

1 VIRGINIA ACTS OF ASSEMBLY — CHAPTER

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

4 [H 1036]

5 Approved

6 **Be it enacted by the General Assembly of Virginia:**7 **1. That §§ 54.1-2722 and 54.1-3408 of the Code of Virginia is amended and reenacted as follows:**8 **§ 54.1-2722. License; application; qualifications; practice of dental hygiene; report.**

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

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

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

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

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

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

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

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

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

48 Notwithstanding any provision of law, a dental hygienist employed by the Virginia Department of Health
 49 or the Department of Behavioral Health and Developmental Services who holds a license issued by the Board
 50 of ~~Dentistry~~ may provide educational and preventative dental care in the Commonwealth under the remote
 51 supervision of a dentist employed by the Department of Health or the Department of Behavioral Health and
 52 Developmental Services. A dental hygienist providing such services shall practice pursuant to protocols
 53 developed jointly by the Department of Health and the Department of Behavioral Health and Developmental
 54 Services for each agency, in consultation with the Virginia Dental Association and the Virginia Dental
 55 Hygienists' Association. Such protocols shall be adopted by the Board as regulations.

56 A report of services provided by dental hygienists employed by the Virginia Department of Health

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

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

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

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

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

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

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

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

108 **§ 54.1-3408. Professional use by practitioners.**

109 A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine, a licensed advanced
 110 practice registered nurse pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to § 54.1-2957.04,
 111 a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5
 112 (§ 54.1-3222 et seq.) of Chapter 32 shall only prescribe, dispense, or administer controlled substances in good
 113 faith for medicinal or therapeutic purposes within the course of his professional practice. A licensed midwife
 114 pursuant to § 54.1-2957.7 shall only obtain, possess, and administer controlled substances in good faith for
 115 medicinal or therapeutic purposes within the course of his professional practice.

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

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

120 2. Persons trained to administer drugs and devices to patients in state-owned or state-operated hospitals or

121 facilities licensed as hospitals by the Board of Health or psychiatric hospitals licensed by the Department of

122 Behavioral Health and Developmental Services who administer drugs under the control and supervision of

123 the prescriber or a pharmacist;

124 3. Emergency medical services personnel certified and authorized to administer drugs and devices

125 pursuant to regulations of the Board of Health who act within the scope of such certification and pursuant to

126 an oral or written order or standing protocol;

127 4. Persons who are employed or engaged at a medical care facility, as defined in § 32.1-3, who have a

128 valid emergency medical services provider certification issued by the Board of Health as a requirement of

129 being employed or engaged at the medical care facility within the scope of such certification, pursuant to an

130 oral or written order or standing protocol to administer drugs and devices at the medical care facility; or

131 5. A licensed respiratory therapist as defined in § 54.1-2954 who administers by inhalation controlled

132 substances used in inhalation or respiratory therapy.

133 C. Pursuant to an oral or written order or standing protocol, the prescriber, who is authorized by state or

134 federal law to possess and administer radiopharmaceuticals in the scope of his practice, may authorize a

135 nuclear medicine technologist to administer, under his supervision, radiopharmaceuticals used in the

136 diagnosis or treatment of disease.

137 D. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of

138 his professional practice, such prescriber may authorize registered nurses and licensed practical nurses to

139 possess (i) epinephrine and oxygen for administration in treatment of emergency medical conditions and (ii)

140 heparin and sterile normal saline to use for the maintenance of intravenous access lines.

141 Pursuant to the regulations of the Board of Health, certain emergency medical services technicians may

142 possess and administer epinephrine in emergency cases of anaphylactic shock.

143 Pursuant to an order or standing protocol issued by the prescriber within the course of his professional

144 practice, any school nurse, school board employee, employee of a local governing body, or employee of a

145 local health department who is authorized by a prescriber and trained in the administration of epinephrine

146 may possess and administer epinephrine.

147 Pursuant to an order or standing protocol that shall be issued by the local health director within the course

148 of his professional practice, any school nurse, licensed athletic trainer under contract with a local school

149 division, school board employee, employee of a local governing body, or employee of a local health

150 department who is authorized by the local health director and trained in the administration of albuterol

151 inhalers and valved holding chambers or nebulized albuterol may possess or administer an albuterol inhaler

152 and a valved holding chamber or nebulized albuterol to a student diagnosed with a condition requiring an

153 albuterol inhaler or nebulized albuterol when the student is believed to be experiencing or about to experience

154 an asthmatic crisis.

155 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional

156 practice, any employee of a school for students with disabilities, as defined in § 22.1-319 and licensed by the

157 Board of Education, or any employee of a private school that is accredited pursuant to § 22.1-19 as

158 administered by the Virginia Council for Private Education who is authorized by a prescriber and trained in

159 the administration of (a) epinephrine may possess and administer epinephrine and (b) albuterol inhalers or

160 nebulized albuterol may possess or administer an albuterol inhaler or nebulized albuterol to a student

161 diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol when the student is believed

162 to be experiencing or about to experience an asthmatic crisis.

163 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional

164 practice, any nurse at an early childhood care and education entity, employee at the entity, or employee of a

165 local health department who is authorized by a prescriber and trained in the administration of epinephrine

166 may possess and administer epinephrine.

167 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional

168 practice, any employee of a public institution of higher education or a private institution of higher education

169 who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer

170 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 an organization providing outdoor educational experiences or programs for youth

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, and in accordance with policies and guidelines established by the Department of Health, such

177 prescriber may authorize any employee of a restaurant licensed pursuant to Chapter 3 (§ 35.1-18 et seq.) of

178 Title 35.1 to possess and administer epinephrine on the premises of the restaurant at which the employee is

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

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

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

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

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

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

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

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

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

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

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

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

238 Pursuant to a written order issued by the prescriber within the course of his professional practice, such
239 prescriber may authorize an employee of a provider licensed by the Department of Behavioral Health and
240 Developmental Services or a person providing services pursuant to a contract with a provider licensed by the
241 Department of Behavioral Health and Developmental Services to assist with the administration of insulin or
242 to administer glucagon to a person diagnosed as having diabetes and who requires insulin injections or for

243 whom glucagon has been prescribed for the emergency treatment of hypoglycemia, provided such employee
244 or person providing services has been trained in the administration of insulin and glucagon.

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

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

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

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

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

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

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

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

298 N. Advanced medication aides registered by the Board of Nursing pursuant to Article 7 (§ 54.1-3041 et
299 seq.) of Chapter 30 may administer drugs that would be administered by a registered medication aide
300 pursuant to subsection M, in addition to drugs determined permissible by the Board of Nursing, in a nursing
301 home licensed by the Department of Health. Advanced medication aides shall administer drugs pursuant to
302 this section in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of
303 administration; in accordance with regulations promulgated by the Board of Pharmacy relating to security
304 and recordkeeping; in accordance with the licensed nursing home's policies and procedures; and in

305 accordance with such other regulations governing their practice promulgated by the Board of Nursing.

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

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

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

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

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

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

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

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

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

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

365 X. A prescriber, acting in accordance with guidelines developed pursuant to § 32.1-46.02, may authorize
366 the administration of influenza vaccine to minors by a licensed pharmacist, registered nurse, licensed

367 practical nurse under the direction and immediate supervision of a registered nurse, or emergency medical
368 services provider who holds an advanced life support certificate issued by the Commissioner of Health when
369 the prescriber is not physically present.

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

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

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

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

429 who is believed to be experiencing or about to experience a life-threatening opioid overdose.

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

440 CC. Pursuant to a written order or standing protocol issued by the prescriber within the course of his
441 professional practice, such prescriber may authorize, with the consent of the student's parents as defined in
442 § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in
443 § 22.1-319 licensed by the Board of Education, (iii) a private school accredited pursuant to § 22.1-19 as
444 administered by the Virginia Council for Private Education, (iv) a local governing body, or (v) a local health
445 department who is trained in the administration of seizure rescue medications for the treatment of seizures
446 resulting from a condition causing seizures to administer such medications to a student diagnosed with a
447 condition causing seizures when the student is believed to be experiencing or about to experience a seizure.
448 Such authorization shall be effective only when a licensed nurse, an advanced practice registered nurse, a
449 physician, or a physician assistant is not capable of reaching the student within the amount of time necessary
450 to effectively perform the administration of the medication.

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