1	HOUSE BILL NO. 1582
2	AMENDMENT IN THE NATURE OF A SUBSTITUTE
3	(Proposed by the Senate Committee on Education and Health
4	on February 13, 2025)
5	(Patron Prior to Substitute—Delegate Wachsmann)
6	A BILL to amend and reenact § 54.1-3300.1 of the Code of Virginia, relating to pharmacists; collaborative
7	agreements; drug therapy.
8	Be it enacted by the General Assembly of Virginia:
9	1. That § 54.1-3300.1 of the Code of Virginia is amended and reenacted as follows:
10	§ 54.1-3300.1. Participation in collaborative agreements; regulations to be promulgated by the
11	Boards of Medicine and Pharmacy.
12	A. A pharmacist and his designated alternate pharmacists involved directly in patient care may participate
13	with (i) any person licensed to practice medicine, osteopathy, or podiatry together with any person licensed,
14	registered, or certified by a health regulatory board of the Department of Health Professions who provides
15	health care services to patients of such person licensed to practice medicine, osteopathy, or podiatry; (ii) a
16	physician's office as defined in § 32.1-276.3, provided that such collaborative agreement is signed by each
17	physician participating in the collaborative agreement; (iii) any licensed physician assistant working in
18	accordance with the provisions of § 54.1-2951.1; or (iv) any licensed advanced practice registered nurse
19	working in accordance with the provisions of § 54.1-2957, involved directly in patient care in collaborative
20	agreements which authorize cooperative procedures related to treatment using drug therapy, laboratory tests,
21	or medical devices, under defined conditions or limitations, for the purpose of improving patient outcomes
22	for patients who meet the criteria set forth in the collaborative agreement. However, no person licensed to
23	practice medicine, osteopathy, or podiatry, or licensed as an advanced practice registered nurse or physician
24	assistant, shall be required to participate in a collaborative agreement with a pharmacist and his designated
25	alternate pharmacists, regardless of whether a professional business entity on behalf of which the person is
26	authorized to act enters into a collaborative agreement with a pharmacist and his designated alternate
27	pharmacists.

B. A patient who meets the criteria for inclusion in the category of patients whose care is subject to a
collaborative agreement and who chooses to not participate in a collaborative procedure shall notify the
prescriber of his refusal to participate in such collaborative procedure. A prescriber may elect to have a

DRAFT

OFFERED FOR CONSIDERATION

patient not participate in a collaborative procedure by contacting the pharmacist or his designated alternative
pharmacists or by documenting the same on the patient's prescription.

33 C. Collaborative agreements may include the implementation prescribing, modification, continuation, or discontinuation of drug therapy pursuant to written or electronic protocols, provided implementation of drug 34 35 therapy occurs following diagnosis by the prescriber licensed physician, podiatrist, advanced practice registered nurse, registered nurse, or physician assistant; the ordering of laboratory tests; or other patient 36 37 care management measures related to monitoring or improving the outcomes of drug or device therapy. No such collaborative agreement shall exceed the scope of practice of the respective parties. Any pharmacist who 38 deviates from or practices in a manner inconsistent with the terms of a collaborative agreement shall be in 39 40 violation of § 54.1-2902; such violation shall constitute grounds for disciplinary action pursuant to §§ 41 54.1-2400 and 54.1-3316.

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

49 E. Nothing in this section shall be construed to supersede Notwithstanding the provisions of §§ 54.1-3303
50 and 54.1-3408, a pharmacist may prescribe, modify, continue, or discontinue Schedule II through VI
51 controlled substances in accordance with this section.

F. Prior to a pharmacist prescribing, modifying, continuing, or discontinuing a Schedule II through V
controlled substance in accordance with this section, the pharmacist shall submit proof of the signed
collaborative practice agreement to the Board and obtain authorization from the Board for such activity.