

26100629D

SENATE BILL NO. 282

Offered January 14, 2026

Prefiled January 13, 2026

A BILL to amend and reenact §§ 54.1-2722 and 54.1-3408 of the Code of Virginia, relating to dental hygienist licensure; dentists eligible to practice in a foreign country or jurisdiction.

Patrons—Aird, Srinivasan, Favola, Locke, Pekarsky, Pillion and VanValkenburg

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2722 and 54.1-3408 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2722. License; application; qualifications; practice of dental hygiene; report.

A. No person shall practice dental hygiene unless he possesses a current, active, and valid license from the Board of Dentistry. The licensee shall have the right to practice dental hygiene in the Commonwealth for the period of his license as set by the Board, under the direction of any licensed dentist.

B. An application for such license shall be made to the Board in writing and shall be accompanied by satisfactory proof that the applicant (i) is of good moral character, (ii) is a graduate of a *dental school outside the United States as approved by the Board pursuant to subsection D* or a dental hygiene program accredited by the Commission on Dental Accreditation and offered by an accredited institution of higher education, (iii) has passed the dental hygiene examination given by the Joint Commission on National Dental Examinations, and (iv) has successfully completed a clinical examination acceptable to the Board.

C. The Board may grant a license to practice dental hygiene to an applicant licensed to practice in another jurisdiction if he (i) meets the requirements of subsection B; (ii) holds a current, unrestricted license to practice dental hygiene in another jurisdiction in the United States; (iii) has not committed any act that would constitute grounds for denial as set forth in § 54.1-2706; and (iv) meets other qualifications as determined in regulations promulgated by the Board.

D. The Board may grant a license to practice dental hygiene to an applicant if he (i) provides proof of graduation from a dental school outside the United States, (ii) is eligible to practice dentistry in a country or jurisdiction outside the United States, and (iii) meets the requirements of subsection B.

E. A licensed dental hygienist may, under the direction or general supervision of a licensed dentist and subject to the regulations of the Board, perform services that are educational, diagnostic, therapeutic, or preventive. These services shall not include the establishment of a final diagnosis or treatment plan for a dental patient. Pursuant to subsection W of § 54.1-3408, a licensed dental hygienist may administer topical oral fluorides under an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine.

A dentist may also authorize a dental hygienist under his direction to administer Schedule VI nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI local anesthesia. In its regulations, the Board of Dentistry shall establish the education and training requirements for dental hygienists to administer such controlled substances under a dentist's direction.

For the purposes of this section, "general supervision" means that a dentist has evaluated the patient and prescribed authorized services to be provided by a dental hygienist; however, the dentist need not be present in the facility while the authorized services are being provided.

The Board shall provide for an inactive license for those dental hygienists who hold a current, unrestricted license to practice in the Commonwealth at the time of application for an inactive license and who do not wish to practice in Virginia. The Board shall promulgate such regulations as may be necessary to carry out the provisions of this section, including requirements for remedial education to activate a license.

E. F. For the purposes of this subsection, "remote supervision" means that a public health dentist has regular, periodic communications with a public health dental hygienist regarding patient treatment, but such dentist may not have conducted an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided.

Notwithstanding any provision of law, a dental hygienist employed by the Virginia Department of Health or the Department of Behavioral Health and Developmental Services who holds a license issued by the Board of Dentistry may provide educational and preventative dental care in the Commonwealth under the remote supervision of a dentist employed by the Department of Health or the Department of Behavioral Health and Developmental Services. A dental hygienist providing such services shall practice pursuant to protocols developed jointly by the Department of Health and the Department of Behavioral Health and Developmental Services for each agency, in consultation with the Virginia Dental Association and the Virginia Dental

59 Hygienists' Association. Such protocols shall be adopted by the Board as regulations.

60 A report of services provided by dental hygienists employed by the Virginia Department of Health
61 pursuant to such protocol, including their impact upon the oral health of the citizens of the Commonwealth,
62 shall be prepared and submitted annually to the Secretary of Health and Human Resources by the Department
63 of Health, and a report of services provided by dental hygienists employed by the Department of Behavioral
64 Health and Developmental Services shall be prepared and submitted annually to the Secretary of Health and
65 Human Resources by the Department of Behavioral Health and Developmental Services. Nothing in this
66 section shall be construed to authorize or establish the independent practice of dental hygiene.

67 **F. G.** For the purposes of this subsection, "remote supervision" means that a supervising dentist is
68 accessible and available for communication and consultation with a dental hygienist during the delivery of
69 dental hygiene services, but such dentist may not have conducted an initial examination of the patients who
70 are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when
71 dental hygiene services are being provided.

72 Notwithstanding any other provision of law, a dental hygienist may practice dental hygiene under the
73 remote supervision of a dentist who holds an active license by the Board and who has a dental practice
74 physically located in the Commonwealth. No dental hygienist shall practice under remote supervision unless
75 he has (i) completed a continuing education course designed to develop the competencies needed to provide
76 care under remote supervision offered by an accredited dental education program or from a continuing
77 education provider approved by the Board and (ii) at least two years of clinical experience, consisting of at
78 least 2,500 hours of clinical experience. A dental hygienist practicing under remote supervision shall have
79 professional liability insurance with policy limits acceptable to the supervising dentist. A dental hygienist
80 shall only practice under remote supervision at a federally qualified health center; charitable safety net
81 facility; free clinic; long-term care facility; elementary or secondary school; Head Start program; mobile
82 dentistry program for adults with developmental disabilities operated by the Department of Behavioral Health
83 and Developmental Services' Office of Integrated Health; or women, infants, and children (WIC) program.

84 A dental hygienist practicing under remote supervision may (a) obtain a patient's treatment history and
85 consent, (b) perform an oral assessment, (c) perform scaling and polishing, (d) perform all educational and
86 preventative services, (e) take X-rays as ordered by the supervising dentist or consistent with a standing
87 order, (f) maintain appropriate documentation in the patient's chart, (g) administer topical oral fluorides,
88 topical oral anesthetics, topical and directly applied antimicrobial agents for treatment of periodontal pocket
89 lesions, and any other Schedule VI topical drug approved by the Board of Dentistry under an oral or written
90 order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine pursuant to
91 subsection W of § 54.1-3408, and (h) perform any other service ordered by the supervising dentist or required
92 by statute or Board regulation. No dental hygienist practicing under remote supervision shall administer local
93 anesthetic or nitrous oxide.

94 Prior to providing a patient dental hygiene services, a dental hygienist practicing under remote supervision
95 shall obtain (1) the patient's or the patient's legal representative's signature on a statement disclosing that the
96 delivery of dental hygiene services under remote supervision is not a substitute for the need for regular dental
97 examinations by a dentist and (2) verbal confirmation from the patient that he does not have a dentist of
98 record whom he is seeing regularly.

99 After conducting an initial oral assessment of a patient, a dental hygienist practicing under remote
100 supervision may provide further dental hygiene services following a written practice protocol developed and
101 provided by the supervising dentist. Such written practice protocol shall consider, at a minimum, the medical
102 complexity of the patient and the presenting signs and symptoms of oral disease.

103 A dental hygienist practicing under remote supervision shall inform the supervising dentist of all findings
104 for a patient. A dental hygienist practicing under remote supervision may continue to treat a patient for 180
105 days. After such 180-day period, the supervising dentist, absent emergent circumstances, shall either conduct
106 an examination of the patient or refer the patient to another dentist to conduct an examination. The
107 supervising dentist shall develop a diagnosis and treatment plan for the patient, and either the supervising
108 dentist or the dental hygienist shall provide the treatment plan to the patient. The supervising dentist shall
109 review a patient's records at least once every 10 months.

110 Nothing in this subsection shall prevent a dental hygienist from practicing dental hygiene under general
111 supervision whether as an employee or as a volunteer.

112 **§ 54.1-3408. Professional use by practitioners.**

113 A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine, a licensed advanced
114 practice registered nurse pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to § 54.1-2957.04,
115 a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5
116 (§ 54.1-3222 et seq.) of Chapter 32 shall only prescribe, dispense, or administer controlled substances in good
117 faith for medicinal or therapeutic purposes within the course of his professional practice. A licensed midwife
118 pursuant to § 54.1-2957.7 shall only obtain, possess, and administer controlled substances in good faith for
119 medicinal or therapeutic purposes within the course of his professional practice.

120 B. The prescribing practitioner's order may be on a written prescription or pursuant to an oral prescription

121 as authorized by this chapter. The prescriber may administer drugs and devices, or he may cause drugs or
 122 devices to be administered by:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

179 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional
 180 practice, and in accordance with policies and guidelines established by the Department of Health, such
 181 prescriber may authorize any employee of a restaurant licensed pursuant to Chapter 3 (§ 35.1-18 et seq.) of
 182 Title 35.1 to possess and administer epinephrine on the premises of the restaurant at which the employee is

183 employed, provided that such person is trained in the administration of epinephrine.

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

189 Pursuant to an order or standing protocol issued by the prescriber within the course of his professional
190 practice, any employee of a place of public accommodation, as defined in subsection A of § 2.2-3904, who is
191 authorized by a prescriber and trained in the administration of epinephrine may possess and administer
192 epinephrine.

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

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

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

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

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

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

231 Pursuant to a written order or standing protocol issued by the prescriber within the course of his
232 professional practice, such prescriber may authorize the possession and administration of undesignated
233 glucagon as set forth in subsection F of § 22.1-274.2.

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

242 Pursuant to a written order issued by the prescriber within the course of his professional practice, such
243 prescriber may authorize an employee of a provider licensed by the Department of Behavioral Health and
244 Developmental Services or a person providing services pursuant to a contract with a provider licensed by the

245 Department of Behavioral Health and Developmental Services to assist with the administration of insulin or
 246 to administer glucagon to a person diagnosed as having diabetes and who requires insulin injections or for
 247 whom glucagon has been prescribed for the emergency treatment of hypoglycemia, provided such employee
 248 or person providing services has been trained in the administration of insulin and glucagon.

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

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

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

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

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

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

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

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

302 N. Advanced medication aides registered by the Board of Nursing pursuant to Article 7 (§ 54.1-3041 et
 303 seq.) of Chapter 30 may administer drugs that would be administered by a registered medication aide
 304 pursuant to subsection M, in addition to drugs determined permissible by the Board of Nursing, in a nursing
 305 home licensed by the Department of Health. Advanced medication aides shall administer drugs pursuant to
 306 this section in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of

307 administration; in accordance with regulations promulgated by the Board of Pharmacy relating to security
308 and recordkeeping; in accordance with the licensed nursing home's policies and procedures; and in
309 accordance with such other regulations governing their practice promulgated by the Board of Nursing.

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

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

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

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

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

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

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

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

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

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

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

374 Y. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by
 375 a prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the
 376 dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or
 377 written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the
 378 Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, a pharmacist, a
 379 health care provider providing services in a hospital emergency department, and emergency medical services
 380 personnel, as that term is defined in § 32.1-111.1, may dispense naloxone or other opioid antagonist used for
 381 overdose reversal and a person to whom naloxone or other opioid antagonist has been dispensed pursuant to
 382 this subsection may possess and administer naloxone or other opioid antagonist used for overdose reversal to
 383 a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.
 384 Law-enforcement officers as defined in § 9.1-101, employees of the Department of Forensic Science,
 385 employees of the Office of the Chief Medical Examiner, employees of the Department of General Services
 386 Division of Consolidated Laboratory Services, employees of the Department of Corrections designated by the
 387 Director of the Department of Corrections or designated as probation and parole officers or as correctional
 388 officers as defined in § 53.1-1, employees of the Department of Juvenile Justice designated as probation and
 389 parole officers or as juvenile correctional officers, employees of regional jails, employees of any state agency,
 390 school nurses, local health department employees that are assigned to a public school pursuant to an
 391 agreement between the local health department and the school board, school board employees who have
 392 completed training and are certified in the administration of an opioid antagonist for overdose reversal by a
 393 program administered or authorized by the Department of Health, other school board employees or
 394 individuals contracted by a school board to provide school health services, resident assistants in a student
 395 housing facility at a public institution of higher education who have completed training in the administration
 396 of an opioid antagonist for overdose reversal pursuant to § 23.1-802.2, and firefighters may also possess and
 397 administer naloxone or other opioid antagonist used for overdose reversal and may dispense naloxone or
 398 other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order issued by a
 399 prescriber or a standing order issued by the Commissioner of Health or his designee in accordance with
 400 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the
 401 Department of Health.

402 Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by a
 403 prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the
 404 dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or
 405 written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the
 406 Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, any person
 407 may possess and administer naloxone or other opioid antagonist used for overdose reversal, other than
 408 naloxone in an injectable formulation with a hypodermic needle or syringe, in accordance with protocols
 409 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of
 410 Health.

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

431 AA. A person who is not otherwise authorized to administer naloxone or other opioid antagonist used for
432 overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a person
433 who is believed to be experiencing or about to experience a life-threatening opioid overdose.

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

444 CC. Pursuant to a written order or standing protocol issued by the prescriber within the course of his
445 professional practice, such prescriber may authorize, with the consent of the student's parents as defined in
446 § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in
447 § 22.1-319 licensed by the Board of Education, (iii) a private school accredited pursuant to § 22.1-19 as
448 administered by the Virginia Council for Private Education, (iv) a local governing body, or (v) a local health
449 department who is trained in the administration of seizure rescue medications for the treatment of seizures
450 resulting from a condition causing seizures to administer such medications to a student diagnosed with a
451 condition causing seizures when the student is believed to be experiencing or about to experience a seizure.
452 Such authorization shall be effective only when a licensed nurse, an advanced practice registered nurse, a
453 physician, or a physician assistant is not capable of reaching the student within the amount of time necessary
454 to effectively perform the administration of the medication.

455 **2. Any regulations promulgated by the Board of Dentistry pursuant to the provisions of this act shall**
456 **be exempt from the requirements of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of**
457 **Virginia).**