

Advisory Board on Athletic Training

Virginia Board of Medicine

February 6, 2020

10:00 a.m.

Advisory Board on Athletic Training

Board of Medicine

Thursday, February 6, 2020 @ 10:00 a.m.

9960 Mayland Drive, Suite 201, Henrico, VA

Training Room 2

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Call to Order – Michael J. Puglia, AT, Chair	
Emergency Egress Procedures – William Harp, MD	i
Roll Call – Denise Mason	
Approval of Minutes of May 23, 2019	1 - 4
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	
New Business	
1. Report of the 2020 General Assembly	5 - 19
2. Follow-up on previous discussion on Dry Needling	20 - 21
3. Continue discussion of requirement of ATs working under the direction of a physician	22
4. Follow-up on previous discussion on best practices for exertional heat illnesses	23
5. Regulations Governing the Practice of Athletic Trainers	24 - 34
Announcements	
Adjournment	
Next Scheduled Meeting: June 4, 2020 @ 10:00 a.m.	

**PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)**

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Training Room 2

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---DRAFT UNAPPROVED---

**ADVISORY BOARD ON ATHLETIC TRAINING
MINUTES**

May 23, 2019

The Advisory Board on Athletic Training met on Thursday, May 23, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Michael Puglia, AT, Chair
Deborah B. Corbatto, AT, Vice-Chair
Sarah Whiteside, AT
Jeffrey Roberts, MD
Trilizsa Trent, Citizen

MEMBER ABSENT: None

STAFF PRESENT: William L. Harp, MD, Executive Director
Elaine Yeatts, Senior Regulatory Analyst
Colanthia M. Opher, Deputy Director for Administration
Denise Mason, Licensing Specialist

GUESTS PRESENT: Richard Grossman, Vectre Corporation
Becky Bower-Lanier, VATA
Chris Jones
Tanner Howell, VATA

CALL TO ORDER

Mr. Puglia called the meeting to order at 10:06 a.m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the emergency egress instructions.

ROLL CALL

Ms. Mason called the roll, and a quorum was declared.

APPROVAL OF MINUTES OF October 3, 2018

Mr. Puglia moved to approve the minutes. The motion was seconded and carried.

---DRAFT UNAPPROVED---

ADOPTION OF AGENDA

Mr. Puglia moved to amend the agenda. He requested that “define a clinical position serving on the advisory board” be added for discussion. The motion was seconded and carried.

PUBLIC COMMENT ON AGENDA ITEMS

There was no public comment.

NEW BUSINESS

1. Report of the 2019 General Assembly

Ms. Yeatts reviewed the Report of the 2019 General Assembly and provided historical background on the bills that were of interest to the members.

Ms. Yeatts also provided a brief update on the status of the Board’s emergency regulations, APA regulatory actions, and future policy actions.

Both of these reports were for information only and did not require any action.

2. Legality of AT’s Possessing and Administering Naloxone

Mr. Puglia opened the discussion as to whether or not athletic trainers could possess and administer naloxone. He asked Board staff if the answer was in the Code of Virginia.

Ms. Yeatts pointed to §54.1-3408(X), which states “pursuant to an oral, written, or standing order issued by a prescriber or a standing order issued by the Commissioner of health or designee authorizing the dispensing of naloxone or other antagonist used for overdose reversal in the absence of an oral or written order for a specific patient issued by a prescriber, and in accordance with the protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, a pharmacist may dispense naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life threatening opioid overdose”

Ms. Yeatts also pointed to §54.1-3408(F), which says “pursuant to an oral or written order standing protocol issued by the prescriber within the course of his professional practice, such as prescriber may authorize licensed athletic trainers to possess and administer topical corticosteroids, topical lidocaine, or other schedule VI topical drugs,; oxygen for use in emergency situations; and epinephrine for use in emergency cases of anaphylactic shock.”

Dr. Harp pointed to 54.1-3408(Y) as a way that athletic trainers might be able to be trained to possess and administer naloxone through the Department of Behavioral Health and Developmental Services REVIVE program.

---DRAFT UNAPPROVED---

After discussion, the best option for statutory assurance was thought to be to add naloxone to 54.1-3408(F).

3. AT Statutory Protection

Ms. Whiteside stated that this was her last term on the Advisory Board and thanked the Board of Medicine for allowing her to serve.

Ms. Whiteside discussed her concerns with the language that performance training centers are utilizing in their description of services rendered, and that it is causing confusion for the public.

Dr. Harp brought to the attention of the members Code §54.1-2957 (A) that states:

“It shall be unlawful for any person to practice or to hold himself out as practicing as an athletic trainer unless she holds a license as an athletic trainer issued by the Board.” He also noted that unless they are holding themselves out as an AT or practicing athletic training, the Board has no jurisdiction. However, DHP is authorized to investigate any complaints regarding unlicensed practice of one of its regulated professions.

4. Sudden Cardiac Arrest in Secondary Schools

Mr. Puglia stated that a question had been posed to him about using an AED Defibrillator at away games. This led to a discussion in which Dr. Roberts shared his knowledge about sudden death in athletes, the relevant statistics, screening, evaluation and treatment.

Dr. Harp referred the Advisory Board to a fact sheet for student athletes about sudden cardiac arrest that was developed by the Indiana Department of Education Sudden Cardiac Arrest Advisory Board.

5. BOC Disciplinary Reporting

Ms. Opher addressed the e-mail from Shannon Fleming which provided information about the Disciplinary Action Exchange portal at the BOC.

The Board of Medicine has been reporting discipline to the BOC for many years. Ms. Opher said that she would ensure the Board's disciplinary unit was aware of the electronic reporting capability.

6. Regulations Governing the Licensure of Athletic Trainers *(for reference only)*

---DRAFT UNAPPROVED---

7. Defining a Clinical Position Serving on the Advisory Board

Mr. Puglia asked for clarification of the requirements for the 3 AT's on the Advisory Board, specifically the "private sector" position. Discussion viewed "private sector" as non-governmental.

ANNOUNCEMENTS

Ms. Mason informed the Advisory Board that there are currently 1,659 Athletic Trainers licensed with the Board of Medicine, 295 out of state and 4 that are inactive.

Ms. Opher also mentioned the appointments of the members ending on June 30, 2019.

NEXT MEETING DATE

October 3, 2019 at 10 a.m.

ADJOURNMENT

With no other business to conduct, the meeting adjourned at 11:58 a.m.

Michael Puglia, AT, Chair

William L. Harp, M.D., Executive Director

Denise Mason, Licensing Specialist

Report of the 2020 General Assembly

Advisory Board on Athletic Training

HB 42 Health care providers; screening of patients for prenatal and postpartum depression, training.

Chief patron: Samirah

Summary as introduced:

Health care providers; screening of patients for prenatal and postpartum depression; training. Directs the Boards of Medicine and Nursing to adopt regulations requiring licensees who provide primary, maternity, obstetrical, or gynecological health care services to complete a training program on prenatal and postnatal depression in women. Such training program shall include information on risk factors for and signs and symptoms of prenatal and postnatal depression, resources for the treatment and management of prenatal and postnatal depression, and steps the practitioner can take to link patients to such resources. The bill also requires the Board of Medicine to adopt regulations requiring licensees who provide primary, maternity, obstetrical, or gynecological health care services to screen all patients who are pregnant or who have been pregnant within the previous five years for prenatal or postnatal depression or other depression, as appropriate.

11/19/19 House: Prefiled and ordered printed; offered 01/08/20 20100344D

11/19/19 House: Referred to Committee on Health, Welfare and Institutions

01/13/20 House: Impact statement from DPB (HB42)

01/15/20 House: Assigned HWI sub: Health Professions

HB 188 Health care services; payment estimates.

Chief patron: Levine

Summary as introduced:

Health care services; payment estimates. Requires hospitals and practitioners licensed by the Board of Medicine to provide a patient or the representative of a patient scheduled to receive a nonemergency procedure, test, or service to be performed by the hospital or practitioner with an estimate of the payment amount for which the patient will be responsible no later than one week after the scheduling of such procedure, test, or service. Currently, only hospitals are required to provide such estimate, and such estimate is required only (i) for elective procedures, tests, or services; (ii) within three days of the procedure, test, or service; and (iii) upon request of the patient or his representative.

12/26/19 House: Prefiled and ordered printed; offered 01/08/20 20100999D
 12/26/19 House: Referred to Committee on Health, Welfare and Institutions
 01/22/20 House: Assigned HWI sub: Health Professions
 01/22/20 House: Impact statement from DPB (HB188)

HB 385 Chiropractic, practice of; clarifies definition.

Chief patron: Sickles

Summary as introduced:

Practice of chiropractic; definition. Clarifies the definition of "practice of chiropractic" to make clear that a doctor of chiropractic may (i) request, receive, and review a patient's medical and physical history, including information related to past surgical and nonsurgical treatment of the patient and controlled substances prescribed to patients, and (ii) document in a patient's record information related to the condition and symptoms of the patient, the diagnosis of the patient made by the doctor of chiropractic, and the treatment provided to the patient by the doctor of chiropractic.

01/02/20 House: Prefiled and ordered printed; offered 01/08/20 20101873D
 01/02/20 House: Referred to Committee on Health, Welfare and Institutions
 01/13/20 House: Impact statement from DPB (HB385)
 01/28/20 House: House committee, floor amendments and substitutes offered

HB 471 Health professionals; unprofessional conduct, reporting.

Chief patron: Collins

Summary as introduced:

Health professionals; unprofessional conduct; reporting. Requires the chief executive officer and the chief of staff of every hospital or other health care institution in the Commonwealth, the director of every licensed home health or hospice organization, the director of every accredited home health organization exempt from licensure, the administrator of every licensed assisted living facility, and the administrator of every provider licensed by the Department of Behavioral Health and Developmental Services in the Commonwealth to report to the Department of Health Professions any information of which he may become aware in his professional capacity that he has determined, in good faith, after investigation, review, or consultation, if and as needed, with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, indicates that there is a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct. Current law requires information to be reported if the information indicates, after reasonable investigation and consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct.

01/21/20 House: Referred from Health, Welfare and Institutions
 01/21/20 House: Referred to Committee for Courts of Justice

01/23/20 House: Assigned Courts sub: Civil

01/27/20 House: House subcommittee amendments and substitutes offered

01/27/20 House: Subcommittee recommends reporting with substitute (8-Y 0-N)

HB 601 Administrative Process Act; review of occupational regulations.

Chief patron: Freitas

Summary as introduced:

Administrative Process Act; review of occupational regulations. Creates a procedure by which a person may petition an agency to review whether an existing occupational regulation is necessary for the protection or preservation of the health, safety, and welfare of the public and meets other statutorily enumerated criteria. The bill also creates a cause of action whereby any person who is adversely affected or aggrieved by an occupational regulation that such person believes is not necessary for the protection or preservation of the health, safety, and welfare of the public or does not meet other statutorily enumerated criteria may seek judicial review of such regulation. The bill provides that the burden of proof shall be upon the party complaining of the occupational regulation to demonstrate by a preponderance of the evidence that the challenged occupational regulation on its face or in its effect burdens the entry into or participation in an occupation and, thereafter, the burden shall be upon the agency to demonstrate by a preponderance of the evidence that the challenged occupational regulation is necessary to protect or preserve the health, safety, and welfare of the public and complies with certain other statutorily enumerated requirements. The bill provides that if the court finds in favor of the party complaining of the agency action, the court shall declare the regulation null and void.

01/06/20 House: Prefiled and ordered printed; offered 01/08/20 20100327D

01/06/20 House: Referred to Committee on General Laws

01/24/20 House: Assigned GL sub: Professions/Occupations and Administrative Process

HB 650 Naloxone or other opioid antagonist; possession and administration.

Chief patron: Hope

Summary as introduced:

Naloxone; possession and administration. Provides that a person who is not otherwise authorized to administer naloxone or other opioid antagonist used for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose, provided the administration is in good faith and absent gross negligence or willful and wanton misconduct.

01/06/20 House: Prefiled and ordered printed; offered 01/08/20 20104901D

01/06/20 House: Referred to Committee on Health, Welfare and Institutions

01/15/20 House: Assigned HWI sub: Health Professions

HB 860 Inhaled asthma medication; professional use by practitioners.

Chief patron: Bell

Summary as introduced:

Professional use by practitioners; administration of inhaled asthma medication. Provides that a prescriber may authorize pursuant to a written order or standing protocol issued within the course of the prescriber's professional practice, and with the consent of the student's parents, an employee of (i) a school board, (ii) a school for students with disabilities, or (iii) an accredited private school who is trained in the administration or supervision of self-administered inhaled asthma medications to administer or supervise the self-administration of such medication to a student diagnosed with a condition requiring inhaled asthma medications when the student is believed to be experiencing or about to experience an asthmatic crisis. Such authorization shall be effective only when a licensed nurse, nurse practitioner, physician, or physician assistant is not present to perform the administration of the medication.

01/24/20 House: Read second time

01/24/20 House: Committee substitute agreed to 20105551D-H1

01/24/20 House: Engrossed by House - committee substitute HB860H1

01/27/20 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

01/27/20 House: VOTE: (99-Y 0-N)

HB 967 Military service members and veterans; expediting the issuance of credentials to spouses.

Chief patron: Willett

Summary as introduced:

Professions and occupations; expediting the issuance of credentials to spouses of military service members. Provides for the expedited issuance of credentials to the spouses of military service members who are ordered to federal active duty under Title 10 of the United States Code if the spouse accompanies the service member to the Commonwealth or an adjoining state or the District of Columbia. Under current law, the expedited review is provided more generally for active duty members of the military who are the subject of a military transfer to the Commonwealth. The bill also authorizes a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions or any other board in Title 54.1 (Professions and Occupations) to waive any requirement relating to experience if the board determines that the documentation provided by the applicant supports such waiver.

01/24/20 House: Read second time

01/24/20 House: Committee substitute agreed to 20105996D-H1

01/24/20 House: Engrossed by House - committee substitute HB967H1

01/27/20 House: Read third time and passed House (98-Y 0-N)

01/27/20 House: VOTE: Passage (98-Y 0-N)

HB 982 Professions and occupations; licensure by endorsement.

Chief patron: Webert

Summary as introduced:

Professions and occupations; licensure by endorsement. Establishes criteria for an individual licensed, certified, or having work experience in another state, the District of Columbia, or any territory or possession of the United States to apply to a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions and be issued an occupational license or government certification if certain conditions are met.

01/07/20 House: Referred to Committee on General Laws

01/15/20 House: Assigned GL sub: Professions/Occupations and Administrative Process

01/23/20 House: House subcommittee amendments and substitutes offered

01/23/20 House: Subcommittee recommends reporting with substitute (7-Y 1-N)

01/27/20 House: Impact statement from DPB (HB982)

HB 1040 Naturopathic doctors; Board of Medicine to license and regulate.

Chief patron: Rasoul

Summary as introduced:

Naturopathic doctors; license required. Requires the Board of Medicine to license and regulate naturopathic doctors, defined in the bill as an individual, other than a doctor of medicine, osteopathy, chiropractic, or podiatry, who may diagnose, treat, and help prevent diseases using a system of practice that is based on the natural healing capacity of individuals, using physiological, psychological, or physical methods, and who may also use natural medicines, prescriptions, legend drugs, foods, herbs, or other natural remedies, including light and air.

01/07/20 House: Referred to Committee on Health, Welfare and Institutions

01/15/20 House: Assigned HWI sub: Health Professions

01/21/20 House: Impact statement from DPB (HB1040)

01/23/20 House: House subcommittee amendments and substitutes offered

01/23/20 House: Subcommittee recommends reporting with substitute (4-Y 2-N)

HB 1147 Epinephrine; required in certain public places.

Chief patron: Keam

Summary as introduced:

Epinephrine required in certain public places. Requires public places to make epinephrine available for administration. The bill allows employees of such public places who are authorized by a prescriber and trained in the administration of epinephrine to possess and administer epinephrine to a person present in such public place believed in good faith to be having an anaphylactic reaction. The bill also provides that an employee of such public place who is authorized by a prescriber and trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a person present in the public place believed in

good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

01/07/20 House: Referred to Committee for Courts of Justice
 01/17/20 House: Impact statement from DHCD/CLG (HB1147)
 01/22/20 House: Referred from Courts of Justice
 01/22/20 House: Referred to Committee on Health, Welfare and Institutions
 01/24/20 House: Assigned HWI sub: Health Professions

HB 1260 Athletic Training, Advisory Board on; membership.

Chief patron: Hodges

Summary as introduced:

Advisory Board on Athletic Training; membership. Provides that one member of the Advisory Board on Athletic Training shall be an athletic trainer who is currently licensed by the Board on Athletic Training who has practiced in the Commonwealth for not less than three years and is employed in the public or private sector. Currently, the law requires that the member be employed in the private sector.

01/21/20 House: Reported from Health, Welfare and Institutions (22-Y 0-N)
 01/23/20 House: Read first time
 01/24/20 House: Read second time and engrossed
 01/27/20 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)
 01/27/20 House: VOTE: (99-Y 0-N)

HB 1261 Athletic trainers; naloxone or other opioid antagonist.

Chief patron: Hodges

Summary as introduced:

Athletic trainers; naloxone or other opioid antagonist. Authorizes licensed athletic trainers to possess and administer naloxone or other opioid antagonist for overdose reversal pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice.

01/21/20 House: Reported from Health, Welfare and Institutions (22-Y 0-N)
 01/23/20 House: Read first time
 01/24/20 House: Read second time and engrossed
 01/27/20 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)
 01/27/20 House: VOTE: (99-Y 0-N)

HB 1328 Offender medical and mental health information and records; exchange of information to facility.

Chief patron: Watts

Summary as introduced:

Exchange of offender medical and mental health information and records. Provides that a health care provider who has been notified that a person to whom he has provided services is committed to a local or regional correctional facility must disclose to the person in charge of the facility any information necessary and appropriate for the continuity of care of the person committed. The bill also provides protection from civil liability for such health care provider, absent bad faith or malicious intent.

01/15/20 House: Assigned PS sub: Public Safety

01/23/20 House: Impact statement from DPB (HB1328)

01/23/20 House: Subcommittee recommends reporting with substitute (7-Y 0-N)

01/24/20 House: Reported from Public Safety with substitute (22-Y 0-N)

01/24/20 House: Committee substitute printed 20106592D-H1

HB 1506 Pharmacists; prescribing, dispensing, and administration of controlled substances.

Chief patron: Sickles

Summary as introduced:

Pharmacists; prescribing, dispensing, and administration of controlled substances.

Authorizes the prescribing, dispensing, and administration of certain controlled substances by a pharmacist, provided that such pharmacist prescribes, dispenses, or administers such controlled substances in accordance with a statewide protocol developed by the Board of Pharmacy in consultation with the Board of Medicine and set forth in regulations of the Board of Pharmacy. The bill clarifies that an accident and sickness insurance policy that provides reimbursement for a service that may be legally performed by a licensed pharmacist shall provide reimbursement for the prescribing, dispensing, or administration of controlled substances by a pharmacist when such prescribing, dispensing, or administration is in accordance with regulations of the Board of Pharmacy.

01/08/20 House: Presented and ordered printed 20105023D

01/08/20 House: Referred to Committee on Health, Welfare and Institutions

01/15/20 House: Assigned HWI sub: Health Professions

HB 1649 Health care; decision making, end of life, penalties.

Chief patron: Kory

Summary as introduced:

Health care; decision making; end of life; penalties. Allows an adult diagnosed with a terminal condition to request and an attending health care provider to prescribe a self-administered controlled substance for the purpose of ending the patient's life in a humane and dignified manner. The bill requires that a patient's request for a self-administered controlled

substance to end his life must be given orally on two occasions and in writing, signed by the patient and one witness, and that the patient be given an express opportunity to rescind his request at any time. The bill makes it a Class 2 felony (i) to willfully and deliberately alter, forge, conceal, or destroy a patient's request, or rescission of request, for a self-administered controlled substance to end his life with the intent and effect of causing the patient's death; (ii) to coerce, intimidate, or exert undue influence on a patient to request a self-administered controlled substance for the purpose of ending his life or to destroy the patient's rescission of such request with the intent and effect of causing the patient's death; or (iii) to coerce, intimidate, or exert undue influence on a patient to forgo a self-administered controlled substance for the purpose of ending the patient's life. The bill also grants immunity from civil or criminal liability and professional disciplinary action to any person who complies with the provisions of the bill and allows health care providers to refuse to participate in the provision of a self-administered controlled substance to a patient for the purpose of ending the patient's life.

01/16/20 House: Presented and ordered printed 20104784D

01/16/20 House: Referred to Committee for Courts of Justice

01/23/20 House: Impact statement from VCSC (HB1649)

01/28/20 House: Impact statement from DPB (HB1649)

HB 1683 Diagnostic medical sonography; definition, certification.

Chief patron: Hope

Summary as introduced:

Diagnostic medical sonography; certification. Defines the practice of "diagnostic medical sonography" as the use of specialized equipment to direct high-frequency sound waves into an area of the human body to generate an image. The bill provides that only a certified and registered sonographer may hold himself out as qualified to perform diagnostic medical sonography. The bill requires any person who fails to maintain current certification and registration or is subject to revocation or suspension of a certification and registration by a sonography certification organization to notify his employer and cease using ultrasound equipment or performing a diagnostic medical sonography or related procedure.

01/17/20 House: Presented and ordered printed 20105638D

01/17/20 House: Referred to Committee on Health, Welfare and Institutions

01/22/20 House: Assigned HWI sub: Health Professions

2020 SESSION

INTRODUCED

20102976D

HOUSE BILL NO. 1260

Offered January 8, 2020

Prefiled January 8, 2020

A BILL to amend and reenact § 54.1-2957.5 of the Code of Virginia, relating to Advisory Board on Athletic Training; membership.

Patrons—Hodges and Kory

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2957.5 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2957.5. Advisory Board on Athletic Training established; duties; composition; appointment; terms.

A. The Advisory Board on Athletic Training shall assist the Board in formulating its requirements for the licensure of athletic trainers. In the exercise of this responsibility, the Advisory Board shall recommend to the Board the criteria for licensure of athletic trainers and the standards of professional conduct for licensees. The Advisory Board shall also assist in such other matters relating to the practice of athletic training as the Board may require.

B. The Advisory Board shall consist of five members appointed by the Governor for four-year terms. The first appointments shall provide for staggered terms with two members being appointed for a two-year term, two members being appointed for a three-year term and one member being appointed for a four-year term. Three members shall be at the time of appointment athletic trainers who are currently licensed by the Board and who have practiced in Virginia for not less than three years, including one athletic trainer employed at a secondary school, one employed at an institution of higher education, and one employed in the public or private sector; one member shall be a physician licensed to practice medicine in the Commonwealth; and one member shall be a citizen appointed by the Governor from the Commonwealth at large.

Vacancies occurring other than by expiration of term shall be filled for the unexpired term. No person shall be eligible to serve on the Advisory Board for more than two full consecutive terms.

INTRODUCED

HB1260

20102977D

HOUSE BILL NO. 1261

Offered January 8, 2020

Prefiled January 8, 2020

A BILL to amend and reenact § 54.1-3408 of the Code of Virginia, relating to athletic trainers; naloxone or other opioid antagonist.

Patron—Hodges

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

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

§ 54.1-3408. Professional use by practitioners.

A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine or a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 shall only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice.

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

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

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

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

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

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

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

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

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

Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, any employee of a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education, or any employee of a private school that is accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

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

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

INTRODUCED

HB1261

1/14/20 12:29

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

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

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

70 F. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course
71 of his professional practice, such prescriber may authorize licensed athletic trainers to possess and
72 administer topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs; oxygen for use
73 in emergency situations; ~~and~~ epinephrine for use in emergency cases of anaphylactic shock; *and*
74 *naloxone or other opioid antagonist for overdose reversal.*

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

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

93 H. Pursuant to a written order or standing protocol issued by the prescriber within the course of his
94 professional practice, such prescriber may authorize, with the consent of the parents as defined in
95 § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in
96 § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19
97 as administered by the Virginia Council for Private Education who is trained in the administration of
98 insulin and glucagon to assist with the administration of insulin or administer glucagon to a student
99 diagnosed as having diabetes and who requires insulin injections during the school day or for whom
100 glucagon has been prescribed for the emergency treatment of hypoglycemia. Such authorization shall
101 only be effective when a licensed nurse, nurse practitioner, physician, or physician assistant is not
102 present to perform the administration of the medication.

103 Pursuant to a written order or standing protocol issued by the prescriber within the course of his
104 professional practice, such prescriber may authorize an employee of a public institution of higher
105 education or a private institution of higher education who is trained in the administration of insulin and
106 glucagon to assist with the administration of insulin or administration of glucagon to a student diagnosed
107 as having diabetes and who requires insulin injections or for whom glucagon has been prescribed for the
108 emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse,
109 nurse practitioner, physician, or physician assistant is not present to perform the administration of the
110 medication.

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

119 I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the
120 administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is

121 not physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses
122 under the supervision of a registered nurse. A prescriber acting on behalf of and in accordance with
123 established protocols of the Department of Health may authorize the administration of vaccines to any
124 person by a pharmacist, nurse, or designated emergency medical services provider who holds an
125 advanced life support certificate issued by the Commissioner of Health under the direction of an
126 operational medical director when the prescriber is not physically present. The emergency medical
127 services provider shall provide documentation of the vaccines to be recorded in the Virginia
128 Immunization Information System.

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

131 Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist
132 in the course of his professional practice, a dentist may authorize a dental hygienist under his general
133 supervision, as defined in § 54.1-2722, or his remote supervision, as defined in subsection E or F of
134 § 54.1-2722, to possess and administer topical oral fluorides, topical oral anesthetics, topical and directly
135 applied antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI
136 topical drug approved by the Board of Dentistry.

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

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

145 L. This section shall not prevent the administration of drugs by a person who has satisfactorily
146 completed a training program for this purpose approved by the Board of Nursing and who administers
147 such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of
148 administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to
149 security and record keeping, when the drugs administered would be normally self-administered by (i) an
150 individual receiving services in a program licensed by the Department of Behavioral Health and
151 Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision
152 Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the
153 placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program
154 participant of an adult day-care center licensed by the Department of Social Services; (v) a resident of
155 any facility authorized or operated by a state or local government whose primary purpose is not to
156 provide health care services; (vi) a resident of a private children's residential facility, as defined in §
157 63.2-100 and licensed by the Department of Social Services, Department of Education, or Department of
158 Behavioral Health and Developmental Services; or (vii) a student in a school for students with
159 disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

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

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

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

182 O. In addition, this section shall not prevent the administration of drugs by a person to (i) a child in
183 a child day program as defined in § 63.2-100 and regulated by the State Board of Social Services or a
184 local government pursuant to § 15.2-914, or (ii) a student of a private school that is accredited pursuant
185 to § 22.1-19 as administered by the Virginia Council for Private Education, provided such person (a) has
186 satisfactorily completed a training program for this purpose approved by the Board of Nursing and
187 taught by a registered nurse, licensed practical nurse, nurse practitioner, physician assistant, doctor of
188 medicine or osteopathic medicine, or pharmacist; (b) has obtained written authorization from a parent or
189 guardian; (c) administers drugs only to the child identified on the prescription label in accordance with
190 the prescriber's instructions pertaining to dosage, frequency, and manner of administration; and (d)
191 administers only those drugs that were dispensed from a pharmacy and maintained in the original,
192 labeled container that would normally be self-administered by the child or student, or administered by a
193 parent or guardian to the child or student.

194 P. In addition, this section shall not prevent the administration or dispensing of drugs and devices by
195 persons if they are authorized by the State Health Commissioner in accordance with protocols
196 established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has
197 declared a disaster or a state of emergency or the United States Secretary of Health and Human Services
198 has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public
199 health emergency; (ii) it is necessary to permit the provision of needed drugs or devices; and (iii) such
200 persons have received the training necessary to safely administer or dispense the needed drugs or
201 devices. Such persons shall administer or dispense all drugs or devices under the direction, control, and
202 supervision of the State Health Commissioner.

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

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

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

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

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

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

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

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

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

244 department, and emergency medical services personnel, as that term is defined in § 32.1-111.1, may
245 dispense naloxone or other opioid antagonist used for overdose reversal and a person to whom naloxone
246 or other opioid antagonist has been dispensed pursuant to this subsection may possess and administer
247 naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be
248 experiencing or about to experience a life-threatening opioid overdose. Law-enforcement officers as
249 defined in § 9.1-101, employees of the Department of Forensic Science, employees of the Office of the
250 Chief Medical Examiner, employees of the Department of General Services Division of Consolidated
251 Laboratory Services, employees of the Department of Corrections designated as probation and parole
252 officers or as correctional officers as defined in § 53.1-1, employees of regional jails, school nurses,
253 local health department employees that are assigned to a public school pursuant to an agreement
254 between the local health department and the school board, other school board employees or individuals
255 contracted by a school board to provide school health services, and firefighters who have completed a
256 training program may also possess and administer naloxone or other opioid antagonist used for overdose
257 reversal and may dispense naloxone or other opioid antagonist used for overdose reversal pursuant to an
258 oral, written, or standing order issued by a prescriber or a standing order issued by the Commissioner of
259 Health or his designee in accordance with protocols developed by the Board of Pharmacy in consultation
260 with the Board of Medicine and the Department of Health.

261 Y. Notwithstanding any other law or regulation to the contrary, a person who is acting on behalf of
262 an organization that provides services to individuals at risk of experiencing an opioid overdose or
263 training in the administration of naloxone for overdose reversal may dispense naloxone to a person who
264 has received instruction on the administration of naloxone for opioid overdose reversal, provided that
265 such dispensing is (i) pursuant to a standing order issued by a prescriber and (ii) in accordance with
266 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the
267 Department of Health. If the person acting on behalf of an organization dispenses naloxone in an
268 injectable formulation with a hypodermic needle or syringe, he shall first obtain authorization from the
269 Department of Behavioral Health and Developmental Services to train individuals on the proper
270 administration of naloxone by and proper disposal of a hypodermic needle or syringe, and he shall
271 obtain a controlled substance registration from the Board of Pharmacy. The Board of Pharmacy shall not
272 charge a fee for the issuance of such controlled substance registration. The dispensing may occur at a
273 site other than that of the controlled substance registration provided the entity possessing the controlled
274 substances registration maintains records in accordance with regulations of the Board of Pharmacy. No
275 person who dispenses naloxone on behalf of an organization pursuant to this subsection shall charge a
276 fee for the dispensing of naloxone that is greater than the cost to the organization of obtaining the
277 naloxone dispensed. A person to whom naloxone has been dispensed pursuant to this subsection may
278 possess naloxone and may administer naloxone to a person who is believed to be experiencing or about
279 to experience a life-threatening opioid overdose.

280 Z. Pursuant to a written order or standing protocol issued by the prescriber within the course of his
281 professional practice, such prescriber may authorize, with the consent of the parents as defined in
282 § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in
283 § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19
284 as administered by the Virginia Council for Private Education who is trained in the administration of
285 injected medications for the treatment of adrenal crisis resulting from a condition causing adrenal
286 insufficiency to administer such medication to a student diagnosed with a condition causing adrenal
287 insufficiency when the student is believed to be experiencing or about to experience an adrenal crisis.
288 Such authorization shall be effective only when a licensed nurse, nurse practitioner, physician, or
289 physician assistant is not present to perform the administration of the medication.

2020 SESSION**HB 59 Health carriers; licensed athletic trainers.**Introduced by: **R. Lee Ware** | [all patrons](#) ... [notes](#) | [add to my profiles](#)**SUMMARY AS INTRODUCED:**

Health carriers; licensed athletic trainers. Requires health insurers and health service plan providers whose policies or contracts cover services that may be legally performed by a licensed athletic trainer to provide equal coverage for such services when rendered by a licensed athletic trainer.

FULL TEXT**12/03/19 House: Prefiled and ordered printed; offered 01/08/20 20101545D** [pdf](#) | [impact statement](#)**HISTORY****12/03/19 House: Prefiled and ordered printed; offered 01/08/20 20101545D****12/03/19 House: Referred to Committee on Labor and Commerce****01/16/20 House: Continued to 2021 in Labor and Commerce by voice vote**

Excerpt of Minutes on Discussion of Dry Needling at the February 1, 2018 Advisory Meeting

3. Dry Needling by Athletic Trainers

Sara Whiteside led the discussion regarding the states that allow athletic trainers to practice dry needling as well as what is needed for athletic trainers to practice dry needling in Virginia. Alan Heaberlin informed the Advisory Board that in order for dry needling to be included in the athletic trainers' scope of practice, the General Assembly would need to add it through legislation. Mr. Heaberlin suggested that a professional organization that represents athletic trainers might find a patron in the General Assembly willing to introduce the legislation.

Excerpt of Minutes on Discussion of Dry Needling at the June 7, 2018 Advisory Meeting

2. Dry Needling by Athletic Trainers

Elaine Yeatts started the discussion with the history of dry needling saying that it is not an entry level skill, that adoption of regulations would be required, and that such expansions of scope have been met with legal challenges in a number of states. The Advisory Board understood the issue and took no action.



Dry Needling in Athletic Training

Dry Needling

Dry needling involves the use of solid filiform needles for the treatment of musculoskeletal pain and soft tissue dysfunction. The insertion of needles into specific targets may increase local blood flow to tissue and relax trigger point related muscular tension resulting in decreased pain and improved function. Dry needling is a treatment technique that has been utilized by physiotherapists in the United States since 1984. Since that time, there has been a significant increase in dry needling certification programs and continuing education courses.

Athletic Training State Practice Acts

Currently, there is no profession-wide standard that defines athletic trainer competence in dry needling. Prior to performing dry needling, athletic trainers must ensure their state practice act does not prohibit them from performing dry needling as part of the athletic training plan of care. Additionally, athletic trainers must satisfy any requisite educational and training necessary to provide dry needling. Athletic trainers may have to produce evidence of appropriate training and demonstrate knowledge and competency in dry needling.

Commercial Insurance Coverage

Athletic trainers who wish to bill a third-party payer for dry needling should first check the insurer's policy to determine if dry needling is a covered service and which code to use when billing for the service. There is no guarantee that insurers will cover the service, as many insurers consider dry needling to be experimental or investigational. Self-pay (by the patient) may be the only way to get reimbursed for dry needling services. Reimbursement for dry needling remains unresolved, and varies widely from state to state.

CPT Coding

If the insurer does not have a policy which specifies the CPT code to use, it is recommended that athletic trainers use the unlisted physical medicine/rehabilitation service or procedure code (CPT code 97799).

For more information, contact:

Amy Callender, Director of Government Affairs for NATA, at (972) 532-8853 or amyc@nata.org.

For more information, please visit: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4458928/> and <http://www.jospt.org/doi/full/10.2519/jospt.2013.0505?code=jospt-site>

Part IV. Standards of Practice.

18VAC85-120-110. Individual responsibilities.

A. The athletic trainer's responsibilities are to evaluate the individual being treated, plan the treatment program, and administer and document treatment within the limit of his professional knowledge, judgment, and skills and in accordance with the practice of athletic training as set forth in § 54.1-2900 of the Code of Virginia.

B. An athletic trainer practices under the direction of the individual's physician or under the direction of any doctor of medicine, osteopathy, chiropractic, podiatry, or dentistry.

Excerpt of Minutes on Discussion of Exertional Heat Illnesses at the June 9, 2016
Advisory Meeting

4. Best Practices for Exertional Heat Illnesses

Ms. Whiteside led the Advisory Board in a discussion regarding best practices for exertional heat illnesses, and the necessity of core temperature evaluations. Ms. Whiteside informed the Advisory Board that measuring rectal temperature is the gold standard for core temperature evaluation. Additionally, NATA stated that failure to do so is not providing an appropriate standard of care and may negatively impact treatment for heat-related illnesses. The Advisory Board stated that proper education should be provided to athletes and their families early on in case the need arises to evaluate a heat-related illness.

Commonwealth of Virginia



REGULATIONS

GOVERNING THE LICENSURE OF ATHLETIC TRAINERS

VIRGINIA BOARD OF MEDICINE

Title of Regulations: 18 VAC 85-120-10 et seq.

**Statutory Authority: § 54.1-2400 and Chapter 29
of Title 54.1 of the *Code of Virginia***

Revised date: October 2, 2019

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Part I. General Provisions.

18VAC85-120-10. Definitions.

In addition to words and terms defined in §54.1-2900 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Advisory board" means the Advisory Board on Athletic Training to the board as specified in §54.1-2957.5 of the Code of Virginia.

"Athletic trainer" means a person licensed by the Virginia Board of Medicine to engage in the practice of athletic training as defined in §54.1-2900 of the Code of Virginia.

"Board" means the Virginia Board of Medicine.

"Direction" means authorization by a doctor of medicine, osteopathy, chiropractic, podiatry, or dentistry for care and treatment by a verbal order if the doctor or dentist is present or by written order, telecommunication, plans of care, protocols, or standing orders if the doctor or dentist is not present.

"NATABOC" means the National Athletic Trainers' Association Board of Certification.

"Student athletic trainer" means a person enrolled in an accredited bachelor's or master's level educational program in athletic training.

18VAC85-120-20. Public participation.

A separate board regulation, 18VAC85-11, entitled Public Participation Guidelines, provides for involvement of the public in the development of all regulations of the Virginia Board of Medicine.

18VAC85-120-30. Current name and address.

Each licensee shall furnish the board his current name and address of record. All notices required by law or by these regulations to be given by the board to any such licensee shall be validly given when sent to the latest address of record given to the board. Any change of name or address of record or the public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

18VAC85-120-35. Fees.

A. Unless otherwise provided, fees listed in this section shall not be refundable.

B. The following fees have been adopted by the board:

1. The application fee shall be \$130.

2. The fee for renewal of licensure shall be \$135 and shall be due in the licensee's birth month, in each odd-numbered year.
3. A fee of \$50 for processing a late renewal within one renewal cycle shall be paid in addition to the renewal fee.
4. The fee for reinstatement of a license that has expired for two or more years shall be \$180 and shall be submitted with an application for reinstatement.
5. The fee for reinstatement of a license pursuant to §54.1-2408.2 of the Code of Virginia shall be \$2,000.
6. The fee for a duplicate renewal license shall be \$5, and the fee for a duplicate wall certificate shall be \$15.
7. The fee for a returned check shall be \$35.
8. The fee for a letter of verification to another jurisdiction shall be \$10.
9. The fee for an inactive license shall be \$70, and the fee for a late renewal shall be \$25.
10. For 2021, the fee for renewal of an active license shall be \$108, and the fee for renewal of an inactive license shall be \$54.

Part II. Requirements for Licensure as an athletic trainer.

18VAC85-120-40. General requirements.

No person shall practice or hold himself out as practicing as an athletic trainer in the Commonwealth unless licensed by the board except as provided in §54.1-2957.6 of the Code of Virginia.

18VAC85-120-50. Requirements for licensure.

An applicant for licensure shall submit evidence of meeting the following requirements for licensure on forms provided by the board:

1. A completed application and fee as prescribed in 18VAC85-130-150;
2. Verification of professional activity as required on the application form;
3. Evidence of current NATABOC certification; and
4. If licensed or certified in any other jurisdiction, documentation of practice as an athletic trainer and verification as to whether there has been any disciplinary action taken or pending in that jurisdiction.

18VAC85-120-60. (Repealed)

18VAC85-120-70. (Repealed)**18VAC85-120-75. Temporary authorization to practice.**

Upon written request from an applicant and his employer and for good cause shown, an applicant who provides documentation of current NATABOC certification and, if licensed or certified by another jurisdiction in the United States, documentation that his license or certificate is current and unrestricted, may be granted temporary authorization to practice as an athletic trainer for 45 days pending submission of all other required documentation and issuance of a license. At the discretion of the board, additional time, not to exceed 15 days, may be allowed to complete the application process.

18VAC85-120-80. Provisional licensure.

A. An applicant who has been approved by NATABOC to sit for the certification examination may be granted a provisional license to practice athletic training under the supervision and control of an athletic trainer.

B. The graduate shall submit an application for a provisional license to the board for review and approval by the Chair of the Advisory Board on Athletic Training or his designee.

C. The provisional license shall expire six months from issuance or upon receipt of notification of a failing score on the NATABOC certification examination or upon licensure as an athletic trainer by the board, whichever comes first.

18VAC85-120-85. Registration for voluntary practice by out-of-state athletic trainers.

Any athletic trainer who does not hold a license to practice in Virginia and who seeks registration to practice on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least five business days prior to engaging in such practice. An incomplete application will not be considered;
2. Provide a complete record of professional certification or licensure in each state in which he has held a certificate or license and a copy of any current certificate or license;
3. Provide the name of the nonprofit organization, the dates and location of the voluntary provision of services;
4. Pay a registration fee of \$10; and
5. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 27 of §54.1-2901 of the Code of Virginia.

Part III. Renewal and Reinstatement.**18VAC85-120-90. Renewal of license.**

A. Every athletic trainer intending to continue licensure shall biennially in each odd-numbered year in his birth month:

1. Register with the board for renewal of licensure;
2. Pay the prescribed renewal fee at the time he files for renewal; and
3. Attest to current NATABOC certification.

B. An athletic trainer whose license has not been renewed by the first day of the month following the month in which renewal is required shall pay a late fee as prescribed in 18VAC85-120-150.

18VAC85-120-95. Inactive licensure.

A. An athletic trainer who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required fee, be issued an inactive license.

1. The holder of an inactive license shall not be required to maintain NATABOC certification.
2. An inactive licensee shall not be entitled to practice as an athletic trainer in Virginia.

B. An inactive licensee may reactivate his license upon submission of:

1. The required application;
2. Payment of the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure for the biennium in which the license is being reactivated; and
3. Documentation of having maintained certification or having been recertified by the NATABOC.

C. The board reserves the right to deny a request for reactivation to any licensee who has been determined to have committed an act in violation of §54.1-2915 of the Code of Virginia or any provisions of this chapter.

18VAC85-120-100. Reinstatement.

A. In order to reinstate a license that has been lapsed for more than two years, an athletic trainer shall file an application for reinstatement, pay the fee for reinstatement of his license as prescribed in 18VAC85-120-150, and submit to the board evidence of current certification by NATABOC.

B. An athletic trainer whose license has been revoked by the board and who wishes to be reinstated shall file a new application to the board and pay the fee for reinstatement of his license as prescribed in 18VAC85-120-150 pursuant to §54.1-2408.2 of the Code of Virginia.

Part IV. Standards of Practice.

18VAC85-120-110. Individual responsibilities.

A. The athletic trainer's responsibilities are to evaluate the individual being treated, plan the treatment program, and administer and document treatment within the limit of his professional knowledge, judgment, and skills and in accordance with the practice of athletic training as set forth in § 54.1-2900 of the Code of Virginia.

B. An athletic trainer practices under the direction of the individual's physician or under the direction of any doctor of medicine, osteopathy, chiropractic, podiatry, or dentistry.

18VAC85-120-120. General responsibilities.

A. An athletic trainer shall be responsible for the actions of persons engaging in the practice of athletic training under his supervision and direction.

B. An athletic trainer shall ensure that unlicensed persons under his supervision shall not perform those functions that require professional judgment or discretion in the practice of athletic training.

18VAC85-120-130. Supervisory responsibilities.

A. The athletic trainer supervising the practice of persons holding a provisional license issued by the board shall develop a written protocol with the provisional licensee to include but not be limited to the following:

1. Provisions for daily, on-site review and evaluation of services being provided, including a review of outcomes for individuals being treated; and
2. Guidelines for availability and ongoing communications proportionate to such factors as practice setting, acuity of population being served, and experience of the provisional licensee.

B. The athletic trainer supervising the practice of student athletic trainers shall:

1. Provide daily, on-site supervision and shall plan, direct, advise and evaluate the performance and experience of the student athletic trainer.
2. Delegate only nondiscretionary tasks that are appropriate to the level of competency and experience of the student athletic trainer, practice setting and acuity of population being served.

18VAC85-120-140. Violations.

Violations of Chapter 29 (§54.1-2900 et seq.) of Title 54.1 of the Code of Virginia may subject a licensee to sanctions as set forth in §54.1-2915 of the Code of Virginia.

Part V. Fees .

18VAC85-120-150. (Repealed)

Part VI. Standards of Professional Conduct.

18VAC85-120-155. Confidentiality.

A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

18VAC85-120-156. Patient records.

- A. Practitioners shall comply with provisions of § 32.1-127.1:03 related to the confidentiality and disclosure of patient records.
- B. Practitioners shall provide patient records to another practitioner or to the patient or his personal representative in a timely manner and in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.
- C. Practitioners shall properly manage patient records and keep timely, accurate, legible and complete patient records.
- D. Practitioners who are employed by a health care institution, school system or other entity, in which the individual practitioner does not own or maintain his own records, shall maintain patient records in accordance with the policies and procedures of the employing entity.
- E. Practitioners who are self-employed or employed by an entity in which the individual practitioner does own and is responsible for patient records shall:
1. Maintain a patient record for a minimum of six years following the last patient encounter with the following exceptions:
 - a. Records of a minor child, including immunizations, shall be maintained until the child reaches the age of 18 or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child;
 - b. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative; or
 - c. Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.
- E. From October 19, 2005, athletic trainers who maintain their own patient records shall post information or in some manner inform all patients concerning the time frame for record retention and destruction. Patient records shall only be destroyed in a manner that protects patient confidentiality, such as by incineration or shredding.

F. When a practitioner is closing, selling or relocating his practice, he shall meet the requirements of § 54.1-2405 of the Code of Virginia for giving notice that copies of records can be sent to any like-regulated provider of the patient's choice or provided to the patient.

18VAC85-120-157. Practitioner-patient communication.

A. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately present information to a patient or his legally authorized representative in understandable terms and encourage participation in decisions regarding the patient's care.

B. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a medication, treatment, or procedure provided or directed by the practitioner in the treatment of any disease or condition.

C. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as subjects in human research with the exception of retrospective chart reviews.

18VAC85-120-158. Practitioner responsibility.

A. A practitioner shall not:

1. Perform procedures or techniques that are outside the scope of his practice or for which he is not trained and individually competent;

2. Knowingly allow subordinates to jeopardize patient safety or provide patient care outside of the subordinate's scope of practice or area of responsibility. Practitioners shall delegate patient care only to subordinates who are properly trained and supervised;

3. Engage in an egregious pattern of disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; or

4. Exploit the practitioner/patient relationship for personal gain.

B. Advocating for patient safety or improvement in patient care within a health care entity shall not constitute disruptive behavior provided the practitioner does not engage in behavior prohibited in A 3 of this section.

18VAC85-120-159. Vitamins, minerals and food supplements.

A. The recommendation or direction for the use of vitamins, minerals or food supplements and the rationale for that recommendation shall be documented by the practitioner. The recommendation or direction shall be based upon a reasonable expectation that such use will result in a favorable patient outcome, including preventive practices, and that a greater benefit will be achieved than that which can be expected without such use.

B. Vitamins, minerals, or food supplements, or a combination of the three, shall not be sold, dispensed, recommended, prescribed, or suggested in doses that would be contraindicated based on the individual patient's overall medical condition and medications.

C. The practitioner shall conform to the standards of his particular branch of the healing arts in the therapeutic application of vitamins, minerals or food supplement therapy.

18VAC85-120-160 Anabolic steroids.

An athletic trainer shall not sell, dispense, or administer anabolic steroids to any patient.

18VAC85-120-161. Sexual contact.

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, sexual contact includes, but is not limited to, sexual behavior or verbal or physical behavior which:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient, or both; or
2. May reasonably be interpreted as romantic involvement with a patient regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a patient.

1. The determination of when a person is a patient for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a patient until the patient-practitioner relationship is terminated.

2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a patient does not change the nature of the conduct nor negate the statutory prohibition.

C. Sexual contact between a practitioner and a former patient.

Sexual contact between a practitioner and a former patient after termination of the practitioner-patient relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care. For purposes of this section, key third party of a patient shall mean: spouse or partner, parent or child, guardian, or legal representative of the patient.

D. Sexual contact between a supervisor and a trainee shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

18VAC85-120-162. Refusal to provide information.

A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.