultural animals, or bees has consented to
1285 such treatment and agreed to follow the instructions of the veterinarian. Evidence that a veterinarian has
1286 assumed responsibility for making medical judgments regarding the health of and providing medical
1287 treatment to an animal, group of agricultural animals, or bees shall include evidence that the veterinarian (A)
1288 has sufficient knowledge of the animal, group of agricultural animals, or bees to provide a general or
1289 preliminary diagnosis of the medical condition of the animal, group of agricultural animals, or bees; (B) has
1290 made an examination of the animal, group of agricultural animals, or bees, either physically or by the use of
1291 instrumentation and diagnostic equipment through which images and medical records may be transmitted
1292 electronically or has become familiar with the care and keeping of that species of animal or bee on the
1293 premises of the client, including other premises within the same operation or production system of the client,
1294 through medically appropriate and timely visits to the premises at which the animal, group of agricultural
1295 animals, or bees are kept; and (C) is available to provide follow-up care.

1296 C. A prescription shall only be issued for a medicinal or therapeutic purpose in the usual course of
1297 treatment or for authorized research. A prescription not issued in the usual course of treatment or for
1298 authorized research is not a valid prescription. A practitioner who prescribes any controlled substance with
1299 the knowledge that the controlled substance will be used otherwise than for medicinal or therapeutic purposes
1300 shall be subject to the criminal penalties provided in § 18.2-248 for violations of the provisions of law
1301 relating to the distribution or possession of controlled substances.

1302 D. No prescription shall be filled unless a bona fide practitioner-patient-pharmacist relationship exists. A
1303 bona fide practitioner-patient-pharmacist relationship shall exist in cases in which a practitioner prescribes,
1304 and a pharmacist dispenses, controlled substances in good faith to a patient for a medicinal or therapeutic
1305 purpose within the course of his professional practice.

1306 In cases in which it is not clear to a pharmacist that a bona fide practitioner-patient relationship exists
1307 between a prescriber and a patient, a pharmacist shall contact the prescribing practitioner or his agent and
1308 verify the identity of the patient and name and quantity of the drug prescribed.

1309 Any person knowingly filling an invalid prescription shall be subject to the criminal penalties provided in
1310 § 18.2-248 for violations of the provisions of law relating to the sale, distribution or possession of controlled
1311 substances.

1312 E. Notwithstanding any provision of law to the contrary and consistent with recommendations of the
1313 Centers for Disease Control and Prevention or the Department of Health, a practitioner may prescribe
1314 Schedule VI antibiotics and antiviral agents to other persons in close contact with a diagnosed patient when
1315 (i) the practitioner meets all requirements of a bona fide practitioner-patient relationship, as defined in
1316 subsection B, with the diagnosed patient and (ii) in the practitioner's professional judgment, the practitioner
1317 deems there is urgency to begin treatment to prevent the transmission of a communicable disease. In cases in
1318 which the practitioner is an employee of or contracted by the Department of Health or a local health
1319 department, the bona fide practitioner-patient relationship with the diagnosed patient, as required by clause
1320 (i), shall not be required.

1321 F. A pharmacist may dispense a controlled substance pursuant to a prescription of an out-of-state
1322 practitioner of medicine, osteopathy, podiatry, dentistry, optometry, or veterinary medicine, an advanced
1323 practice registered nurse, or a physician assistant authorized to issue such prescription if the prescription
1324 complies with the requirements of this chapter and the Drug Control Act (§ 54.1-3400 et seq.).

1325 G. A licensed advanced practice registered nurse who is authorized to prescribe controlled substances
1326 pursuant to ~~§ 54.1-2957.04~~ 54.1-3045 may issue prescriptions or provide manufacturers' professional samples
1327 for controlled substances and devices as set forth in the Drug Control Act (§ 54.1-3400 et seq.) in good faith
1328 to his patient for a medicinal or therapeutic purpose within the scope of his professional practice.

1329 H. A licensed physician assistant who is authorized to prescribe controlled substances pursuant to § 54.1-
1330 2952.1 may issue prescriptions or provide manufacturers' professional samples for controlled substances and
1331 devices as set forth in the Drug Control Act (§ 54.1-3400 et seq.) in good faith to his patient for a medicinal
1332 or therapeutic purpose within the scope of his professional practice.

1333 I. A TPA-certified optometrist who is authorized to prescribe controlled substances pursuant to Article 5
1334 (§ 54.1-3222 et seq.) of Chapter 32 may issue prescriptions in good faith or provide manufacturers'
1335 professional samples to his patients for medicinal or therapeutic purposes within the scope of his professional
1336 practice for the drugs specified on the TPA-Formulary, established pursuant to § 54.1-3223, which shall be
1337 limited to (i) analgesics included on Schedule II controlled substances as defined in § 54.1-3448 of the Drug
1338 Control Act (§ 54.1-3400 et seq.) consisting of hydrocodone in combination with acetaminophen; (ii) oral
1339 analgesics included in Schedules III through VI, as defined in §§ 54.1-3450 and 54.1-3455 of the Drug
1340 Control Act (§ 54.1-3400 et seq.), which are appropriate to relieve ocular pain; (iii) other oral Schedule VI
1341 controlled substances, as defined in § 54.1-3455 of the Drug Control Act, appropriate to treat diseases and
1342 abnormal conditions of the human eye and its adnexa; (iv) topically applied Schedule VI drugs, as defined in

1343 § 54.1-3455 of the Drug Control Act; and (v) intramuscular administration of epinephrine for treatment of
1344 emergency cases of anaphylactic shock.

1345 J. The requirement for a bona fide practitioner-patient relationship shall be deemed to be satisfied by a
1346 member or committee of a hospital's medical staff when approving a standing order or protocol for the
1347 administration of influenza vaccinations and pneumococcal vaccinations in a hospital in compliance with §
1348 32.1-126.4.

1349 K. Notwithstanding any other provision of law, a prescriber may authorize a registered nurse or licensed
1350 practical nurse to approve additional refills of a prescribed drug for no more than 90 consecutive days,
1351 provided that (i) the drug is classified as a Schedule VI drug; (ii) there are no changes in the prescribed drug,
1352 strength, or dosage; (iii) the prescriber has a current written protocol, accessible by the nurse, that identifies
1353 the conditions under which the nurse may approve additional refills; and (iv) the nurse documents in the
1354 patient's chart any refills authorized for a specific patient pursuant to the protocol and the additional refills are
1355 transmitted to a pharmacist in accordance with the allowances for an authorized agent to transmit a
1356 prescription orally or by facsimile pursuant to subsection C of § 54.1-3408.01 and regulations of the Board.

1357 **§ 54.1-3401. Definitions.**

1358 As used in this chapter, unless the context requires a different meaning:

1359 "Administer" means the direct application of a controlled substance, whether by injection, inhalation,
1360 ingestion, or any other means, to the body of a patient or research subject by (i) a practitioner or by his
1361 authorized agent and under his direction or (ii) the patient or research subject at the direction and in the
1362 presence of the practitioner.

1363 "Advertisement" means all representations disseminated in any manner or by any means, other than by
1364 labeling, for the purpose of inducing, or which are likely to induce, directly or indirectly, the purchase of
1365 drugs or devices.

1366 "Agent" means an authorized person who acts on behalf of or at the direction of a manufacturer,
1367 distributor, or dispenser. It does not include a common or contract carrier, public warehouseman, or employee
1368 of the carrier or warehouseman.

1369 "Anabolic steroid" means any drug or hormonal substance, chemically and pharmacologically related to
1370 testosterone, other than estrogens, progestins, corticosteroids, and dehydroepiandrosterone.

1371 "Animal" means any nonhuman animate being endowed with the power of voluntary action.

1372 "Automated drug dispensing system" means a mechanical or electronic system that performs operations or
1373 activities, other than compounding or administration, relating to pharmacy services, including the storage,
1374 dispensing, or distribution of drugs and the collection, control, and maintenance of all transaction
1375 information, to provide security and accountability for such drugs.

1376 "Biological product" means a virus, therapeutic serum, toxin, antitoxin, vaccine, blood, blood component
1377 or derivative, allergenic product, protein other than a chemically synthesized polypeptide, or analogous
1378 product, or arsphenamine or any derivative of arsphenamine or any other trivalent organic arsenic compound,
1379 applicable to the prevention, treatment, or cure of a disease or condition of human beings.

1380 "Biosimilar" means a biological product that is highly similar to a specific reference biological product,
1381 notwithstanding minor differences in clinically inactive compounds, such that there are no clinically
1382 meaningful differences between the reference biological product and the biological product that has been
1383 licensed as a biosimilar pursuant to 42 U.S.C. § 262(k) in terms of safety, purity, and potency of the product.

1384 "Board" means the Board of Pharmacy.

1385 "Bulk drug substance" means any substance that is represented for use, and that, when used in the
1386 compounding, manufacturing, processing, or packaging of a drug, becomes an active ingredient or a finished
1387 dosage form of the drug; however, "bulk drug substance" shall not include intermediates that are used in the
1388 synthesis of such substances.

1389 "Change of ownership" of an existing entity permitted, registered, or licensed by the Board means (i) the
1390 sale or transfer of all or substantially all of the assets of the entity or of any corporation that owns or controls
1391 the entity; (ii) the creation of a partnership by a sole proprietor, the dissolution of a partnership, or change in
1392 partnership composition; (iii) the acquisition or disposal of 50 percent or more of the outstanding shares of
1393 voting stock of a corporation owning the entity or of the parent corporation of a wholly owned subsidiary
1394 owning the entity, except that this shall not apply to any corporation the voting stock of which is actively
1395 traded on any securities exchange or in any over-the-counter market; (iv) the merger of a corporation owning
1396 the entity or of the parent corporation of a wholly-owned subsidiary owning the entity with another business
1397 or corporation; or (v) the expiration or forfeiture of a corporation's charter.

1398 "Co-licensed partner" means a person who, with at least one other person, has the right to engage in the
1399 manufacturing or marketing of a prescription drug, consistent with state and federal law.

1400 "Compounding" means the combining of two or more ingredients to fabricate such ingredients into a
1401 single preparation and includes the mixing, assembling, packaging, or labeling of a drug or device (i) by a
1402 pharmacist, or within a permitted pharmacy, pursuant to a valid prescription issued for a medicinal or
1403 therapeutic purpose in the context of a bona fide practitioner-patient-pharmacist relationship, or in

1404 expectation of receiving a valid prescription based on observed historical patterns of prescribing and
1405 dispensing; (ii) by a practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine as an
1406 incident to his administering or dispensing, if authorized to dispense, a controlled substance in the course of
1407 his professional practice; or (iii) for the purpose of, or as incident to, research, teaching, or chemical analysis
1408 and not for sale or for dispensing. The mixing, diluting, or reconstituting of a manufacturer's product drugs
1409 for the purpose of administration to a patient, when performed by a practitioner of medicine or osteopathy
1410 licensed under Chapter 29 (§ 54.1-2900 et seq.), a person supervised by such practitioner pursuant to
1411 subdivision A 6 or 19 of § 54.1-2901, or a person supervised by such practitioner or a licensed advanced
1412 practice registered nurse or physician assistant pursuant to subdivision A 4 of § 54.1-2901 shall not be
1413 considered compounding.

1414 "Controlled substance" means a drug, substance, or immediate precursor in Schedules I through VI of this
1415 chapter. The term shall not include distilled spirits, wine, malt beverages, or tobacco as those terms are
1416 defined or used in Title 3.2 or Title 4.1. The term "controlled substance" includes a controlled substance
1417 analog that has been placed into Schedule I or II by the Board pursuant to the regulatory authority in
1418 subsection D of § 54.1-3443.

1419 "Controlled substance analog" means a substance the chemical structure of which is substantially similar
1420 to the chemical structure of a controlled substance in Schedule I or II and either (i) which has a stimulant,
1421 depressant, or hallucinogenic effect on the central nervous system that is substantially similar to or greater
1422 than the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled
1423 substance in Schedule I or II or (ii) with respect to a particular person, which such person represents or
1424 intends to have a stimulant, depressant, or hallucinogenic effect on the central nervous system that is
1425 substantially similar to or greater than the stimulant, depressant, or hallucinogenic effect on the central
1426 nervous system of a controlled substance in Schedule I or II. "Controlled substance analog" does not include
1427 (a) any substance for which there is an approved new drug application as defined under § 505 of the federal
1428 Food, Drug, and Cosmetic Act (21 U.S.C. § 355) or that is generally recognized as safe and effective
1429 pursuant to §§ 501, 502, and 503 of the federal Food, Drug, and Cosmetic Act (21 U.S.C. §§ 351, 352, and
1430 353) and 21 C.F.R. Part 330; (b) with respect to a particular person, any substance for which an exemption is
1431 in effect for investigational use for that person under § 505 of the federal Food, Drug, and Cosmetic Act to
1432 the extent that the conduct with respect to that substance is pursuant to such exemption; or (c) any substance
1433 to the extent not intended for human consumption before such an exemption takes effect with respect to that
1434 substance.

1435 "DEA" means the Drug Enforcement Administration, U.S. Department of Justice, or its successor agency.

1436 "Deliver" or "delivery" means the actual, constructive, or attempted transfer of any item regulated by this
1437 chapter, whether or not there exists an agency relationship, including delivery of a Schedule VI prescription
1438 device to an ultimate user or consumer on behalf of a medical equipment supplier by a manufacturer,
1439 nonresident manufacturer, wholesale distributor, nonresident wholesale distributor, warehouse, nonresident
1440 warehouse, third-party logistics provider, or nonresident third-party logistics provider at the direction of a
1441 medical equipment supplier in accordance with § 54.1-3415.1.

1442 "Device" means instruments, apparatus, and contrivances, including their components, parts, and
1443 accessories, intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or
1444 animals or to affect the structure or any function of the body of man or animals.

1445 "Dialysis care technician" or "dialysis patient care technician" means an individual who is certified by an
1446 organization approved by the Board of Health Professions pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.)
1447 and who, under the supervision of a licensed physician, an advanced practice registered nurse, a physician
1448 assistant, or a registered nurse, assists in the care of patients undergoing renal dialysis treatments in a
1449 Medicare-certified renal dialysis facility.

1450 "Dialysis solution" means either the commercially available, unopened, sterile solutions whose purpose is
1451 to be instilled into the peritoneal cavity during the medical procedure known as peritoneal dialysis, or
1452 commercially available solutions whose purpose is to be used in the performance of hemodialysis not to
1453 include any solutions administered to the patient intravenously.

1454 "Dispense" means to deliver a drug to an ultimate user or research subject by or pursuant to the lawful
1455 order of a practitioner, including the prescribing and administering, packaging, labeling, or compounding
1456 necessary to prepare the substance for that delivery. However, dispensing shall not include the transportation
1457 of drugs mixed, diluted, or reconstituted in accordance with this chapter to other sites operated by such
1458 practitioner or that practitioner's medical practice for the purpose of administration of such drugs to patients
1459 of the practitioner or that practitioner's medical practice at such other sites. For practitioners of medicine or
1460 osteopathy, "dispense" shall only include the provision of drugs by a practitioner to patients to take with them
1461 away from the practitioner's place of practice.

1462 "Dispenser" means a practitioner who dispenses.

1463 "Distribute" means to deliver other than by administering or dispensing a controlled substance.

1464 "Distributor" means a person who distributes.

1465 "Drug" means (i) articles or substances recognized in the official United States Pharmacopoeia National

1466 Formulary or official Homeopathic Pharmacopoeia of the United States, or any supplement to any of them;
 1467 (ii) articles or substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of
 1468 disease in man or animals; (iii) articles or substances, other than food, intended to affect the structure or any
 1469 function of the body of man or animals; (iv) articles or substances intended for use as a component of any
 1470 article specified in clause (i), (ii), or (iii); or (v) a biological product. "Drug" does not include devices or their
 1471 components, parts, or accessories.

1472 "Drug product" means a specific drug in dosage form from a known source of manufacture, whether by
 1473 brand or therapeutically equivalent drug product name.

1474 "Electronic prescription" means a written prescription that is generated on an electronic application and is
 1475 transmitted to a pharmacy as an electronic data file; Schedule II through V prescriptions shall be transmitted
 1476 in accordance with 21 C.F.R. Part 1300.

1477 "Facsimile (FAX) prescription" means a written prescription or order that is transmitted by an electronic
 1478 device over telephone lines that sends the exact image to the receiving pharmacy in hard copy form.

1479 "FDA" means the U.S. Food and Drug Administration.

1480 "Immediate precursor" means a substance which the Board of Pharmacy has found to be and by regulation
 1481 designates as being the principal compound commonly used or produced primarily for use, and which is an
 1482 immediate chemical intermediary used or likely to be used in the manufacture of a controlled substance, the
 1483 control of which is necessary to prevent, curtail, or limit manufacture.

1484 "Interchangeable" means a biosimilar that meets safety standards for determining interchangeability
 1485 pursuant to 42 U.S.C. § 262(k)(4).

1486 "Label" means a display of written, printed, or graphic matter upon the immediate container of any article.
 1487 A requirement made by or under authority of this chapter that any word, statement, or other information
 1488 appear on the label shall not be considered to be complied with unless such word, statement, or other
 1489 information also appears on the outside container or wrapper, if any, of the retail package of such article or is
 1490 easily legible through the outside container or wrapper.

1491 "Labeling" means all labels and other written, printed, or graphic matter on an article or any of its
 1492 containers or wrappers, or accompanying such article.

1493 "Manufacture" means the production, preparation, propagation, conversion, or processing of any item
 1494 regulated by this chapter, either directly or indirectly by extraction from substances of natural origin, or
 1495 independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and
 1496 includes any packaging or repackaging of the substance or labeling or relabeling of its container. This term
 1497 does not include compounding.

1498 "Manufacturer" means every person who manufactures, a manufacturer's co-licensed partner, or a
 1499 repackager.

1500 "Marijuana" means any part of a plant of the genus *Cannabis* whether growing or not, its seeds, or its
 1501 resin; and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds, its
 1502 resin, or any extract containing one or more cannabinoids. "Marijuana" does not include (i) the mature stalks
 1503 of such plant, fiber produced from such stalk, or oil or cake made from the seeds of such plant, unless such
 1504 stalks, fiber, oil, or cake is combined with other parts of plants of the genus *Cannabis*; (ii) industrial hemp, as
 1505 defined in § 3.2-4112, that is possessed by a person registered pursuant to subsection A of § 3.2-4115 or his
 1506 agent; (iii) industrial hemp, as defined in § 3.2-4112, that is possessed by a person who holds a hemp
 1507 producer license issued by the U.S. Department of Agriculture pursuant to 7 C.F.R. Part 990; (iv) a hemp
 1508 product, as defined in § 3.2-4112; (v) an industrial hemp extract, as defined in § 3.2-5145.1; or (vi) any
 1509 substance containing a tetrahydrocannabinol isomer, ester, ether, salt, or salts of such isomer, ester, or ether
 1510 that has been placed by the Board of Pharmacy into one of the schedules set forth in the Drug Control Act (§
 1511 54.1-3400 et seq.) pursuant to § 54.1-3443.

1512 "Medical equipment supplier" means any person, as defined in § 1-230, engaged in the delivery to the
 1513 ultimate consumer, pursuant to the lawful order of a practitioner, of hypodermic syringes and needles,
 1514 medicinal oxygen, Schedule VI controlled devices, those Schedule VI controlled substances with no
 1515 medicinal properties that are used for the operation and cleaning of medical equipment, solutions for
 1516 peritoneal dialysis, and sterile water or saline for irrigation.

1517 "Narcotic drug" means any of the following, whether produced directly or indirectly by extraction from
 1518 substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of
 1519 extraction and chemical synthesis: (i) opium, opiates, and any salt, compound, derivative, or preparation of
 1520 opium or opiates; (ii) any salt, compound, isomer, derivative, or preparation thereof which is chemically
 1521 equivalent or identical with any of the substances referred to in clause (i), but not including the isoquinoline
 1522 alkaloids of opium; (iii) opium poppy and poppy straw; (iv) coca leaves and any salt, compound, derivative,
 1523 or preparation of coca leaves, and any salt, compound, isomer, derivative, or preparation thereof which is
 1524 chemically equivalent or identical with any of these substances, but not including decocainized coca leaves or
 1525 extraction of coca leaves which do not contain cocaine or ecgonine.

1526 "New drug" means (i) any drug, except a new animal drug or an animal feed bearing or containing a new

1527 animal drug, the composition of which is such that such drug is not generally recognized, among experts
1528 qualified by scientific training and experience to evaluate the safety and effectiveness of drugs, as safe and
1529 effective for use under the conditions prescribed, recommended, or suggested in the labeling, except that such
1530 a drug not so recognized shall not be deemed to be a "new drug" if at any time prior to the enactment of this
1531 chapter it was subject to the Food and Drugs Act of June 30, 1906, as amended, and if at such time its
1532 labeling contained the same representations concerning the conditions of its use, or (ii) any drug, except a
1533 new animal drug or an animal feed bearing or containing a new animal drug, the composition of which is
1534 such that such drug, as a result of investigations to determine its safety and effectiveness for use under such
1535 conditions, has become so recognized, but which has not, otherwise than in such investigations, been used to
1536 a material extent or for a material time under such conditions.

1537 "Nuclear medicine technologist" means an individual who holds a current certification with the American
1538 Registry of Radiological Technologists or the Nuclear Medicine Technology Certification Board.

1539 "Official compendium" means the official United States Pharmacopoeia National Formulary, official
1540 Homeopathic Pharmacopoeia of the United States, or any supplement to any of them.

1541 "Official written order" means an order written on a form provided for that purpose by the U.S. Drug
1542 Enforcement Administration, under any laws of the United States making provision therefor, if such order
1543 forms are authorized and required by federal law, and if no such order form is provided then on an official
1544 form provided for that purpose by the Board of Pharmacy.

1545 "Opiate" means any substance having an addiction-forming or addiction-sustaining liability similar to
1546 morphine or being capable of conversion into a drug having such addiction-forming or addiction-sustaining
1547 liability. It does not include, unless specifically designated as controlled under Article 4 (§ 54.1-3437 et seq.),
1548 the dextrorotatory isomer of 3-methoxy-n-methylmorphinan and its salts (dextromethorphan). It does include
1549 its racemic and levorotatory forms.

1550 "Opium poppy" means the plant of the species *Papaver somniferum* L., except the seeds thereof.

1551 "Original package" means the unbroken container or wrapping in which any drug or medicine is enclosed
1552 together with label and labeling, put up by or for the manufacturer, wholesaler, or distributor for use in the
1553 delivery or display of such article.

1554 "Outsourcing facility" means a facility that is engaged in the compounding of sterile drugs and is currently
1555 registered as an outsourcing facility with the U.S. Secretary of Health and Human Services and that complies
1556 with all applicable requirements of federal and state law, including the Federal Food, Drug, and Cosmetic
1557 Act.

1558 "Person" means both the plural and singular, as the case demands, and includes an individual, partnership,
1559 corporation, association, governmental agency, trust, or other institution or entity.

1560 "Pharmacist-in-charge" means the person who, being licensed as a pharmacist, signs the application for a
1561 pharmacy permit and assumes full legal responsibility for the operation of the relevant pharmacy in a manner
1562 complying with the laws and regulations for the practice of pharmacy and the sale and dispensing of
1563 controlled substances; the "pharmacist-in-charge" shall personally supervise the pharmacy and the
1564 pharmacy's personnel as required by § 54.1-3432.

1565 "Poppy straw" means all parts, except the seeds, of the opium poppy, after mowing.

1566 "Practitioner" means a physician, dentist, licensed advanced practice registered nurse pursuant to § 54.1-
1567 ~~2957-01~~ 54.1-3045, licensed certified midwife pursuant to § 54.1-3050, licensed physician assistant pursuant
1568 to § 54.1-2952.1, pharmacist pursuant to § 54.1-3300, TPA-certified optometrist pursuant to Article 5 (§
1569 54.1-3222 et seq.) of Chapter 32, veterinarian, scientific investigator, or other person licensed, registered, or
1570 otherwise permitted to distribute, dispense, prescribe and administer, or conduct research with respect to a
1571 controlled substance in the course of professional practice or research in the Commonwealth.

1572 "Prescriber" means a practitioner who is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue a
1573 prescription.

1574 "Prescription" means an order for drugs or medical supplies, written or signed or transmitted by word of
1575 mouth, telephone, telegraph, or other means of communication to a pharmacist by a duly licensed physician,
1576 dentist, veterinarian, or other practitioner authorized by law to prescribe and administer such drugs or medical
1577 supplies.

1578 "Prescription drug" means any drug required by federal law or regulation to be dispensed only pursuant to
1579 a prescription, including finished dosage forms and active ingredients subject to § 503(b) of the Federal Food,
1580 Drug, and Cosmetic Act (21 U.S.C. § 353(b)).

1581 "Production" or "produce" includes the manufacture, planting, cultivation, growing, or harvesting of a
1582 controlled substance or marijuana.

1583 "Proprietary medicine" means a completely compounded nonprescription drug in its unbroken, original
1584 package which does not contain any controlled substance or marijuana as defined in this chapter and is not in
1585 itself poisonous, and which is sold, offered, promoted, or advertised directly to the general public by or under
1586 the authority of the manufacturer or primary distributor, under a trademark, trade name, or other trade symbol
1587 privately owned, and the labeling of which conforms to the requirements of this chapter and applicable

1588 federal law. However, this definition shall not include a drug that is only advertised or promoted
 1589 professionally to licensed practitioners, a narcotic or drug containing a narcotic, a drug that may be dispensed
 1590 only upon prescription or the label of which bears substantially the statement "Warning — may be habit-
 1591 forming," or a drug intended for injection.

1592 "Radiopharmaceutical" means any drug that exhibits spontaneous disintegration of unstable nuclei with
 1593 the emission of nuclear particles or photons and includes any non-radioactive reagent kit or radionuclide
 1594 generator that is intended to be used in the preparation of any such substance, but does not include drugs such
 1595 as carbon-containing compounds or potassium-containing salts that include trace quantities of naturally
 1596 occurring radionuclides. The term also includes any biological product that is labeled with a radionuclide or
 1597 intended solely to be labeled with a radionuclide.

1598 "Reference biological product" means the single biological product licensed pursuant to 42 U.S.C. §
 1599 262(a) against which a biological product is evaluated in an application submitted to the U.S. Food and Drug
 1600 Administration for licensure of biological products as biosimilar or interchangeable pursuant to 42 U.S.C. §
 1601 262(k).

1602 "Sale" includes barter, exchange, or gift, or offer therefor, and each such transaction made by any person,
 1603 whether as an individual, proprietor, agent, servant, or employee.

1604 "Tetrahydrocannabinol" means any naturally occurring or synthetic tetrahydrocannabinol, including its
 1605 salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is
 1606 possible within the specific chemical designation and any preparation, mixture, or substance containing, or
 1607 mixed or infused with, any detectable amount of tetrahydrocannabinol. For the purposes of this definition,
 1608 "isomer" means the optical, position, and geometric isomers.

1609 "Therapeutically equivalent drug products" means drug products that contain the same active ingredients
 1610 and are identical in strength or concentration, dosage form, and route of administration and that are classified
 1611 as being therapeutically equivalent by the U.S. Food and Drug Administration pursuant to the definition of
 1612 "therapeutically equivalent drug products" set forth in the most recent edition of the Approved Drug Products
 1613 with Therapeutic Equivalence Evaluations, otherwise known as the "Orange Book."

1614 "Third-party logistics provider" means a person that provides or coordinates warehousing of or other
 1615 logistics services for a drug or device in interstate commerce on behalf of a manufacturer, wholesale
 1616 distributor, or dispenser of the drug or device but does not take ownership of the product or have
 1617 responsibility for directing the sale or disposition of the product.

1618 "Total tetrahydrocannabinol" means the sum, after the application of any necessary conversion factor, of
 1619 the percentage by weight of tetrahydrocannabinol and the percentage by weight of tetrahydrocannabinolic
 1620 acid.

1621 "USP-NF" means the current edition of the United States Pharmacopeia-National Formulary.

1622 "Warehouser" means any person, other than a wholesale distributor, manufacturer, or third-party logistics
 1623 provider, engaged in the business of (i) selling or otherwise distributing prescription drugs or devices to any
 1624 person who is not the ultimate user or consumer and (ii) delivering Schedule VI prescription devices to the
 1625 ultimate user or consumer pursuant to § 54.1-3415.1. No person shall be subject to any state or local tax by
 1626 reason of this definition.

1627 "Wholesale distribution" means (i) distribution of prescription drugs to persons other than consumers or
 1628 patients and (ii) delivery of Schedule VI prescription devices to the ultimate user or consumer pursuant to §
 1629 54.1-3415.1, subject to the exemptions set forth in the federal Drug Supply Chain Security Act.

1630 "Wholesale distributor" means any person other than a manufacturer, a manufacturer's co-licensed partner,
 1631 a third-party logistics provider, or a repackager that engages in wholesale distribution.

1632 The words "drugs" and "devices" as used in Chapter 33 (§ 54.1-3300 et seq.) and in this chapter shall not
 1633 include surgical or dental instruments, physical therapy equipment, X-ray apparatus, or glasses or lenses for
 1634 the eyes.

1635 The terms "pharmacist," "pharmacy," and "practice of pharmacy" as used in this chapter shall be defined
 1636 as provided in Chapter 33 (§ 54.1-3300 et seq.) unless the context requires a different meaning.

1637 **§ 54.1-3408. Professional use by practitioners.**

1638 A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine, a licensed advanced
 1639 practice registered nurse pursuant to ~~§ 54.1-2957.04~~ 54.1-3045, a licensed certified midwife pursuant to §
 1640 ~~54.1-2957.04~~ 54.1-3050, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified
 1641 optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 shall only prescribe, dispense, or
 1642 administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his
 1643 professional practice. A licensed midwife pursuant to § 54.1-2957.7 shall only obtain, possess, and administer
 1644 controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional
 1645 practice.

1646 B. The prescribing practitioner's order may be on a written prescription or pursuant to an oral prescription
 1647 as authorized by this chapter. The prescriber may administer drugs and devices, or he may cause drugs or
 1648 devices to be administered by:

1649 1. A nurse, physician assistant, or intern under his direction and supervision;

1650 2. Persons trained to administer drugs and devices to patients in state-owned or state-operated hospitals or
1651 facilities licensed as hospitals by the Board of Health or psychiatric hospitals licensed by the Department of
1652 Behavioral Health and Developmental Services who administer drugs under the control and supervision of
1653 the prescriber or a pharmacist;

1654 3. Emergency medical services personnel certified and authorized to administer drugs and devices
1655 pursuant to regulations of the Board of Health who act within the scope of such certification and pursuant to
1656 an oral or written order or standing protocol;

1657 4. Persons who are employed or engaged at a medical care facility, as defined in § 32.1-3, who have a
1658 valid emergency medical services provider certification issued by the Board of Health as a requirement of
1659 being employed or engaged at the medical care facility within the scope of such certification, pursuant to an
1660 oral or written order or standing protocol to administer drugs and devices at the medical care facility; or

1661 5. A licensed respiratory therapist as defined in § 54.1-2954 who administers by inhalation controlled
1662 substances used in inhalation or respiratory therapy.

1663 C. Pursuant to an oral or written order or standing protocol, the prescriber, who is authorized by state or
1664 federal law to possess and administer radiopharmaceuticals in the scope of his practice, may authorize a
1665 nuclear medicine technologist to administer, under his supervision, radiopharmaceuticals used in the
1666 diagnosis or treatment of disease.

1667 D. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of
1668 his professional practice, such prescriber may authorize registered nurses and licensed practical nurses to
1669 possess (i) epinephrine and oxygen for administration in treatment of emergency medical conditions and (ii)
1670 heparin and sterile normal saline to use for the maintenance of intravenous access lines.

1671 Pursuant to the regulations of the Board of Health, certain emergency medical services technicians may
1672 possess and administer epinephrine in emergency cases of anaphylactic shock.

1673 Pursuant to an order or standing protocol issued by the prescriber within the course of his professional
1674 practice, any school nurse, school board employee, employee of a local governing body, or employee of a
1675 local health department who is authorized by a prescriber and trained in the administration of epinephrine
1676 may possess and administer epinephrine.

1677 Pursuant to an order or standing protocol that shall be issued by the local health director within the course
1678 of his professional practice, any school nurse, licensed athletic trainer under contract with a local school
1679 division, school board employee, employee of a local governing body, or employee of a local health
1680 department who is authorized by the local health director and trained in the administration of albuterol
1681 inhalers and valved holding chambers or nebulized albuterol may possess or administer an albuterol inhaler
1682 and a valved holding chamber or nebulized albuterol to a student diagnosed with a condition requiring an
1683 albuterol inhaler or nebulized albuterol when the student is believed to be experiencing or about to experience
1684 an asthmatic crisis.

1685 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional
1686 practice, any employee of a school for students with disabilities, as defined in § 22.1-319 and licensed by the
1687 Board of Education, or any employee of a private school that is accredited pursuant to § 22.1-19 as
1688 administered by the Virginia Council for Private Education who is authorized by a prescriber and trained in
1689 the administration of (a) epinephrine may possess and administer epinephrine and (b) albuterol inhalers or
1690 nebulized albuterol may possess or administer an albuterol inhaler or nebulized albuterol to a student
1691 diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol when the student is believed
1692 to be experiencing or about to experience an asthmatic crisis.

1693 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional
1694 practice, any nurse at an early childhood care and education entity, employee at the entity, or employee of a
1695 local health department who is authorized by a prescriber and trained in the administration of epinephrine
1696 may possess and administer epinephrine.

1697 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional
1698 practice, any employee of a public institution of higher education or a private institution of higher education
1699 who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer
1700 epinephrine.

1701 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional
1702 practice, any employee of an organization providing outdoor educational experiences or programs for youth
1703 who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer
1704 epinephrine.

1705 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional
1706 practice, and in accordance with policies and guidelines established by the Department of Health, such
1707 prescriber may authorize any employee of a restaurant licensed pursuant to Chapter 3 (§ 35.1-18 et seq.) of
1708 Title 35.1 to possess and administer epinephrine on the premises of the restaurant at which the employee is
1709 employed, provided that such person is trained in the administration of epinephrine.

1710 Pursuant to an order issued by the prescriber within the course of his professional practice, an employee of

1711 a provider licensed by the Department of Behavioral Health and Developmental Services or a person
 1712 providing services pursuant to a contract with a provider licensed by the Department of Behavioral Health
 1713 and Developmental Services may possess and administer epinephrine, provided such person is authorized and
 1714 trained in the administration of epinephrine.

1715 Pursuant to an order or standing protocol issued by the prescriber within the course of his professional
 1716 practice, any employee of a public place, as defined in § 15.2-2820, who is authorized by a prescriber and
 1717 trained in the administration of epinephrine may possess and administer epinephrine.

1718 Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his
 1719 professional practice, such prescriber may authorize pharmacists to possess epinephrine and oxygen for
 1720 administration in treatment of emergency medical conditions.

1721 E. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of
 1722 his professional practice, such prescriber may authorize licensed physical therapists to possess and administer
 1723 topical corticosteroids, topical lidocaine, and any other Schedule VI topical drug.

1724 F. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of
 1725 his professional practice, such prescriber may authorize licensed athletic trainers to possess and administer
 1726 topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs; oxygen and IV saline for use in
 1727 emergency situations; subcutaneous lidocaine for wound closure; epinephrine for use in emergency cases of
 1728 anaphylactic shock; and naloxone or other opioid antagonist for overdose reversal.

1729 G. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of
 1730 his professional practice, and in accordance with policies and guidelines established by the Department of
 1731 Health pursuant to § 32.1-50.2, such prescriber may authorize registered nurses or licensed practical nurses
 1732 under the supervision of a registered nurse to possess and administer tuberculin purified protein derivative
 1733 (PPD) in the absence of a prescriber. The Department of Health's policies and guidelines shall be consistent
 1734 with applicable guidelines developed by the Centers for Disease Control and Prevention for preventing
 1735 transmission of mycobacterium tuberculosis and shall be updated to incorporate any subsequently
 1736 implemented standards of the Occupational Safety and Health Administration and the Department of Labor
 1737 and Industry to the extent that they are inconsistent with the Department of Health's policies and guidelines.
 1738 Such standing protocols shall explicitly describe the categories of persons to whom the tuberculin test is to be
 1739 administered and shall provide for appropriate medical evaluation of those in whom the test is positive. The
 1740 prescriber shall ensure that the nurse implementing such standing protocols has received adequate training in
 1741 the practice and principles underlying tuberculin screening.

1742 The Health Commissioner or his designee may authorize registered nurses, acting as agents of the
 1743 Department of Health, to possess and administer, at the nurse's discretion, tuberculin purified protein
 1744 derivative (PPD) to those persons in whom tuberculin skin testing is indicated based on protocols and policies
 1745 established by the Department of Health.

1746 H. Pursuant to a written order or standing protocol issued by the prescriber within the course of his
 1747 professional practice, such prescriber may authorize, with the consent of the parents as defined in § 22.1-1, an
 1748 employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-319 licensed by
 1749 the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as administered by the
 1750 Virginia Council for Private Education who is trained in the administration of insulin and glucagon to assist
 1751 with the administration of insulin or administer glucagon to a student diagnosed as having diabetes and who
 1752 requires insulin injections during the school day or for whom glucagon has been prescribed for the
 1753 emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse, an
 1754 advanced practice registered nurse, a physician, or a physician assistant is not present to perform the
 1755 administration of the medication.

1756 Pursuant to a written order or standing protocol issued by the prescriber within the course of his
 1757 professional practice, such prescriber may authorize an employee of a public institution of higher education
 1758 or a private institution of higher education who is trained in the administration of insulin and glucagon to
 1759 assist with the administration of insulin or administration of glucagon to a student diagnosed as having
 1760 diabetes and who requires insulin injections or for whom glucagon has been prescribed for the emergency
 1761 treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse, an advanced
 1762 practice registered nurse, a physician, or a physician assistant is not present to perform the administration of
 1763 the medication.

1764 Pursuant to a written order issued by the prescriber within the course of his professional practice, such
 1765 prescriber may authorize an employee of a provider licensed by the Department of Behavioral Health and
 1766 Developmental Services or a person providing services pursuant to a contract with a provider licensed by the
 1767 Department of Behavioral Health and Developmental Services to assist with the administration of insulin or
 1768 to administer glucagon to a person diagnosed as having diabetes and who requires insulin injections or for
 1769 whom glucagon has been prescribed for the emergency treatment of hypoglycemia, provided such employee
 1770 or person providing services has been trained in the administration of insulin and glucagon.

1771 I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the

1772 administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is not
1773 physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses under
1774 the supervision of a registered nurse. A prescriber acting on behalf of and in accordance with established
1775 protocols of the Department of Health may authorize the administration of vaccines to any person by a
1776 pharmacist, nurse, or designated emergency medical services provider who holds an advanced life support
1777 certificate issued by the Commissioner of Health under the direction of an operational medical director when
1778 the prescriber is not physically present. The emergency medical services provider shall provide
1779 documentation of the vaccines to be recorded in the Virginia Immunization Information System.

1780 J. A dentist may cause Schedule VI topical drugs to be administered under his direction and supervision
1781 by either a dental hygienist or by an authorized agent of the dentist.

1782 Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist in the
1783 course of his professional practice, a dentist may authorize a dental hygienist under his general supervision,
1784 as defined in § 54.1-2722, or his remote supervision, as defined in subsection E or F of § 54.1-2722, to
1785 possess and administer topical oral fluorides, topical oral anesthetics, topical and directly applied
1786 antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI topical drug
1787 approved by the Board of Dentistry.

1788 In addition, a dentist may authorize a dental hygienist under his direction to administer Schedule VI
1789 nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI local
1790 anesthesia.

1791 K. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of
1792 his professional practice, such prescriber may authorize registered professional nurses certified as sexual
1793 assault nurse examiners-A (SANE-A) under his supervision and when he is not physically present to possess
1794 and administer preventive medications for victims of sexual assault as recommended by the Centers for
1795 Disease Control and Prevention.

1796 L. This section shall not prevent the administration of drugs by a person who has satisfactorily completed
1797 a training program for this purpose approved by the Board of Nursing and who administers such drugs in
1798 accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of administration,
1799 and in accordance with regulations promulgated by the Board of Pharmacy relating to security and record
1800 keeping, when the drugs administered would be normally self-administered by (i) an individual receiving
1801 services in a program licensed by the Department of Behavioral Health and Developmental Services; (ii) a
1802 resident of the Virginia Rehabilitation Center for the Blind and Vision Impaired; (iii) a resident of a facility
1803 approved by the Board or Department of Juvenile Justice for the placement of children in need of services or
1804 delinquent or alleged delinquent youth; (iv) a program participant of an adult day-care center licensed by the
1805 Department of Social Services; (v) a resident of any facility authorized or operated by a state or local
1806 government whose primary purpose is not to provide health care services; (vi) a resident of a private
1807 children's residential facility, as defined in § 63.2-100 and licensed by the Department of Social Services,
1808 Department of Education, or Department of Behavioral Health and Developmental Services; or (vii) a student
1809 in a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

1810 In addition, this section shall not prevent a person who has successfully completed a training program for
1811 the administration of drugs via percutaneous gastrostomy tube approved by the Board of Nursing and been
1812 evaluated by a registered nurse as having demonstrated competency in administration of drugs via
1813 percutaneous gastrostomy tube from administering drugs to a person receiving services from a program
1814 licensed by the Department of Behavioral Health and Developmental Services to such person via
1815 percutaneous gastrostomy tube. The continued competency of a person to administer drugs via percutaneous
1816 gastrostomy tube shall be evaluated semiannually by a registered nurse.

1817 M. Medication aides registered by the Board of Nursing pursuant to Article 7 (§ 54.1-3041 et seq.) of
1818 Chapter 30 may administer drugs that would otherwise be self-administered to residents of any assisted living
1819 facility licensed by the Department of Social Services. A registered medication aide shall administer drugs
1820 pursuant to this section in accordance with the prescriber's instructions pertaining to dosage, frequency, and
1821 manner of administration; in accordance with regulations promulgated by the Board of Pharmacy relating to
1822 security and recordkeeping; in accordance with the assisted living facility's Medication Management Plan;
1823 and in accordance with such other regulations governing their practice promulgated by the Board of Nursing.

1824 N. In addition, this section shall not prevent the administration of drugs by a person who administers such
1825 drugs in accordance with a physician's instructions pertaining to dosage, frequency, and manner of
1826 administration and with written authorization of a parent, and in accordance with school board regulations
1827 relating to training, security and record keeping, when the drugs administered would be normally self-
1828 administered by a student of a Virginia public school. Training for such persons shall be accomplished
1829 through a program approved by the local school boards, in consultation with the local departments of health.

1830 O. In addition, this section shall not prevent the administration of drugs by a person to (i) a child in a child
1831 day program as defined in § 22.1-289.02 and regulated by the Board of Education or a local government
1832 pursuant to § 15.2-914, or (ii) a student of a private school that is accredited pursuant to § 22.1-19 as

1833 administered by the Virginia Council for Private Education, provided such person (a) has satisfactorily
 1834 completed a training program for this purpose approved by the Board of Nursing and taught by a registered
 1835 nurse, a licensed practical nurse, an advanced practice registered nurse, a physician assistant, a doctor of
 1836 medicine or osteopathic medicine, or a pharmacist; (b) has obtained written authorization from a parent or
 1837 guardian; (c) administers drugs only to the child identified on the prescription label in accordance with the
 1838 prescriber's instructions pertaining to dosage, frequency, and manner of administration; and (d) administers
 1839 only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container that
 1840 would normally be self-administered by the child or student, or administered by a parent or guardian to the
 1841 child or student.

1842 P. In addition, this section shall not prevent the administration or dispensing of drugs and devices by
 1843 persons if they are authorized by the State Health Commissioner in accordance with protocols established by
 1844 the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has declared a disaster or a
 1845 state of emergency, the United States Secretary of Health and Human Services has issued a declaration of an
 1846 actual or potential bioterrorism incident or other actual or potential public health emergency, or the Board of
 1847 Health has made an emergency order pursuant to § 32.1-13 for the purpose of suppressing nuisances
 1848 dangerous to the public health and communicable, contagious, and infectious diseases and other dangers to
 1849 the public life and health and for the limited purpose of administering vaccines as an approved
 1850 countermeasure for such communicable, contagious, and infectious diseases; (ii) it is necessary to permit the
 1851 provision of needed drugs or devices; and (iii) such persons have received the training necessary to safely
 1852 administer or dispense the needed drugs or devices. Such persons shall administer or dispense all drugs or
 1853 devices under the direction, control, and supervision of the State Health Commissioner.

1854 Q. Nothing in this title shall prohibit the administration of normally self-administered drugs by unlicensed
 1855 individuals to a person in his private residence.

1856 R. This section shall not interfere with any prescriber issuing prescriptions in compliance with his
 1857 authority and scope of practice and the provisions of this section to a Board agent for use pursuant to
 1858 subsection G of § 18.2-258.1. Such prescriptions issued by such prescriber shall be deemed to be valid
 1859 prescriptions.

1860 S. Nothing in this title shall prevent or interfere with dialysis care technicians or dialysis patient care
 1861 technicians who are certified by an organization approved by the Board of Health Professions or persons
 1862 authorized for provisional practice pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.), in the ordinary course
 1863 of their duties in a Medicare-certified renal dialysis facility, from administering heparin, topical needle site
 1864 anesthetics, dialysis solutions, sterile normal saline solution, and blood volumizers, for the purpose of
 1865 facilitating renal dialysis treatment, when such administration of medications occurs under the orders of a
 1866 licensed physician, an advanced practice registered nurse, or a physician assistant and under the immediate
 1867 and direct supervision of a licensed registered nurse. Nothing in this chapter shall be construed to prohibit a
 1868 patient care dialysis technician trainee from performing dialysis care as part of and within the scope of the
 1869 clinical skills instruction segment of a supervised dialysis technician training program, provided such trainee
 1870 is identified as a "trainee" while working in a renal dialysis facility.

1871 The dialysis care technician or dialysis patient care technician administering the medications shall have
 1872 demonstrated competency as evidenced by holding current valid certification from an organization approved
 1873 by the Board of Health Professions pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.).

1874 T. Persons who are otherwise authorized to administer controlled substances in hospitals shall be
 1875 authorized to administer influenza or pneumococcal vaccines pursuant to § 32.1-126.4.

1876 U. Pursuant to a specific order for a patient and under his direct and immediate supervision, a prescriber
 1877 may authorize the administration of controlled substances by personnel who have been properly trained to
 1878 assist a doctor of medicine or osteopathic medicine, provided the method does not include intravenous,
 1879 intrathecal, or epidural administration and the prescriber remains responsible for such administration.

1880 V. A physician assistant, nurse, dental hygienist, or authorized agent of a doctor of medicine, osteopathic
 1881 medicine, or dentistry may possess and administer topical fluoride varnish pursuant to an oral or written order
 1882 or a standing protocol issued by a doctor of medicine, osteopathic medicine, or dentistry.

1883 W. A prescriber, acting in accordance with guidelines developed pursuant to § 32.1-46.02, may authorize
 1884 the administration of influenza vaccine to minors by a licensed pharmacist, registered nurse, licensed
 1885 practical nurse under the direction and immediate supervision of a registered nurse, or emergency medical
 1886 services provider who holds an advanced life support certificate issued by the Commissioner of Health when
 1887 the prescriber is not physically present.

1888 X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by
 1889 a prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the
 1890 dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or
 1891 written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the
 1892 Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, a pharmacist, a
 1893 health care provider providing services in a hospital emergency department, and emergency medical services

1894 personnel, as that term is defined in § 32.1-111.1, may dispense naloxone or other opioid antagonist used for
 1895 overdose reversal and a person to whom naloxone or other opioid antagonist has been dispensed pursuant to
 1896 this subsection may possess and administer naloxone or other opioid antagonist used for overdose reversal to
 1897 a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. Law-
 1898 enforcement officers as defined in § 9.1-101, employees of the Department of Forensic Science, employees of
 1899 the Office of the Chief Medical Examiner, employees of the Department of General Services Division of
 1900 Consolidated Laboratory Services, employees of the Department of Corrections designated by the Director of
 1901 the Department of Corrections or designated as probation and parole officers or as correctional officers as
 1902 defined in § 53.1-1, employees of the Department of Juvenile Justice designated as probation and parole
 1903 officers or as juvenile correctional officers, employees of regional jails, school nurses, local health
 1904 department employees that are assigned to a public school pursuant to an agreement between the local health
 1905 department and the school board, other school board employees or individuals contracted by a school board
 1906 to provide school health services, and firefighters may also possess and administer naloxone or other opioid
 1907 antagonist used for overdose reversal and may dispense naloxone or other opioid antagonist used for
 1908 overdose reversal pursuant to an oral, written, or standing order issued by a prescriber or a standing order
 1909 issued by the Commissioner of Health or his designee in accordance with protocols developed by the Board
 1910 of Pharmacy in consultation with the Board of Medicine and the Department of Health.

1911 Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by a
 1912 prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the
 1913 dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or
 1914 written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the
 1915 Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, any person
 1916 may possess and administer naloxone or other opioid antagonist used for overdose reversal, other than
 1917 naloxone in an injectable formulation with a hypodermic needle or syringe, in accordance with protocols
 1918 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of
 1919 Health.

1920 Y. Notwithstanding any other law or regulation to the contrary, a person who is acting on behalf of an
 1921 organization that provides services to individuals at risk of experiencing an opioid overdose or training in the
 1922 administration of naloxone for overdose reversal may dispense naloxone, provided that such dispensing is (i)
 1923 pursuant to a standing order issued by a prescriber and (ii) in accordance with protocols developed by the
 1924 Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. If the person
 1925 acting on behalf of an organization dispenses naloxone in an injectable formulation with a hypodermic needle
 1926 or syringe, he shall first obtain authorization from the Department of Behavioral Health and Developmental
 1927 Services to train individuals on the proper administration of naloxone by and proper disposal of a hypodermic
 1928 needle or syringe, and he shall obtain a controlled substance registration from the Board of Pharmacy. The
 1929 Board of Pharmacy shall not charge a fee for the issuance of such controlled substance registration. The
 1930 dispensing may occur at a site other than that of the controlled substance registration provided the entity
 1931 possessing the controlled substances registration maintains records in accordance with regulations of the
 1932 Board of Pharmacy. No person who dispenses naloxone on behalf of an organization pursuant to this
 1933 subsection shall charge a fee for the dispensing of naloxone that is greater than the cost to the organization of
 1934 obtaining the naloxone dispensed. A person to whom naloxone has been dispensed pursuant to this subsection
 1935 may possess naloxone and may administer naloxone to a person who is believed to be experiencing or about
 1936 to experience a life-threatening opioid overdose.

1937 Z. A person who is not otherwise authorized to administer naloxone or other opioid antagonist used for
 1938 overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a person
 1939 who is believed to be experiencing or about to experience a life-threatening opioid overdose.

1940 AA. Pursuant to a written order or standing protocol issued by the prescriber within the course of his
 1941 professional practice, such prescriber may authorize, with the consent of the parents as defined in § 22.1-1, an
 1942 employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-319 licensed by
 1943 the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as administered by the
 1944 Virginia Council for Private Education who is trained in the administration of injected medications for the
 1945 treatment of adrenal crisis resulting from a condition causing adrenal insufficiency to administer such
 1946 medication to a student diagnosed with a condition causing adrenal insufficiency when the student is believed
 1947 to be experiencing or about to experience an adrenal crisis. Such authorization shall be effective only when a
 1948 licensed nurse, an advanced practice registered nurse, a physician, or a physician assistant is not present to
 1949 perform the administration of the medication.

1950 **§ 54.1-3482. Practice of physical therapy; certain experience and referrals required; physical**
 1951 **therapist assistants.**

1952 A. It shall be unlawful for a person to engage in the practice of physical therapy except as a licensed
 1953 physical therapist, upon the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic,
 1954 podiatry, or dental surgery, a licensed advanced practice registered nurse practicing in accordance with the

1955 provisions of § ~~54.1-2957~~ 54.1-3044, or a licensed physician assistant acting under the supervision of a
 1956 licensed physician, except as provided in this section.

1957 B. A physical therapist who has completed a doctor of physical therapy program approved by the
 1958 Commission on Accreditation of Physical Therapy Education or who has obtained a certificate of
 1959 authorization pursuant to § 54.1-3482.1 may evaluate and treat a patient without a referral under the
 1960 following conditions: (i) the patient is not receiving care from any licensed doctor of medicine, osteopathy,
 1961 chiropractic, podiatry, or dental surgery, a licensed advanced practice registered nurse practicing in
 1962 accordance with the provisions of § ~~54.1-2957~~ 54.1-3044, or a licensed physician assistant acting under the
 1963 supervision of a licensed physician for the symptoms giving rise to the presentation at the time of the
 1964 presentation to the physical therapist for physical therapy services or (ii) the patient is receiving care from a
 1965 licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed advanced
 1966 practice registered nurse practicing in accordance with the provisions of § ~~54.1-2957~~ 54.1-3044, or a licensed
 1967 physician assistant acting under the supervision of a licensed physician at the time of his presentation to the
 1968 physical therapist for the symptoms giving rise to the presentation for physical therapy services and (a) the
 1969 patient identifies a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a
 1970 licensed advanced practice registered nurse practicing in accordance with the provisions of § ~~54.1-2957~~ 54.1-
 1971 3044, or a licensed physician assistant acting under the supervision of a licensed physician from whom he is
 1972 currently receiving care; (b) the patient gives written consent for the physical therapist to release all personal
 1973 health information and treatment records to the identified practitioner; and (c) the physical therapist notifies
 1974 the practitioner identified by the patient no later than 14 days after treatment commences and provides the
 1975 practitioner with a copy of the initial evaluation along with a copy of the patient history obtained by the
 1976 physical therapist.

1977 C. A physical therapist who has not completed a doctor of physical therapy program approved by the
 1978 Commission on Accreditation of Physical Therapy Education or who has not obtained a certificate of
 1979 authorization pursuant to § 54.1-3482.1 may conduct a one-time evaluation that does not include treatment of
 1980 a patient without the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic,
 1981 podiatry, or dental surgery, a licensed advanced practice registered nurse practicing in accordance with the
 1982 provisions of § ~~54.1-2957~~ 54.1-3044, or a licensed physician assistant acting under the supervision of a
 1983 licensed physician; if appropriate, the physical therapist shall immediately refer such patient to the
 1984 appropriate practitioner.

1985 D. Invasive procedures within the scope of practice of physical therapy, except for the practice of dry
 1986 needling, shall at all times be performed only under the referral and direction of a licensed doctor of
 1987 medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed advanced practice registered nurse
 1988 practicing in accordance with the provisions of § ~~54.1-2957~~ 54.1-3044, or a licensed physician assistant
 1989 acting under the supervision of a licensed physician. Nothing in this section shall be construed to authorize a
 1990 physical therapist in the practice of dry needling to fail to comply with the provisions of § 54.1-2956.9.

1991 E. It ~~shall be~~ is unlawful for any licensed physical therapist to fail to immediately refer any patient to a
 1992 licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, or a licensed advanced
 1993 practice registered nurse practicing in accordance with the provisions of § ~~54.1-2957~~ 54.1-3044 when such
 1994 patient's medical condition is determined, at the time of evaluation or treatment, to be beyond the physical
 1995 therapist's scope of practice. Upon determining that the patient's medical condition is beyond the scope of
 1996 practice of a physical therapist, a physical therapist shall immediately refer such patient to an appropriate
 1997 practitioner.

1998 F. Any person licensed as a physical therapist assistant shall perform his duties only under the direction
 1999 and control of a licensed physical therapist.

2000 G. However, a licensed physical therapist may provide, without referral or supervision, physical therapy
 2001 services to (i) a student athlete participating in a school-sponsored athletic activity while such student is at
 2002 such activity in a public, private, or religious elementary, middle or high school, or public or private
 2003 institution of higher education when such services are rendered by a licensed physical therapist who is
 2004 certified as an athletic trainer by the National Athletic Trainers' Association Board of Certification or as a
 2005 sports certified specialist by the American Board of Physical Therapy Specialties; (ii) employees solely for
 2006 the purpose of evaluation and consultation related to workplace ergonomics; (iii) infants and toddlers, from
 2007 birth to age three, who require physical therapy services to fulfill the provisions of their individualized
 2008 services plan under Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.) and
 2009 students with disabilities who require physical therapy services to fulfill the provisions of their individualized
 2010 education plan or physical therapy services provided under § 504 of the federal Rehabilitation Act of 1973
 2011 (29 U.S.C. § 794 et seq.); (iv) the public for the purpose of wellness, fitness, and health screenings; (v) the
 2012 public for the purpose of health promotion and education; and (vi) the public for the purpose of prevention of
 2013 impairments, functional limitations, and disabilities.

2014 **§ 54.1-3482.1. Certain certification required.**

2015 A. The Board shall promulgate regulations establishing criteria for certification of physical therapists to

2016 provide certain physical therapy services pursuant to subsection B of § 54.1-3482 without referral from a
2017 licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed advanced
2018 practice registered nurse practicing in accordance with the provisions of § ~~54.1-2957~~ 54.1-3044, or a licensed
2019 physician assistant acting under the supervision of a licensed physician. The regulations shall include but not
2020 be limited to provisions for (i) the promotion of patient safety; (ii) an application process for a one-time
2021 certification to perform such procedures; and (iii) minimum education, training, and experience requirements
2022 for certification to perform such procedures.

2023 B. The minimum education, training, and experience requirements for certification shall include evidence
2024 that the applicant has successfully completed (i) a transitional program in physical therapy as recognized by
2025 the Board or (ii) at least three years of active practice with evidence of continuing education relating to
2026 carrying out direct access duties under § 54.1-3482.

2027 **§ 63.2-2203. Grant application process; administration.**

2028 A. Grant applications shall be submitted by caregivers to the Department between February 1 and May 1
2029 of the year following the calendar year in which the care for a mentally or physically impaired person was
2030 provided. Failure to meet the application deadline shall render the caregiver ineligible to receive a grant for
2031 care provided during such calendar year. For filings by mail, the postmark cancellation shall govern the date
2032 of the filing determination.

2033 B. Applications for grants shall include (i) proof of the caregiver's income and that of the caregiver's
2034 spouse, if applicable; (ii) certification by the private physician, licensed physician assistant pursuant to §
2035 54.1-2951.2, or advanced practice registered nurse pursuant to § ~~54.1-2957.02~~ 54.1-3047 who has screened
2036 the mentally or physically impaired person and found him to be eligible, in accordance with relevant state
2037 regulations, for placement in an assisted-living facility or a nursing home or for receiving community long-
2038 term care services; (iii) the mentally or physically impaired person's place of residence; and (iv) such other
2039 relevant information as the Department may reasonably require. Any caregiver applying for the grant
2040 pursuant to this chapter shall affirm, by signing and submitting his application for a grant, that the mentally or
2041 physically impaired person for whom he provided care and the care provided meet the criteria set forth in this
2042 chapter. As a condition of receipt of a grant, a caregiver shall agree to make available to the Department for
2043 inspection, upon request, all relevant and applicable documents to determine whether the caregiver meets the
2044 requirements for the receipt of grants as set forth in this chapter, and to consent to the use by the Department
2045 of all relevant information relating to eligibility for the requested grant.

2046 C. The Department shall review applications for grants and determine eligibility and the amount of the
2047 grant to be allocated to each eligible caregiver. If the moneys in the Fund are less than the amount of grants to
2048 which applicants are eligible for caregiver services provided in the preceding calendar year, the moneys in the
2049 Fund shall be apportioned among eligible applicants pro rata, based upon the amount of the grant for which
2050 an applicant is eligible and the amount of money in the Fund.

2051 D. The Department shall certify to the Comptroller the amount of grant to be allocated to eligible
2052 caregiver applicants. Payments shall be made by check issued by the State Treasurer on warrant of the
2053 Comptroller. The Comptroller shall not draw any warrants to issue checks for this program without a specific
2054 legislative appropriation as specified in conditions and restrictions on expenditures in the appropriation act.

2055 E. Actions of the Department relating to the review, allocation and awarding of grants shall be exempt
2056 from the provisions of the Administrative Process Act (§ 2.2-4000 et seq.) pursuant to subdivision B 4 of §
2057 2.2-4002. Decisions of the Department shall be final and not subject to review or appeal.

2058 **2. That §§ 54.1-2957 through 54.1-2957.04 of the Code of Virginia are repealed.**