1999 ANNUAL REPORT OF

THE JOINT COMMISSION ON HEALTH CARE

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

HOUSE DOCUMENT NO. 102

COMMONWEALTH OF VIRGINIA
RICHMOND
2000

COMMONWEALTH of VIRGINIA

Joint Commission on Health Care

Delegate Kenneth R. Melvin
Chairman

Patrick W. Finnerty
Executive Director

May 10, 2000

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TO: The Honorable James S. Gilmore, III, Governor of Virginia
and Members of the General Assembly

Pursuant to the provisions of the Code of Virginia (Title 9, Chapter 38, §§9-311 through 9-316) establishing the Joint Commission on Health Care and setting forth its purpose, we have the honor of submitting herewith the Annual Report for the calendar year ending December 31, 1999.

This 1999 annual report includes a summary of the Joint Commission's 1999 activities and legislative recommendations to the 2000 General Assembly. Copies of the legislation sponsored by the Joint Commission and passed by the 2000 General Assembly also are included.

In addition to this annual report, a separate report was published as a House or Senate document for each study the Joint Commission conducted during the year. The document numbers for these studies are identified within this report.

Sincerely,

Kenneth R. Melvin
Chairman

Patrick W. Finnerty
Executive Director

JOINT COMMISSION ON HEALTH CARE: 1999

Chairman
The Honorable Kenneth R. Melvin
Vice Chair
The Honorable Jane H. Woods

The Honorable William T. Bolling
The Honorable Joseph V. Gartlan, Jr.
The Honorable Benjamin J. Lambert, III
The Honorable Stephen H. Martin
The Honorable Edward L. Schrock
The Honorable Stanley C. Walker
The Honorable Thomas G. Baker, Jr.
The Honorable Robert H. Brink
The Honorable John J. Davies, III
The Honorable Jay W. DeBoer
The Honorable Alan A. Diamonstein
The Honorable Franklin P. Hall
The Honorable Phillip A. Hamilton
The Honorable Harvey B. Morgan

Secretary of Health and Human Resources
The Honorable Claude A. Allen

JOINT COMMISSION ON HEALTH CARE

Staff

Executive Director
Patrick W. Finnerty

Senior Health Policy Analysts
Joseph J. Hilbert
William L. Murray, Ph.D.
E. Kim Snead

Office Manager
Mamie V. White

Access to the Internet

The Joint Commission's home page on the Internet is located at:
http://legis.state.va.us/jchc/jchchome.htm

Acknowledgements

The Joint Commission extends its sincere appreciation to the Office of the Clerk of the House, the Office of the Clerk of the Senate, the Division of Legislative Services, and the Division of Legislative Automated Systems for their assistance and support throughout 1999.

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I. SUMMARY OF 1999 ACTIVITIES AND RELATED 2000 GENERAL ASSEMBLY ACTIONS

STATUTORY AUTHORITY

The Joint Commission on Health Care was created by the 1992 Session of the Virginia General Assembly, pursuant to Senate Bill 501 and House Bill 1032. This sixteen-member legislative commission, with a separately staffed agency, continues the work of the Commission on Health Care for All Virginians (Senate Joint Resolution 118, 1990 Session).

The Joint Commission is authorized in §9-311 et. seq. of the Code of Virginia. The purpose of the Commission is to study, report and make recommendations on all areas of health care provision, regulation, insurance, liability, licensing, and delivery of services. In so doing, the Commission endeavors to ensure that the greatest number of Virginians receives quality health care.

1999 JOINT COMMISSION ACTIVITIES

During 1999, the Joint Commission responded to an unprecedented 29 legislative requests for studies on a wide range of health care issues. The full Commission held nine meetings in 1999, as well as one additional meeting in January, 2000, prior to the 2000 Session of the General Assembly. All meetings were held in the General Assembly Building in Richmond. The following paragraphs summarize the proceedings of each meeting.

April 9th Meeting

At the April 9th meeting, staff presented a final status report on the Joint Commission's 1999 legislation, and an overview of the 1999 workplan. Staff also presented reports on three studies: (i) the incidence and reporting of lyme disease, (ii) organ donation and transplantation issues, and (iii) the availability of and access to acupuncture services.

May 18th Meeting

At the May 18th meeting, staff presented reports on two studies: (i) prenatal and obstetrical medical education, and (ii) the incidence, prevalence and impact of asthma.

Dennis G. Smith, Director of the Department of Medical Assistance Services, presented a status report on the Virginia Children's Medical Security Insurance Plan.

June 29th Meeting

The June 29th meeting included staff presentations on three studies regarding: (i) the need to collect additional health workforce data on Virginia nurses, (ii) Virginia's statewide cancer registry, and (iii) various licensure issues in long-term care.

July 27th Meeting

At the July 27th meeting, staff presented reports on four studies regarding: (i) the cost of providing Medicaid coverage for organ transplants for eligible adults, (ii) assisted living facilities and services for vulnerable adults in long-term care facilities, (iii) the advisability of licensing and regulating direct-entry midwives, and (iv) increasing access to dental care across the Commonwealth.

Susan L. Clark, President, Virginia League of Social Services Executives, presented an update on outreach and enrollment issues regarding the Virginia Children's Medical Security Insurance Plan.

September 15th Meeting

The September 15th meeting included staff presentations on two studies regarding : (i) the Commonwealth's health workforce programs to recruit and retain health care providers in underserved areas of the state, and (ii) the oversight and regulation of renal dialysis and mammography facilities and services.

E. Anne Peterson, M.D., M.P.H., State Health Commissioner, Virginia Department of Health, and Alfred W. Gross, Commissioner, State Corporation Commission's Bureau of Insurance, presented a status report on managed care oversight and regulation.

Donald R. Stern, M.D., Director, Virginia Department of Health's Family Health Services, and Timothy R. Shaver, M.D., President of the Virginia Transplant Council, presented a report on the Virginia Transplant Council's Strategic Plan.

Joy Hogan Rozman, Chief Executive Officer of the Virginia Health Quality Center (VHQC), presented a report on VHQC's activities and functions.

October 13th Meeting

The October 13th meeting included staff presentations on studies regarding: (i) therapeutic interchange of chemically dissimilar drugs (drug switching), and (ii) increasing the awareness and use of advanced medical directives.

Three reports were presented regarding various issues involving telemedicine: (i) staff presented a summary of a telemedicine report prepared by the Department of Medical Assistance Services regarding benefit coverage and reimbursement issues; (ii) E. Anne Peterson, M.D., M.P.H., State Health Commissioner, Virginia Department of Health, presented a status report on telemedicine initiatives in the Commonwealth; and (iii) Murray D. Rosenberg, Department of Technology Planning, presented a report regarding the compatibility of telemedicine equipment purchased by state agencies.

Dr. Peterson also presented a status report on the "Turning Point" initiative. L. Robert Bolling, Director of the Office of Minority Health, Virginia Department of Health, presented a report on the African-American health status task force and health forum.

November 16th Meeting

During the November 16th meeting, staff presented reports on two studies regarding: (i) several health insurance issues (pooled purchasing for small groups, the impact of managed care on ancillary medical services, group insurance for self-employed persons, assignment of benefits, group self-insurance associations, and various issues regarding Medicare managed care insurance and Medicare supplemental coverage for disabled and low-income beneficiaries); and (ii) the financial and operational issues affecting Virginia's three academic health centers.

Clarence H. Carter, Commissioner, Department of Social Services, presented an update on the Virginia Children's Medical Security Insurance Plan. E. Anne Peterson, M.D., M.P.H., State Health Commissioner,

Virginia Department of Health, presented an annual review of the Certificate of Public Need Program. Lastly, William L. Lukhard, President of Virginia Health Information (VHI), presented a status report on VHI's strategic plan for health care cost and quality data initiatives.

December 1st Meeting

At the December 1st meeting, staff presented a "decision matrix" that summarized all of the issues addressed by the Joint Commission during 1999. Members made decisions on what actions to take in response to a number of the issues contained in the "decision matrix," and requested legislation to be drafted for the 2000 Session of the General Assembly. Several issues were held over until the December 7th meeting.

December 7th Meeting

During the December 7th meeting, the Joint Commission completed its review of the "decision matrix," and requested additional legislation to be drafted for the 2000 Session of the General Assembly.

January 6, 2000 Meeting

At the January 6, 2000 meeting, Claude A. Allen, Secretary of Health and Human Resources, and Dennis G. Smith, Director, Department of Medical Assistance Services, presented a status report on the Children's Medical Security Insurance Plan. Staff responded to unresolved issues from the December meetings. Lastly, staff reviewed the public comments received on the Joint Commission's draft legislative proposals. The Commission made final decisions on proposed legislation and adopted its package of legislative proposals and budgetary recommendations to be introduced during the 2000 Session.

SITE VISITS AND SUBCOMMITTEE ACTIVITIES

In addition to the Joint Commission meetings summarized above, site visits were conducted at the Commonwealth's three academic health centers (Medical College of Virginia/Virginia Commonwealth University, the University of Virginia Health Sciences Center, and the Eastern Virginia Medical School). These site visits were conducted as part of the Commission's study of the financial and operational issues affecting the academic health centers.

Three subcommittees were established during 1999 to address some of the more complex and controversial studies. The Long-Term Care

Subcommittee, originally established in 1997, continued during 1999 and addressed a number of long-term care and aging issues. Senator Woods chaired the Subcommittee; the other Subcommittee members were: Senators Bolling, Gartlan, Martin, Schrock and Walker, and Delegates Melvin (ex-officio), Baker, Brink, DeBoer, Diamonstein, Hall, Hamilton, and Morgan. The Long-Term Care Subcommittee met five times and conducted two site visits during 1999.

A subcommittee also was established to address the study on the therapeutic interchange of chemically dissimilar drugs (drug switching). Senator Lambert chaired the Drug Switching Subcommittee; the other members were Senator Schrock and Delegates Melvin (ex-officio), Davies, Hall, and Morgan. The subcommittee met four times.

The third subcommittee was formed to consider the issues raised in the direct-entry midwifery study. Delegate Hamilton chaired the Midwifery Subcommittee; the other members were Senators Bolling, Gartlan, and Lambert, and Delegates Melvin (ex officio), Baker, and Brink. The Midwifery Subcommittee met three times, and held three public hearings across the state.

INDIVIDUAL STUDY REPORTS PUBLISHED BY THE JOINT COMMISSION ON HEALTH CARE

As previously reported, during 1999, the Joint Commission conducted studies in response to 29 legislative requests. These studies were presented in the form of "issue briefs" to the Commission during its 1999 meetings. Copies of each issue brief were distributed to persons attending the meetings at which the study was presented to the Joint Commission, as well as to interested parties who requested copies. The issue briefs also were posted on the Joint Commission's home page on the Internet enabling persons to download the report for review and comment.

Public comments were solicited on all of the issue briefs. Public comments were summarized and presented to the Joint Commission members at the next meeting. Following the public comment period, each issue brief was finalized and printed as either a House or Senate Document. Figure 1 identifies each of the Joint Commission's 1999 reports that were printed as separate documents.

Figure 1
1999 Individual Reports Published by the Joint Commission on Health Care

Name of Study	Authority for Study	House/Senate Document
Cancer Registry	HJR 524	House Document 73
Mammography/Renal Dialysis	HJR 642/HJR 556	House Document 74
Advanced Med. Directives	HJR 603	House Document 75
Midwifery	HJR 646	House Document 76
Prenatal/OB Med. Educat.	HJR 656	House Document 77
Asthma	HJR 729	House Document 78
Access to Dental Care	HJR 644	House Document 86
Nursing Workforce Data	HJR 682	House Document 87
Therapeutic Drugs	HJR 734	House Document 88
Health Workforce Prgms.	Budget Language	House Document 89
Health Insurance Issues	HJR 555, HJR 601, HB 2708, HB 2304 (1995), SJR 489, SB 1235/HB 871	House Document 94
Licensure Issues in Long-Term Care	SB 1172, SB 1173, and HJR 527	House Document 97
Assisted Living Issues in Long-Term Care	SJR 485, SJR 486, HJR 689, HJR 751	House Document 98
Acupuncture	SJR 498	Senate Document 36
Organ Donation/Medicaid Coverage for Transplants	SJR 454/Budget Language	Senate Document 37
Lyme Disease	SJR 347	Senate Document 46
Academic Health Centers	SJR 464	Senate Document 47

Note:
- Except as noted, all joint resolution and bill numbers are from the 1999 General Assembly Session. All House/Senate Document numbers are 2000 document numbers.

2000 LEGISLATIVE PROPOSALS

As a result of the work completed by the Joint Commission during 1999, a package of legislative proposals was introduced during the 2000 Session of the General Assembly. The following paragraphs identify each legislative proposal and the final action taken by the General Assembly and the Governor. A copy of each bill and resolution is provided in Appendix A with the page numbers identified below.

Bills

(Unless otherwise noted, all of the following bills were approved by the General Assembly and signed by the Governor.)

SB 488/ HB 1249	Requires the Board of Nursing, with such funds as may be appropriated, to collect certain workforce data from licensed nurses in Virginia. (Appendix A, pages 1-4)
SB 489/ HB 1076	Requires the Virginia Department of Health to assume responsibility for coordinating the Commonwealth's efforts in recruiting and retaining health care providers for underserved areas. (Appendix A, pages 5-8)
SB 490/ HB 1012	Requires the Virginia Department of Health, with such funds as may be appropriated, to develop a statewide comprehensive asthma management strategy. (Appendix A, pages 9-10)
SB 551/ HB 1257	Defines the Commonwealth's public policy regarding organ donor preference indicator data, and establishes the Virginia Organ and Tissue Donor Registry. (Appendix A, pages 11-12)
SB 564/ HB 1368	Establishes a scholarship and loan repayment program for registered nurses, licensed practical nurses and certified nurse aides who agree to work in a long-term care facility for a given period of time. (Appendix A, pages 13-16)
SB 565	Amends the Practitioner Self-Referral Act to make its provisions applicable to health care providers who refer patients for care in any adult care residence in which they have a financial interest. (Appendix A, page 17)

SB 575/ HB 1077	Authorizes the Virginia Cancer Registry to perform on-site data collection at consenting facilities and physician offices to improve the reporting of cancer cases. (Appendix A, pages 18-19)
SB 576/ HB 1075	Establishes a Virginia Dentist Loan Repayment Program. (Appendix A, pages 20-21)
SB 577/ HB 1194	Requires the Department of Social Services to provide training to new owners and operators of adult care residences prior to granting an initial license. (Appendix A, pages 22-23)
HB 836	Requires adult care residences, assisted living facilities and adult foster care homes receiving an auxiliary grant payment to provide access to Community Services Board (CSB) staff for the purpose of case management or assistance for the CSB clients residing in the facility or to evaluate other facility residents who request CSB services. (Appendix A, page 24)
HB 837	Requires adult care residences to disclose, upon admission and upon request, certain information regarding staffing and available services. (Appendix A, page 25)
HB 1010	Allows students in Virginia public schools who are diagnosed with asthma to carry prescribed inhaled asthma medications on their person, and self-administer the asthma medications according to the order of a licensed physician. (Appendix A, pages 26-27)
HB 1011	Includes health professional shortage areas (HPSAs) among the underserved areas in which scholarship and loan repayment recipients can complete their service requirements. (Appendix A, pages 28-33)
HB 1202	Requires the Statewide Area Health Education Centers (AHEC) Board to include in its annual report to the Secretary of Health and Human Resources, the Board of Health, the Governor and General Assembly information regarding how state general fund dollars are spent in support of the AHEC program. (Appendix A, page 34)

HB 1203 Requires licensed outpatient surgery facilities and physician offices to submit data on outpatient surgery procedures involving general anesthesia. *(Final Status: Passed by the General Assembly; vetoed by the Governor; the General Assembly sustained the Governor's veto.)* (Appendix A, pages 35-37)

HB 1250 Deletes the physician acupuncturist category of licensure by the Board of Medicine. Revises the circumstances under which persons can access acupuncture services from a licensed acupuncturist. (Appendix A, pages 38-42)

HB 1251 Renames adult care residences as assisted living facilities, and clarifies a number of issues regarding terminology, administrator qualifications, exemption from licensure, and the provision of care for residents with serious cognitive impairments. (Appendix A, pages 43-44)

HB 1476 Establishes an Advisory Council for Adult Care Residences (ACR) to advise the Board of Social Services regarding ACR regulations and the regulatory process. *(Final Status: Carried over to the 2001 Session of the General Assembly)* (Appendix A, pages 45-49)

HB 1477 Authorizes unlicensed dialysis technicians to administer specified medications according to the order of a licensed physician and under the immediate and direct supervision of a licensed registered nurse. (Appendix A, pages 50-55)

Senate Joint Resolutions (SJR) and House Joint Resolutions (HJR)

SJR 158/ HJR 221 Encourages the Governor to work with the General Assembly to establish the Virginia Long-Term Care Foundation. *(Final Status: "Passed By With Letter" in House Rules Committee)* (Appendix A, pages 56-58)

SJR 165 Requests the State Council of Higher Education for Virginia to work with Virginia's nursing schools to encourage students to obtain a certified nurse aide credential early in their nursing training. *(Final Status: "Passed By With Letter" in House Rules Committee)* (Appendix A, page 59)

SJR 169 Requests the Joint Commission on Health Care, in cooperation with the Commonwealth's academic health centers, the Senate Finance Committee, the House Appropriations Committee, the Department of Planning and Budget, and the State Council of Higher Education for Virginia to study the feasibility of establishing a "risk-sharing" formula or other model of shared accountability for funding the cost of unreimbursed indigent care at the academic health centers. *(Final Status: "Passed By With Letter" in House Rules Committee)* (Appendix A, page 60)

SJR 178 Encourages Virginia's aging community and other advocacy and health care professional organizations to include information in their publications and activities that would educate their members about Medicaid assistance programs for low-income Medicare beneficiaries. *(Final Status: Adopted by General Assembly)* (Appendix A, page 61)

SJR 197 Requests the Virginia Department of Health's Center for Quality Health Care Services and Consumer Protection and the State Corporation Commission's Bureau of Insurance to monitor consumer complaints regarding therapeutic interchange of chemically dissimilar drugs. *(Final Status: "Passed By With Letter" in House Rules Committee)* (Appendix A, pages 62-63)

HJR 172 Requests Virginia Commonwealth University's School of Dentistry to prepare and submit a plan for establishing an externship program for dental students to gain experience in practicing in underserved areas. *(Final Status: "Passed By With Letter" in House Rules Committee)* (Appendix A, page 64)

HJR 198 Requests the Joint Commission on Health Care, in cooperation with various entities, to continue its study of ways to increase access to dental care throughout the Commonwealth. *(Final Status: "Passed By With Letter" in House Rules Committee)* (Appendix A, page 65)

HJR 199 Encourages state agencies and private organizations to adopt new federal race and ethnicity standards. *(Final Status: Adopted by General Assembly)* (Appendix A, pages 66-67)

HJR 225 Requests the Technical Advisory Panel of the Indigent Health Care Trust Fund and the Department of Medical Assistance Services, in cooperation with the Virginia Department of Health, to develop an indigent pharmacy pilot program. *(Final Status: "Passed By With Letter" in House Rules Committee)* (Appendix A, pages 68-69)

HJR 227 Requests the State Health Commissioner to examine the feasibility of establishing public dental health programs to serve those communities currently without such services. *(Final Status: "Passed By With Letter" in House Rules Committee)* (Appendix A, page 70)

HJR 242 Requests various health care and long-term care associations and other appropriate entities to encourage their members to promote greater awareness of advance medical directives. *(Final Status: Adopted by General Assembly)* (Appendix A, pages 71-72)

HJR 309 Memorializes the Congress of the United States to enact further revisions to the Balanced Budget Act of 1997 to address the severe financial impact that this legislation is having on the Commonwealth's academic health centers. *(Final Status: Passed By Indefinitely in House Rules Committee)* (Appendix A, pages 73-74)

APPENDIX A:

2000 Legislation

Joint Commission on Health Care
2000 Legislation

Bills:*		Page
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SB 565	Amends the Practitioner Self-Referral Act to make its provisions applicable to health care providers who refer patients for care in any adult care residence in which they have a financial interest.	17
SB 575/ HB 1077	Authorizes the Virginia Cancer Registry to perform on-site collection at consenting facilities and physician offices to improve the reporting of cancer cases.	18 19
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HB 837	Requires adult care residences to disclose, upon admission and upon request, certain information regarding staffing and available services.	25
HB 1010	Allows students in Virginia public schools who are diagnosed with asthma to carry prescribed inhaled asthma medications on their person, and self-adminster the asthma medications according to the order of a licensed physician.	26
HB 1011	Includes health professional shortage areas (HPSAs) among the underserved areas in which scholarship and loan repayment recipients can complete their service requirements.	28
HB 1202	Requires the Statewide Area Health Education Centers (AHEC) Board to include in its annual report to the Secretary of Health and Human Resources, the Board of Health, the Governor and General Assembly information regarding how state general fund dollars are spent in support of the AHEC program.	34
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HB 1250	Deletes the physician acupuncturist category of licensure by the Board of Medicine. Revises the circumstances under which persons can access acupuncture services from a licensed acupuncturist.	38

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Resolutions:		
SJR 158/ HJR 221	Encourages the Governor to work with the General Assembly to establish the Virginia Long-Term Care Foundation. *(Final Status: "Passed By With Letter" in House Rules Committee)*	56 57
SJR 165	Requests the State Council of Higher Education for Virginia to work with Virginia's nursing schools to encourage students to obtain a certified nurse aide credential early in their nursing training.	59
SJR 169	Requests the Joint Commission on Health Care, in cooperation with the Commonwealth's academic health centers, the Senate Finance Committee, the House Appropriations Committee, the Department of Planning and Budget, and the State Council of Higher Education for Virginia to study the feasibility of establishing a "risk-sharing" formula or other model of shared accountability for funding the cost of unreimbursed indigent care at the academic health centers. *(Final Status: "Passed By With Letter" in House Rules)*	60

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Resolutions:		Page
SJR 178	Encourages Virginia's aging community and other advocacy and health care professional organizations to include information in their publications and activities that would educate their members about Medicaid assistance programs for low-income Medicare beneficiaries. *(Final Status: Adopted by General Assembly)*	61
SJR 197	Requests the Virginia Department of Health's Center for Quality Health Care Services and Consumer Protection and the State Corporation Commission's Bureau of Insurance to monitor consumer complaints regarding therapeutic interchange of chemically dissimilar drugs. *(Final Status: "Passed By With Letter" in House Rules Committee)*	62
HJR 172	Requests Virginia Commonwealth University's School of Dentistry to prepare and submit a plan for establishing an externship program for dental students to gain experience in practicing in underserved areas. *(Final Status: "Passed By With Letter" in House Rules Committee)*	64
HJR 198	Requests the Joint Commission on Health Care, in cooperation with various entities, to continue its study of ways to increase access to dental care throughout the Commonwealth. *(Final Status: "Passed By With Letter" in House Rules Committee)*	65
HJR 199	Encourages state agencies and private organizations to adopt new federal race and ethnicity standards.*(Final Status: Adopted by General Assembly)*	66
HJR 225	Requests the Technical Advisory Panel of the Indigent Health Care Trust Fund and the Department of Medical Assistance Services, in cooperation with the Virginia Department of Health, to develop an indigent pharmacy pilot program. *(Final Status: "Passed By With Letter" in House Rules Committee)*	68

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Resolutions:		**Page**
HJR 227	Requests the State Health Commissioner to examine the feasibility of establishing public dental health programs to serve those communitites currently without such services. *(Final Status: "Passed By With Letter" in House Rules Committee)*	70
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HJR 309	Memorializes the Congress of the United States to enact further revisions to the Balanced Budget Act of 1997 to address the severe financial impact that this legislation is having on the Commowealth's academic health centers. *(Final Status: Passed By Indefinitely in House Rules Committee)*	73

CHAPTER 701

An Act to amend and reenact § 54.1-3005 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 54.1-3012.1, relating to nursing workforce information.

[S 488]

Approved April 8, 2000

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-3005 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding a section numbered 54.1-3012.1 as follows:

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

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

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

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

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

4. To provide for periodic surveys of educational programs;

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

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

7. To keep a record of all its proceedings;

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

9. To approve programs that entitle professional nurses to be registered as clinical nurse specialists and to prescribe minimum standards for such programs;

10. To maintain a registry of clinical nurse specialists and to promulgate regulations governing clinical nurse specialists;

11. Expired.

12. To certify and maintain a registry of all certified massage therapists and to promulgate regulations governing the criteria for certification as a massage therapist and the standards of professional conduct for certified massage therapists;

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

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

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

§ 54.1-3012.1. Nursing workforce information.

A. With such funds as are appropriated for this purpose, the Board shall collect, store, and make available nursing workforce information regarding the various categories of nurses certified, licensed or registered under the provisions of this chapter. The information to be collected on nurses shall

include, but not be limited to: (i) demographic data; (ii) level of education; (iii) employment status; (iv) employment setting such as in a hospital, physician's office, or nursing home; (v) geographic location of employment; (vi) type of nursing position or area of specialty; and (vii) number of hours worked per week. Such information shall be collected and updated biennially, and shall be made available to interested parties only in aggregate form. Information which could identify individual nurses shall not be released in any form or manner.

B. The Board shall promulgate regulations to implement the provisions of this section. Such regulations shall include: (i) the specific number and types of nursing workforce data elements to be collected; (ii) the process by which the information is collected, stored, and made available to interested parties; (iii) provisions to ensure the confidentiality of the data to be collected and to protect the identity of all individuals submitting information; and (iv) other provisions as determined by the Board.

2. That the Board of Nursing shall promulgate regulations to implement the provisions of this act within 280 days of enactment.

CHAPTER 587

An Act to amend and reenact § 54.1-3005 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 54.1-3012.1, relating to nursing workforce information.

[H 1249]

Approved April 7, 2000

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-3005 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding a section numbered 54.1-3012.1 as follows:

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

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

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

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

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

4. To provide for periodic surveys of educational programs;

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

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

7. To keep a record of all its proceedings;

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

9. To approve programs that entitle professional nurses to be registered as clinical nurse specialists and to prescribe minimum standards for such programs;

10. To maintain a registry of clinical nurse specialists and to promulgate regulations governing clinical nurse specialists;

11. [Expired.]

12. To certify and maintain a registry of all certified massage therapists and to promulgate regulations governing the criteria for certification as a massage therapist and the standards of professional conduct for certified massage therapists;

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

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

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

§ 54.1-3012.1. Nursing workforce information.

A. With such funds as are appropriated for this purpose, the Board shall collect, store, and make available nursing workforce information regarding the various categories of nurses certified, licensed or registered under the provisions of this chapter. The information to be collected on nurses shall

include, but not be limited to: (i) demographic data; (ii) level of education; (iii) employment status; (iv) employment setting such as in a hospital, physician's office, or nursing home; (v) geographic location of employment; (vi) type of nursing position or area of specialty; and (vii) number of hours worked per week. Such information shall be collected and updated biennially, and shall be made available to interested parties only in aggregate form. Information which could identify individual nurses shall not be released in any form or manner.

B. The Board shall promulgate regulations to implement the provisions of this section. Such regulations shall include: (i) the specific number and types of nursing workforce data elements to be collected; (ii) the process by which the information is collected, stored, and made available to interested parties; (iii) provisions to ensure the confidentiality of the data to be collected and to protect the identity of all individuals submitting information; and (iv) other provisions as determined by the Board.

2. That the Board of Nursing shall promulgate regulations to implement the provisions of this act within 280 days of enactment.

VIRGINIA ACTS OF ASSEMBLY -- 2000 SESSION

CHAPTER 200

An Act to amend the Code of Virginia by adding in Chapter 4 of Title 32.1 an article numbered 8, consisting of sections numbered 32.1-122.20, 32.1-122.21, and 32.1-122.22, relating to health workforce recruitment and retention.

[S 489]

Approved March 24, 2000

Be it enacted by the General Assembly of Virginia:
1. That the Code of Virginia is amended by adding in Chapter 4 of Title 32.1 an article numbered 8, consisting of sections numbered 32.1-122.20, 32.1-122.21, and 32.1-122.22, as follows:

Article 8.
Health Workforce Recruitment and Retention.

§ 32.1-122.20. Recruitment and retention of health care providers.

The Commissioner shall direct the Commonwealth's activities and programs for recruiting and retaining health care providers for underserved populations, underserved areas, and health professional shortage areas (HPSAs) designated throughout the Commonwealth. The duties and responsibilities of the Commissioner shall include, but not be limited to:

1. Designating and updating as necessary the designation of underserved areas that meet the criteria established by the Board pursuant to § 32.1-122.5;

2. Designating and updating as necessary those areas of the state which meet the criteria of dental, primary care and mental health professional shortage areas as provided in 42 C.F.R. Part 5;

3. Administering the scholarship and loan repayment programs pursuant to Article 6 (§ 32.1-122.5 et seq.) of this chapter as well as any other programs or activities authorized in the appropriation act for recruiting and retaining providers for the Commonwealth's underserved populations, underserved areas and HPSAs;

4. Recruiting health care providers, residents, and students in Virginia and other states to care for Virginia's underserved populations and practice in underserved areas and HPSAs throughout the Commonwealth;

5. Publicizing the functions, programs, and activities of the Department available to assist providers in establishing a practice in underserved areas and HPSAs throughout the Commonwealth;

6. Coordinating the Department's health workforce activities with other state agencies as well as public and private entities in Virginia involved in health workforce training, recruitment, and retention;

7. Identifying and recommending to the Governor and the General Assembly new programs, activities, and strategies for increasing the number of providers practicing in Virginia's underserved areas and HPSAs and serving Virginia's underserved populations; and

8. Submitting annual reports, as required in § 32.1-122.22, on the activities, accomplishments, and future plans of the Department in recruiting and retaining providers for underserved populations, underserved areas and HPSAs throughout the Commonwealth.

§ 32.1-122.21. Health Workforce Advisory Committee.

The Commissioner shall establish a Health Workforce Advisory Committee to advise him on all aspects of the Department's health workforce duties and responsibilities identified in this article. The Health Workforce Advisory Committee shall include representatives of (i) each of the Commonwealth's academic health centers; (ii) the Statewide Area Health Education Center (AHEC) Program; (iii) the Virginia Primary Care Association; (iv) the Virginia Health Care Foundation; (v) the Virginia Association of Free Clinics; (vi) the Virginia Association of Nurse Executives; (vii) health care providers; (viii) health professions residents and students; and (ix) other organizations as deemed appropriate by the Commissioner.

§ 32.1-122.22. Annual report of health workforce activities.

The Commissioner shall submit an annual report to the Governor and the General Assembly regarding the Department's activities in recruiting and retaining health care providers for

underserved populations and areas and health professional shortage areas (HPSAs) throughout the Commonwealth. The annual report shall include, but not be limited to, information on: (i) the activities and accomplishments of the Department during the report period; (ii) planned activities for the coming year; (iii) the number and type of providers who have been recruited to care for Virginia's underserved populations and practice in underserved areas and HPSAs in Virginia as a result of Department activities; (iv) the retention rate of providers who have located in underserved areas and HPSAs as a result of Department activities; (v) the utilization of the scholarship and loan repayment programs authorized in Article 6 (§ 32.1-122.5 et seq.) of this chapter as well as other programs or activities authorized in the appropriation act for provider recruitment and retention; and (vi) recommendations for new programs, activities and strategies for increasing the number of providers in Virginia's underserved areas and HPSAs and serving Virginia's underserved populations. The annual report shall be submitted by October 1 of each year.

CHAPTER 175

An Act to amend the Code of Virginia by adding in Chapter 4 of Title 32.1 an article numbered 8, consisting of sections numbered 32.1-122.20, 32.1-122.21, and 32.1-122.22, relating to health workforce recruitment and retention.

[H 1076]

Approved March 24, 2000

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Chapter 4 of Title 32.1 an article numbered 8, consisting of sections numbered 32.1-122.20, 32.1-122.21, and 32.1-122.22, as follows:

Article 8.

Health Workforce Recruitment and Retention.

§ 32.1-122.20. Recruitment and retention of health care providers.

The Commissioner shall direct the Commonwealth's activities and programs for recruiting and retaining health care providers for underserved populations, underserved areas, and health professional shortage areas (HPSAs) designated throughout the Commonwealth. The duties and responsibilities of the Commissioner shall include, but not be limited to:

1. Designating and updating as necessary the designation of underserved areas that meet the criteria established by the Board pursuant to § 32.1-122.5;

2. Designating and updating as necessary those areas of the state which meet the criteria of dental, primary care and mental health professional shortage areas as provided in 42 C.F.R. Part 5;

3. Administering the scholarship and loan repayment programs pursuant to Article 6 (§ 32.1-122.5 et seq.) of this chapter as well as any other programs or activities authorized in the appropriation act for recruiting and retaining providers for the Commonwealth's, underserved populations, underserved areas and HPSAs;

4. Recruiting health care providers, residents, and students in Virginia and other states to care for Virginia's underserved populations and practice in underserved areas and HPSAs throughout the Commonwealth;

5. Publicizing the functions, programs, and activities of the Department available to assist providers in establishing a practice in underserved areas and HPSAs throughout the Commonwealth;

6. Coordinating the Department's health workforce activities with other state agencies as well as public and private entities in Virginia involved in health workforce training, recruitment, and retention;

7. Identifying and recommending to the Governor and the General Assembly new programs, activities, and strategies for increasing the number of providers practicing in Virginia's underserved areas and HPSAs and serving Virginia's underserved populations; and

8. Submitting annual reports, as required in § 32.1-122.22, on the activities, accomplishments, and future plans of the Department in recruiting and retaining providers for underserved populations, underserved areas and HPSAs throughout the Commonwealth.

§ 32.1-122.21. Health Workforce Advisory Committee.

The Commissioner shall establish a Health Workforce Advisory Committee to advise him on all aspects of the Department's health workforce duties and responsibilities identified in this article. The Health Workforce Advisory Committee shall include representatives of (i) each of the Commonwealth's academic health centers, (ii) the Statewide Area Health Education Center (AHEC) Program, (iii) the Virginia Primary Care Association, (iv) the Virginia Health Care Foundation, (v) the Virginia Association of Free Clinics, (vi) the Virginia Association of Nurse Executives, (vii) health care providers, (viii) health professions residents and students, and (ix) other organizations as deemed appropriate by the Commissioner.

§ 32.1-122.22. Annual report of health workforce activities.

The Commissioner shall submit an annual report to the Governor and the General Assembly regarding the Department's activities in recruiting and retaining health care providers for

underserved populations and areas and health professional shortage areas (HPSAs) throughout the Commonwealth. The annual report shall include, but not be limited to, information on: (i) the activities and accomplishments of the Department during the report period; (ii) planned activities for the coming year; (iii) the number and type of providers who have been recruited to care for Virginia's underserved populations and practice in underserved areas and HPSAs in Virginia as a result of Department activities; (iv) the retention rate of providers who have located in underserved areas and HPSAs as a result of Department activities; (v) the utilization of the scholarship and loan repayment programs authorized in Article 6 (§ 32.1-122.5 et seq.) of this chapter as well as other programs or activities authorized in the appropriation act for provider recruitment and retention; and (vi) recommendations for new programs, activities and strategies for increasing the number of providers in Virginia's underserved areas and HPSAs and serving Virginia's underserved populations. The annual report shall be submitted by October 1 of each year.

VIRGINIA ACTS OF ASSEMBLY -- 2000 SESSION

CHAPTER 73

An Act to amend the Code of Virginia by adding in Chapter 2 of Title 32.1 an article numbered 13, consisting of sections numbered 32.1-73.5 and 32.1-73.6, relating to statewide asthma management.

[S 490]

Approved March 10, 2000

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Chapter 2 of Title 32.1 an article numbered 13, consisting of sections numbered 32.1-73.5 and 32.1-73.6, as follows:

Article 13.

Statewide Asthma Management.

§ 32.1-73.5. Comprehensive statewide asthma management plan.

A. Using such funds as may be appropriated therefor, the Commissioner shall develop, maintain, and revise biennially a written comprehensive state plan for (i) reducing the rate of hospitalizations due to asthma and (ii) facilitating the effective management of persons with asthma residing in the Commonwealth. The plan shall address, but shall not be limited to, disease surveillance and investigation, public and professional education, identification and replication of best practices for public health and clinical interventions, public and private partnerships with health care providers, third-party payors, local school divisions, and community coalitions, and identification of sources of grant funding. The plan shall place primary emphasis on, but not be limited to, children between the ages of birth and eighteen years.

B. In order to develop the comprehensive state plan, the Commissioner shall consult with representatives of the medical, nursing, pharmacy and allied health professions, public health agencies, community coalition leaders, insurers, hospital personnel, the Department of Education and local school divisions, and other appropriate entities.

§ 32.1-73.6. Implementation of state asthma management programs.

A. Using such funds as may be appropriated for this purpose, the Commissioner shall implement programs to meet the objectives of the statewide asthma management plan. The Commissioner shall assure, to the extent feasible and appropriate, that existing Department programs, systems, and infrastructure are efficiently utilized as a basis for implementation.

B. The Board shall promulgate regulations as necessary to implement the provisions of the statewide asthma management plan.

C. The Commissioner shall report periodically to the Board concerning (i) the development and implementation of the statewide asthma management plan and (ii) the effectiveness of the Department programs in reducing the rate of hospitalizations due to asthma in the Commonwealth and facilitating more effective management of asthma.

CHAPTER 134

An Act to amend the Code of Virginia by adding in Chapter 2 of Title 32.1 an article numbered 13, consisting of sections numbered 32.1-73.5 and 32.1-73.6, relating to statewide asthma management.

[H 1012]

Approved March 17, 2000

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Chapter 2 of Title 32.1 an article numbered 13, consisting of sections numbered 32.1-73.5 and 32.1-73.6, as follows:

Article 13.

Statewide Asthma Management.

§ 32.1-73.5. Comprehensive statewide asthma management plan.

A. Using such funds as may be appropriated therefor, the Commissioner shall develop, maintain, and revise biennially a written comprehensive state plan for (i) reducing the rate of hospitalizations due to asthma and (ii) facilitating the effective management of persons with asthma residing in the Commonwealth. The plan shall address, but shall not be limited to, disease surveillance and investigation, public and professional education, identification and replication of best practices for public health and clinical interventions, public and private partnerships with health care providers, third-party payors, local school divisions, and community coalitions, and identification of sources of grant funding. The plan shall place primary emphasis on, but not be limited to, children between the ages of birth and eighteen years.

B. In order to develop the comprehensive state plan, the Commissioner shall consult with representatives of the medical, nursing, pharmacy and allied health professions, public health agencies, community coalition leaders, insurers, hospital personnel, the Department of Education and local school divisions, and other appropriate entities.

§ 32.1-73.6. Implementation of state asthma management programs.

A. Using such funds as may be appropriated for this purpose, the Commissioner shall implement programs to meet the objectives of the statewide asthma management plan. The Commissioner shall assure, to the extent feasible and appropriate, that existing Department programs, systems, and infrastructure are efficiently utilized as a basis for implementation.

B. The Board shall promulgate regulations as necessary to implement the provisions of the statewide asthma management plan.

C. The Commissioner shall report periodically to the Board concerning (i) the development and implementation of the statewide asthma management plan and (ii) the effectiveness of the Department programs in reducing the rate of hospitalizations due to asthma in the Commonwealth and facilitating more effective management of asthma.

CHAPTER 490

An Act to amend the Code of Virginia by adding a section numbered 32.1-292.2, relating to establishment of an Organ and Tissue Donor Registry.

[S 551]

Approved April 5, 2000

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 32.1-292.2 as follows:

§ 32.1-292.2. Organ and Tissue Donor Registry.

A. There is hereby established an Organ and Tissue Donor Registry for the Commonwealth to be administered by the Department of Health. The registry shall maintain, and update as needed, the pertinent information on all Virginians who have indicated a willingness to donate in accordance with § 32.1-290.

B. The registry and all information therein shall be confidential and subject to access only by the Department and designated organ procurement organizations, eye banks and tissue banks, operating in or serving Virginia and which are members of the Virginia Transplant Council, for the purpose of identifying a potential donor according to the provisions of § 32.1-127.1 or subsection F of § 46.2-342.

C. The purpose of the registry shall include, but not be limited to:

1. Providing a means of recovering an anatomical gift for transplantation or research as authorized by § 32.1-295 and subsection F of § 46.2-342; and

2. Collecting data to develop and evaluate the effectiveness of educational initiatives promoting organ, eye and tissue donation.

D. The Board, in consultation with the Virginia Transplant Council, shall promulgate regulations necessary to administer the organ and tissue donor registry. The regulations shall include, but not be limited to:

1. Recording the data subject's full name, address, sex, birth date, age, driver's license number or unique identifying number, and other pertinent identifying personal information;

2. Delegating authority to the Virginia Transplant Council to analyze registry data under research protocols directed toward determination and identification of means to promote and increase organ, eye, and tissue donation within the Commonwealth; and

3. Providing that any Virginian whose name has been placed in the registry may have his name deleted by filing an appropriate form with the Virginia Transplant Council or in accordance with subsections E and F of § 32.1-290 or subsection G of § 46.2-342.

2. That the Board of Health shall promulgate regulations to implement the provisions of this act within 280 days of enactment.

CHAPTER 481

An Act to amend the Code of Virginia by adding a section numbered 32.1-292.2, relating to establishment of an Organ and Tissue Donor Registry.

[H 1257]

Approved April 5, 2000

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 32.1-292.2 as follows:

§ 32.1-292.2. Organ and Tissue Donor Registry.

A. There is hereby established an Organ and Tissue Donor Registry for the Commonwealth to be administered by the Department of Health. The registry shall maintain, and update as needed, the pertinent information on all Virginians who have indicated a willingness to donate in accordance with § 32.1-290.

B. The registry and all information therein shall be confidential and subject to access only by the Department and designated organ procurement organizations, eye banks and tissue banks, operating in or serving Virginia and which are members of the Virginia Transplant Council, for the purpose of identifying a potential donor according to the provisions of § 32.1-127.1 or subsection F of § 46.2-342.

C. The purpose of the registry shall include, but not be limited to:

1. Providing a means of recovering an anatomical gift for transplantation or research as authorized by § 32.1-295 and subsection F of § 46.2-342; and

2. Collecting data to develop and evaluate the effectiveness of educational initiatives promoting organ, eye and tissue donation.

D. The Board, in consultation with the Virginia Transplant Council, shall promulgate regulations necessary to administer the organ and tissue donor registry. The regulations shall include, but not be limited to:

1. Recording the data subject's full name, address, sex, birth date, age, driver's license number or unique identifying number, and other pertinent identifying personal information;

2. Delegating authority to the Virginia Transplant Council to analyze registry data under research protocols directed toward determination and identification of means to promote and increase organ, eye, and tissue donation within the Commonwealth; and

3. Providing that any Virginian whose name has been placed in the registry may have his name deleted by filing an appropriate form with the Virginia Transplant Council or in accordance with subsections E and F of § 32.1-290 or subsection G of § 46.2-342.

2. That the Board of Health shall promulgate regulations to implement the provisions of this act within 280 days of enactment.

CHAPTER 254

An Act to amend and reenact §§ 32.1-122.6:01, 54.1-3011.1, and 54.1-3011.2 of the Code of Virginia, relating to nursing scholarships.

[S 564]

Approved April 2, 2000

Be it enacted by the General Assembly of Virginia:

1. That §§ 32.1-122.6:01, 54.1-3011.1, and 54.1-3011.2 of the Code of Virginia are amended and reenacted as follows:

§ 32.1-122.6:01. Board of Health to award certain scholarships and loan repayment funds.

A. The Board of Health shall award the nursing scholarships available from the Nursing Scholarship *and Loan Repayment* Fund established in § 54.1-3011.2 pursuant to the procedures for the administration of the scholarships awarded through § 23-35.9.

Eligible students shall be bona fide residents of Virginia as determined by § 23-7.4, shall be enrolled in or accepted for enrollment in nursing education programs preparing them for examination for licensure as practical nurses or registered nurses, and shall also meet such other criteria as may be established by the Board of Health. Prior to awarding any scholarship, the Board of Health shall require the recipient to agree to perform a period of nursing service in this Commonwealth for each scholarship. The Board may establish variable periods of service as conditions for receipt of scholarships according to the amounts of the awards. *In the event that fees are collected pursuant to § 54.1-3011.1,* the Board shall award ~~these~~ *the* scholarships *funded through such fees* to practical nurses and registered nurses in proportion to the funds generated by the fees for licensure from such nurses.

Eligibility for these scholarships shall be limited to a total of four academic years. The scholarships shall be awarded on a competitive basis, considering the financial needs of the applicant, and all such funds shall be used only for payment of charges for tuition, fees, room, board, or other educational expenses as prescribed by the Board of Health.

The Board of Health shall submit the names of the scholarship recipients to the Board of Nursing, which shall be responsible for transmission of the funds to the appropriate institution to be credited to the account of the recipient.

B. The Board shall establish a nursing scholarship and loan repayment program for registered nurses, licensed practical nurses, and certified nurse aides who agree to perform a period of service in a Commonwealth long-term care facility pursuant to regulations promulgated by the Board in cooperation with the Board of Nursing. The Board shall submit the names of the scholarship and loan repayment recipients to the Board of Nursing, which shall be responsible for transmission of the funds to the appropriate educational or financial institution to be credited to the account of the recipient.

1. The nursing scholarships authorized by this subsection shall be awarded to eligible students who are bona fide residents of Virginia as determined by § 23-7.4 and who are (a) accepted for enrollment or are enrolled in approved nursing education programs preparing them for examination for licensure as practical nurses or registered nurses or (b) accepted for enrollment or enrolled in approved nurse aide education programs preparing them for certification as authorized in Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1. Prior to awarding any scholarship, the Board shall require the recipient to agree to perform a period of nursing service in a long-term care facility in the Commonwealth for each scholarship. The Board may establish variable periods of service according to the amount of the award in a long-term care facility as a condition for receipt of a scholarship.

Eligibility for these scholarships shall be limited to a total of four academic years. The scholarships shall be awarded on a competitive basis, considering the financial needs of the applicant, and all such funds shall be used only for payment of charges for tuition, fees, room, board, or other educational expenses as prescribed by the Board.

2. The nursing loan repayment program authorized by this subsection shall be established for registered nurses, licensed practical nurses, and certified nurse aides who: (a) are bona fide residents of Virginia as determined by § 23-7.4, (b) have graduated from an approved educational program

pursuant to Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1, and (c) meet such other criteria as determined by the Board. Prior to awarding any funds, the Board shall require the recipient to agree to perform a period of nursing service in a long-term care facility in the Commonwealth as a condition for loan repayment according to the amount of the award.

§ 54.1-3011.1. Additional fee required for licensure of certain practitioners.

In addition to the fees authorized for licensure and renewal by § 54.1-2400, the Board ~~shall~~ *is authorized to* charge a fee ~~of~~ *not to exceed* one dollar for the licensure of every practical nurse and registered nurse to be deposited in the Nursing Scholarship *and Loan Repayment* Fund established pursuant to § 54.1-3011.2. *Such fees shall be used to fund scholarships established pursuant to § 32.1-122.6:01 A.*

§ 54.1-3011.2. Nursing Scholarship and Loan Repayment Fund.

A. There is hereby established the Nursing Scholarship *and Loan Repayment* Fund for the purpose of financing scholarships for *(a)* students enrolled in or accepted for enrollment by nursing programs which will prepare such students, upon completion, for examination to be licensed by the Board as practical nurses or registered nurses *and (b) those registered nurses, licensed practical nurses, and certified nurse aides who agree to perform a period of nursing service in a Commonwealth long-term care facility pursuant to regulations promulgated by the Board of Health in cooperation with the Board.*

B. The Fund shall be administered by the Board, in cooperation with the Director of the Department, and the scholarships shall be administered and awarded by the Board of Health pursuant to § 32.1-122.6:01. The Fund shall be maintained and administered separately from any other program or funds of the Board and the Department of Health Professions. No portion of the Fund shall be used for a purpose other than that described in this section and § 32.1-122.6:01. Any money remaining in the fund at the end of a biennium shall not revert to the general fund or the funds of the Department of Health Professions, but shall remain in the Fund to be used only for the purposes of this section. In addition to ~~the~~ *any* licensure fees ~~required~~ *that may be collected* pursuant to § 54.1-3011.1, the Fund shall also include:

1. Any funds appropriated by the General Assembly for the purposes of the Fund; and
2. Any gifts, grants, or bequests received from any private person or organization.

Upon receiving the names of the scholarship *and loan repayment program* recipients from the Board of Health, the Board of Nursing shall be responsible for transmitting the funds to the appropriate institution to be credited to the account of the recipient.

2. That the Board of Health, in cooperation with the Board of Nursing, shall promulgate regulations to implement the provisions of this act within 280 days of enactment. Such regulations shall include a definition of Commonwealth long-term care facility.

CHAPTER 240

An Act to amend and reenact §§ 32.1-122.6:01, 54.1-3011.1, and 54.1-3011.2 of the Code of Virginia, relating to nursing scholarships.

[H 1368]

Approved April 2, 2000

Be it enacted by the General Assembly of Virginia:

1. That §§ 32.1-122.6:01, 54.1-3011.1, and 54.1-3011.2 of the Code of Virginia are amended and reenacted as follows:

§ 32.1-122.6:01. Board of Health to award certain scholarships and loan repayment funds.

A. The Board of Health shall award the nursing scholarships available from the Nursing Scholarship *and Loan Repayment* Fund established in § 54.1-3011.2 pursuant to the procedures for the administration of the scholarships awarded through § 23-35.9.

Eligible students shall be bona fide residents of Virginia as determined by § 23-7.4, shall be enrolled in or accepted for enrollment in nursing education programs preparing them for examination for licensure as practical nurses or registered nurses, and shall also meet such other criteria as may be established by the Board of Health. Prior to awarding any scholarship, the Board of Health shall require the recipient to agree to perform a period of nursing service in this Commonwealth for each scholarship. The Board may establish variable periods of service as conditions for receipt of scholarships according to the amounts of the awards. *In the event that fees are collected pursuant to § 54.1-3011.1,* the Board shall award ~~these~~ *the* scholarships *funded through such fees* to practical nurses and registered nurses in proportion to the funds generated by the fees for licensure from such nurses.

Eligibility for these scholarships shall be limited to a total of four academic years. The scholarships shall be awarded on a competitive basis, considering the financial needs of the applicant, and all such funds shall be used only for payment of charges for tuition, fees, room, board, or other educational expenses as prescribed by the Board of Health.

The Board of Health shall submit the names of the scholarship recipients to the Board of Nursing, which shall be responsible for transmission of the funds to the appropriate institution to be credited to the account of the recipient.

B. The Board shall establish a nursing scholarship and loan repayment program for registered nurses, licensed practical nurses, and certified nurse aides who agree to perform a period of service in a Commonwealth long-term care facility pursuant to regulations promulgated by the Board in cooperation with the Board of Nursing. The Board shall submit the names of the scholarship and loan repayment recipients to the Board of Nursing, which shall be responsible for transmission of the funds to the appropriate educational or financial institution to be credited to the account of the recipient.

1. The nursing scholarships authorized by this subsection shall be awarded to eligible students who are bona fide residents of Virginia as determined by § 23-7.4 and who are (a) accepted for enrollment or are enrolled in approved nursing education programs preparing them for examination for licensure as practical nurses or registered nurses or (b) accepted for enrollment or enrolled in approved nurse aide education programs preparing them for certification as authorized in Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1. Prior to awarding any scholarship, the Board shall require the recipient to agree to perform a period of nursing service in a long-term care facility in the Commonwealth for each scholarship. The Board may establish variable periods of service according to the amount of the award in a long-term care facility as a condition for receipt of a scholarship.

Eligibility for these scholarships shall be limited to a total of four academic years. The scholarships shall be awarded on a competitive basis, considering the financial needs of the applicant, and all such funds shall be used only for payment of charges for tuition, fees, room, board, or other educational expenses as prescribed by the Board.

2. The nursing loan repayment program authorized by this subsection shall be established for registered nurses, licensed practical nurses, and certified nurse aides who: (a) are bona fide residents of Virginia as determined by § 23-7.4, (b) have graduated from an approved educational program

pursuant to Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1, and (c) meet such other criteria as determined by the Board. Prior to awarding any funds, the Board shall require the recipient to agree to perform a period of nursing service in a long-term care facility in the Commonwealth as a condition for loan repayment according to the amount of the award.

§ 54.1-3011.1. Additional fee required for licensure of certain practitioners.

In addition to the fees authorized for licensure and renewal by § 54.1-2400, the Board ~~shall~~ *is authorized to* charge a fee ~~of~~ *not to exceed* one dollar for the licensure of every practical nurse and registered nurse to be deposited in the Nursing Scholarship *and Loan Repayment* Fund established pursuant to § 54.1-3011.2. *Such fees shall be used to fund scholarships established pursuant to § 32.1-122.6:01 A.*

§ 54.1-3011.2. Nursing Scholarship and Loan Repayment Fund.

A. There is hereby established the Nursing Scholarship *and Loan Repayment* Fund for the purpose of financing scholarships for *(a)* students enrolled in or accepted for enrollment by nursing programs which will prepare such students, upon completion, for examination to be licensed by the Board as practical nurses or registered nurses *and (b) those registered nurses, licensed practical nurses, and certified nurse aides who agree to perform a period of nursing service in a Commonwealth long-term care facility pursuant to regulations promulgated by the Board of Health in cooperation with the Board.*

B. The Fund shall be administered by the Board, in cooperation with the Director of the Department, and the scholarships shall be administered and awarded by the Board of Health pursuant to § 32.1-122.6:01. The Fund shall be maintained and administered separately from any other program or funds of the Board and the Department of Health Professions. No portion of the Fund shall be used for a purpose other than that described in this section and § 32.1-122.6:01. Any money remaining in the Fund at the end of a biennium shall not revert to the general fund or the funds of the Department of Health Professions, but shall remain in the Fund to be used only for the purposes of this section. In addition to ~~the~~ *any* licensure fees ~~required~~ *that may be collected* pursuant to § 54.1-3011.1, the Fund shall also include:

1. Any funds appropriated by the General Assembly for the purposes of the Fund; and

2. Any gifts, grants, or bequests received from any private person or organization.

Upon receiving the names of the scholarship *and loan repayment program* recipients from the Board of Health, the Board of Nursing shall be responsible for transmitting the funds to the appropriate institution to be credited to the account of the recipient.

2. That the Board of Health, in cooperation with the Board of Nursing, shall promulgate regulations to implement the provisions of this act within 280 days of enactment. Such regulations shall include a definition of Commonwealth long-term care facility.

CHAPTER 201

An Act to amend and reenact § 54.1-2410 of the Code of Virginia, relating to the Practitioner Self-Referral Act.

[S 565]

Approved March 24, 2000

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2410 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2410. Definitions.

As used in this chapter or when referring to the Board of Health Professions regulatory authority therefor, unless the context requires a different meaning:

"Board" means the Board of Health Professions.

"Community" means a city or a county.

"Demonstrated need" means (i) there is no facility in the community providing similar services and (ii) alternative financing is not available for the facility, or (iii) such other conditions as may be established by Board regulation.

"Entity" means any person, partnership, firm, corporation, or other business, *including adult care residences as defined in § 63.1-172,* that delivers health services.

"Group practice" means two or more health care practitioners who are members of the same legally organized partnership, professional corporation, not-for-profit corporation, faculty practice or similar association in which (i) each member provides substantially the full range of services within his licensed or certified scope of practice at the same location as the other members through the use of the organization's office space, facilities, equipment, or personnel; (ii) payments for services received from a member are treated as receipts of the organization; and (iii) the overhead expenses and income from the practice are distributed according to methods previously determined by the members.

"Health services" means any procedures or services related to prevention, diagnosis, treatment, and care rendered by a health care worker, regardless of whether the worker is regulated by the Commonwealth.

"Immediate family member" means the individual's spouse, child, child's spouse, stepchild, stepchild's spouse, grandchild, grandchild's spouse, parent, stepparent, parent-in-law, or sibling.

"Investment interest" means the ownership or holding of an equity or debt security, including, but not limited to, shares of stock in a corporation, interests or units of a partnership, bonds, debentures, notes, or other equity or debt instruments, except investment interests in a hospital licensed pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of Title 32.1.

"Investor" means an individual or entity directly or indirectly possessing a legal or beneficial ownership interest, including an investment interest.

"Office practice" means the facility or facilities at which a practitioner, on an ongoing basis, provides or supervises the provision of health services to consumers.

"Practitioner" means any individual certified or licensed by any of the health regulatory boards within the Department of Health Professions, except individuals regulated by the Board of Funeral Directors and Embalmers or the Board of Veterinary Medicine.

"Referral" means to send or direct a patient for health services to another health care practitioner or entity outside the referring practitioner's group practice or office practice or to establish a plan of care which requires the provision of any health services outside the referring practitioner's group practice or office practice.

CHAPTER 74

An Act to amend and reenact § 32.1-71 of the Code of Virginia and to amend the Code of Virginia by adding in Article 9 of Chapter 2 of Title 32.1 sections numbered 32.1-70.2 and 32.1-71.01, relating to the statewide cancer registry; civil penalties.

[S 575]

Approved March 10, 2000

Be it enacted by the General Assembly of Virginia:

1. That § 32.1-71 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding in Article 9 of Chapter 2 of Title 32.1 sections numbered 32.1-70.2 and 32.1-71.01 as follows:

§ 32.1-70.2. Collection of cancer case information by the Commissioner.

A. Using such funds as may be appropriated therefor, the Commissioner or his designee may perform on-site data collection of the records of patients having malignant tumors or cancers at those consenting hospitals, clinics, independent pathology laboratories and physician offices required to report information of such patients pursuant to the reporting requirements of § 32.1-70, in order to ensure the completeness and accuracy of the statewide cancer registry.

B. The selection criteria for determining which consenting hospitals, clinics, independent pathology laboratories and physician offices may be subject to on-site data collection under the provisions of this section shall include, but shall not be limited to: (i) expected annual number of cancer case reports, (ii) historical completeness and accuracy of reporting rates, and (iii) whether the facility maintains its own cancer registry.

C. The Board of Health shall promulgate regulations necessary to implement the provisions of this section.

§ 32.1-71. Confidential nature of information supplied; publication; reciprocal data-sharing agreements.

A. The Commissioner and all persons to whom information is submitted in accordance with § 32.1-70 shall keep such information confidential. *Except as authorized by the Commissioner in accordance with the provisions of § 32.1-41,* no ~~publication~~ *release* of any such information shall be made except in the form of statistical or other studies which do not identify individual cases.

B. The Commissioner may enter into reciprocal data-sharing agreements with other cancer registries for the exchange of information. Upon the provision of satisfactory assurances for the preservation of the confidentiality of such information, patient-identifying information may be exchanged with other cancer registries which have entered into reciprocal data-sharing agreements with the Commissioner.

§ 32.1-71.01. Penalties for unauthorized use of statewide cancer registry.

In addition to the remedies provided in § 32.1-27, any person who uses, discloses or releases data maintained in the statewide cancer registry in violation of § 32.1-71 shall be subject, in the discretion of the court, to a civil penalty not to exceed $25,000 for each violation, which shall be paid to the general fund.

CHAPTER 139

An Act to amend and reenact § 32.1-71 of the Code of Virginia and to amend the Code of Virginia by adding in Article 9 of Chapter 2 of Title 32.1 sections numbered 32.1-70.2 and 32.1-71.01, relating to the statewide cancer registry; civil penalties.

[H 1077]

Approved March 17, 2000

Be it enacted by the General Assembly of Virginia:

1. That § 32.1-71 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding in Article 9 of Chapter 2 of Title 32.1 sections numbered 32.1-70.2 and 32.1-71.01 as follows:

§ 32.1-70.2. Collection of cancer case information by the Commissioner.

A. Using such funds as may be appropriated therefor, the Commissioner or his designee may perform on-site data collection of the records of patients having malignant tumors or cancers at those consenting hospitals, clinics, independent pathology laboratories and physician offices required to report information of such patients pursuant to the reporting requirements of § 32.1-70, in order to ensure the completeness and accuracy of the statewide cancer registry.

B. The selection criteria for determining which consenting hospitals, clinics, independent pathology laboratories and physician offices may be subject to on-site data collection under the provisions of this section shall include, but shall not be limited to: (i) expected annual number of cancer case reports, (ii) historical completeness and accuracy of reporting rates, and (iii) whether the facility maintains its own cancer registry.

C. The Board of Health shall promulgate regulations necessary to implement the provisions of this section.

§ 32.1-71. Confidential nature of information supplied; publication; reciprocal data-sharing agreements.

A. The Commissioner and all persons to whom information is submitted in accordance with § 32.1-70 shall keep such information confidential. *Except as authorized by the Commissioner in accordance with the provisions of § 32.1-41,* no ~~publication~~ *release* of any such information shall be made except in the form of statistical or other studies which do not identify individual cases.

B. The Commissioner may enter into reciprocal data-sharing agreements with other cancer registries for the exchange of information. Upon the provision of satisfactory assurances for the preservation of the confidentiality of such information, patient-identifying information may be exchanged with other cancer registries which have entered into reciprocal data-sharing agreements with the Commissioner.

§ 32.1-71.01. Penalties for unauthorized use of statewide cancer registry.

In addition to the remedies provided in § 32.1-27, any person who uses, discloses or releases data maintained in the statewide cancer registry in violation of § 32.1-71 shall be subject, in the discretion of the court, to a civil penalty not to exceed $25,000 for each violation, which shall be paid to the general fund.

CHAPTER 202

An Act to amend the Code of Virginia by adding a section numbered 32.1-122.9:1, relating to the Dentist Loan Repayment Program.

[S 576]

Approved March 24, 2000

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 32.1-122.9:1 as follows:

§ 32.1-122.9:1. Dentist Loan Repayment Program.

A. With such funds as are appropriated for this purpose, the Board shall establish a dentist loan repayment program for graduates of accredited dental schools who meet the criteria determined by the Board. The Commissioner shall act as the fiscal agent for the Board in administration of these funds. Prior to awarding any funds, the Board shall require the recipient to agree to perform a period of dental service in this Commonwealth in an underserved area as defined in § 32.1-122.5 or a dental health professional shortage area designated in accordance with the criteria established in 42 C.F.R. Part 5.

B. Applications for participation in the program will be accepted from a graduate of any accredited dental school, but preference will be given to graduates of Virginia Commonwealth University's School of Dentistry.

2. That the Board of Health shall promulgate regulations to implement the Dentist Loan Repayment Program within 280 days of enactment of this provision.

CHAPTER 174

An Act to amend the Code of Virginia by adding a section numbered 32.1-122.9:1, relating to the Dentist Loan Repayment Program.

[H 1075]

Approved March 24, 2000

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 32.1-122.9:1 as follows:

§ 32.1-122.9:1. Dentist Loan Repayment Program.

A. With such funds as are appropriated for this purpose, the Board shall establish a dentist loan repayment program for graduates of accredited dental schools who meet the criteria determined by the Board. The Commissioner shall act as the fiscal agent for the Board in administration of these funds. Prior to awarding any funds, the Board shall require the recipient to agree to perform a period of dental service in this Commonwealth in an underserved area as defined in § 32.1-122.5 or a dental health professional shortage area designated in accordance with the criteria established in 42 C.F.R. Part 5.

B. Applications for participation in the program will be accepted from a graduate of any accredited dental school, but preference will be given to graduates of Virginia Commonwealth University's School of Dentistry.

2. That the Board of Health shall promulgate regulations to implement the Dentist Loan Repayment Program within 280 days of enactment of this provision.

CHAPTER 203

An Act to amend and reenact § 63.1-175 of the Code of Virginia, relating to adult care residences.

[S 577]

Approved March 24, 2000

Be it enacted by the General Assembly of Virginia:

1. That § 63.1-175 of the Code of Virginia is amended and reenacted as follows:

§ 63.1-175. Licenses required; expiration and renewal; maximum number of residents; restrictions on nomenclature.

A. Every person who constitutes, or who operates or maintains, an adult care residence shall obtain the appropriate license from the Commissioner, which may be renewed. The Commissioner or his designated agents, upon request, shall consult with, advise, and assist any person interested in securing and maintaining any such license. *Upon initial application for such license, any person applying to operate an adult care residence who has not previously owned or managed or does not currently own or manage such a facility shall be required to undergo training by the Commissioner or his designated agents. The Commissioner may also approve training programs provided by other entities and allow owners or managers to attend such approved training programs in lieu of training by the Department. The Commissioner may also approve for licensure applicants who meet requisite experience criteria as established by the Board. The training programs shall focus on the health and safety regulations and resident rights as they pertain to adult care residences and shall be completed by the owner or manager prior to the granting of an initial license. The Commissioner may, at his discretion, issue a license conditioned upon the owner or manager's completion of the required training.*

B. The licenses shall be issued on forms prescribed by the Commissioner. Any two or more licenses may be issued for concurrent operation of more than one adult care residence. Each license and renewals thereof may be issued for periods of up to three successive years, unless sooner revoked or surrendered. The length of each license or renewal thereof shall be based on the judgment of the Commissioner regarding the compliance history of the facility and the extent to which the adult care residence meets or exceeds state licensing standards. Based on this judgment, the Commissioner may issue licenses or renewals thereof for periods of six months, one year, two years, or three years.

C. Each license shall indicate whether the residence is licensed to provide residential living or residential living and assisted living and shall stipulate the maximum number of persons who may be cared for in the adult care residence for which it is issued.

D. Any facility licensed exclusively as an adult care residence shall not use in its title the words "convalescent," "health," "hospital," "nursing," "sanatorium," or "sanitarium," nor shall such words be used to describe the facility in brochures, advertising, or other marketing material. No facility shall advertise or market a level of care which it is not licensed to provide. Nothing in this subsection shall prohibit the facility from describing services available in the facility.

CHAPTER 178

An Act to amend and reenact § 63.1-175 of the Code of Virginia, relating to adult care residences.

[H 1194]

Approved March 24, 2000

Be it enacted by the General Assembly of Virginia:

1. That § 63.1-175 of the Code of Virginia is amended and reenacted as follows:

§ 63.1-175. Licenses required; expiration and renewal; maximum number of residents; restrictions on nomenclature.

A. Every person who constitutes, or who operates or maintains, an adult care residence shall obtain the appropriate license from the Commissioner, which may be renewed. The Commissioner or his designated agents, upon request, shall consult with, advise, and assist any person interested in securing and maintaining any such license. *Upon initial application for such license, any person applying to operate an adult care residence who has not previously owned or managed or does not currently own or manage such a facility shall be required to undergo training by the Commissioner or his designated agents. The Commissioner may also approve training programs provided by other entities and allow owners or managers to attend such approved training programs in lieu of training by the Department. The Commissioner may also approve for licensure applicants who meet requisite experience criteria as established by the Board. The training programs shall focus on the health and safety regulations and resident rights as they pertain to adult care residences and shall be completed by the owner or manager prior to the granting of an initial license. The Commissioner may, at his discretion, issue a license conditioned upon the owner or manager's completion of the required training.*

B. The licenses shall be issued on forms prescribed by the Commissioner. Any two or more licenses may be issued for concurrent operation of more than one adult care residence. Each license and renewals thereof may be issued for periods of up to three successive years, unless sooner revoked or surrendered. The length of each license or renewal thereof shall be based on the judgment of the Commissioner regarding the compliance history of the facility and the extent to which the adult care residence meets or exceeds state licensing standards. Based on this judgment, the Commissioner may issue licenses or renewals thereof for periods of six months, one year, two years, or three years.

C. Each license shall indicate whether the residence is licensed to provide residential living or residential living and assisted living and shall stipulate the maximum number of persons who may be cared for in the adult care residence for which it is issued.

D. Any facility licensed exclusively as an adult care residence shall not use in its title the words "convalescent," "health," "hospital," "nursing," "sanatorium," or "sanitarium," nor shall such words be used to describe the facility in brochures, advertising, or other marketing material. No facility shall advertise or market a level of care which it is not licensed to provide. Nothing in this subsection shall prohibit the facility from describing services available in the facility.

CHAPTER 130

An Act to amend and reenact § 63.1-177 of the Code of Virginia, relating to access to adult care residences.

[H 836]

Approved March 17, 2000

Be it enacted by the General Assembly of Virginia:

1. That § 63.1-177 of the Code of Virginia is amended and reenacted as follows:

§ 63.1-177. Inspections and interviews.

A. Applicants and licensees shall at all times afford the representatives of the Commissioner reasonable opportunity to inspect all of their facilities, books and records, and to interview their agents and employees and any person living in such facilities.

B. The Commissioner and his authorized agents shall have the right to inspect and investigate all adult care residences, interview their residents and have access to their records.

C. For any adult care residence issued a license or renewal thereof for a period of six months, the Commissioner or his authorized agents shall make at least two inspections during the six-month period, one of which shall be unannounced. For any adult care residence issued a license or renewal thereof for a period of one year, the Commissioner or his authorized agents shall make at least three inspections each year, at least two of which shall be unannounced. For any adult care residence issued a license or a renewal thereof for a period of two years, the Commissioner or his authorized agents shall make at least two inspections each year, at least one of which shall be unannounced. For any adult care residence issued a three-year license, the Commissioner or his authorized agents shall make at least one inspection each year, which shall be unannounced.

D. For any licensed adult care residence, the Commissioner may authorize such other announced or unannounced inspections as the Commissioner considers appropriate.

E. All adult care residences shall provide reasonable access to staff or contractual agents of community services boards, local government departments with policy-advisory community services boards or behavioral health authorities as defined in Title 37.1 for the purposes of (i) assessing or evaluating; (ii) providing case management or other services or assistance to; or (iii) monitoring the care of clients residing in the facility; or to evaluate other facility residents who have previously requested their services.

CHAPTER 804

An Act to amend and reenact § 63.1-174 of the Code of Virginia, relating to disclosure of staffing in adult care residences.

[H 837]

Approved April 9, 2000

Be it enacted by the General Assembly of Virginia:

1. That § 63.1-174 of the Code of Virginia is amended and reenacted as follows:

§ 63.1-174. Regulations.

A. The State Board shall have the authority to promulgate and enforce regulations to carry out the provisions of this article and to protect the health, safety, welfare and individual rights of residents of adult care residences and to promote their highest level of functioning.

B. The adult care residence shall have adequate and sufficient staff to provide services to attain and maintain (i) the physical, mental and psychosocial well-being of each resident as determined by resident assessments and individual plans of care and (ii) the physical safety of the residents on the premises. *Upon admission and upon request, the adult care residence shall provide in writing a description of the types of staff working in the facility and the services provided, including the hours such services are available.* Regulations shall include standards for staff qualifications and training; facility design, functional design and equipment; services to be provided to residents; administration of medicine; allowable medical conditions for which care can be provided; and medical procedures to be followed by staff, including provisions for physicians' services, restorative care, and specialized rehabilitative services.

C. Regulations for medical procedures in adult care residences shall be developed in consultation with the State Board of Health and promulgated by the State Board of Social Services, and compliance with these regulations shall be determined by Department of Health or Department of Social Services inspectors as provided by an interagency agreement between the Department of Social Services and the Department of Health.

CHAPTER 871

An Act to amend the Code of Virginia by adding sections numbered 8.01-226.5:1 and 22.1-274.2, relating to possession and self-administration of inhaled asthma medications by students in public schools.

[H 1010]

Approved

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding sections numbered 8.01-226.5:1 and 22.1-274.2 as follows:

§ 8.01-226.5:1. Civil immunity for school board employees.

A. Any school principal or other employee of a school board who, in good faith, without compensation, and in the absence of gross negligence or willful misconduct, supervises the self-administration of inhaled asthma medications by a student, pursuant to § 22.1-274.2, shall not be liable for any civil damages for acts or omissions resulting from the supervision of self-administration of inhaled asthma medications by such student.

B. For the purposes of this section, "employee" shall include any person employed by a local health department who is assigned to a public school pursuant to an agreement between a local health department and a school board.

§ 22.1-274.2. Possession and self-administration of inhaled asthma medications by asthmatic students.

A. Effective on July 1, 2000, local school boards shall develop and implement policies permitting a student with a diagnosis of asthma to possess and self-administer inhaled asthma medications during the school day, at school-sponsored activities, or while on a school bus or other school property. Such policies shall include, but not be limited to, provisions for:

1. Written consent of the parent, as defined in § 22.1-1, of a student with a diagnosis of asthma that the student may self-administer inhaled asthma medications.

2. Written notice from the student's primary care provider or medical specialist, or a licensed physician or licensed nurse practitioner that (i) identifies the student; (ii) states that the student has a diagnosis of asthma and has approval to self-administer inhaled asthma medications that have been prescribed or authorized for the student; (iii) specifies the name and dosage of the medication, the frequency in which it is to be administered and certain circumstances which may warrant the use of inhaled asthma medications, such as before exercising or engaging in physical activity to prevent the onset of asthmatic symptoms or to alleviate asthmatic symptoms after the onset of an asthmatic episode; and (iv) attests to the student's demonstrated ability to safely and effectively self-administer inhaled asthma medications.

3. Development of an individualized health care plan, including emergency procedures for any life-threatening conditions.

4. Consultation with the student's parent before any limitations or restrictions are imposed upon a student's possession and self-administration of inhaled asthma medications, and before the permission to possess and self-administer inhaled asthma medications at any point during the school year is revoked.

5. Self-administration of inhaled asthma medications to be consistent with the purposes of the Virginia School Health Guidelines and the Guidelines for Specialized Health Care Procedure Manuals, which are jointly issued by the Department of Education and the Department of Health.

6. Disclosure or dissemination of information pertaining to the health condition of a student to school board employees to comply with §§ 22.1-287 and 22.1-289 and the federal Family Education Rights and Privacy Act of 1974, as amended, 20 U.S.C. § 1232g, which govern the disclosure and dissemination of information contained in student scholastic records.

B. The permission granted a student with a diagnosis of asthma to possess and self-administer inhaled asthma medications shall be effective for one school year. Permission to possess and self-administer inhaled asthma medications shall be renewed annually. For the purposes of this

section, "one school year" means 365 calendar days.

2. That the Superintendent of Public Instruction shall notify local school boards of the passage of this act by a Superintendent's Administrative Memorandum within 30 days of its enactment.

CHAPTER 926

An Act to amend and reenact §§ 32.1-122.6, 32.1-122.6:02, 32.1-122.6:03, 32.1-122.6:1, 32.1-122.9, and 32.1-122.10 of the Code of Virginia, relating to medically underserved areas.

[H 1011]

Approved April 9, 2000

Be it enacted by the General Assembly of Virginia:

1. That §§ 32.1-122.6, 32.1-122.6:02, 32.1-122.6:03, 32.1-122.6:1, 32.1-122.9, and 32.1-122.10 of the Code of Virginia are amended and reenacted as follows:

§ 32.1-122.6. Conditional grants for certain medical students.

A. With such funds as are appropriated for this purpose, the Board of Health shall establish annual medical scholarships for students who intend to enter the designated specialties of family practice medicine, general internal medicine, pediatrics, and obstetrics/gynecology for students in good standing at the Medical College of Virginia of Virginia Commonwealth University, the University of Virginia School of Medicine, and the Medical College of Hampton Roads. No recipient shall be awarded more than five scholarships. The amount and number of such scholarships and the apportionment of the scholarships among the medical schools shall be determined annually as provided in the appropriation act; however, the Board shall reallocate annually any remaining funds from awards made pursuant to this section and § 32.1-122.5:1 among the schools participating in these scholarship programs, proportionally to their need, for additional medical scholarships for eligible students. The Commissioner shall act as fiscal agent for the Board in administration of the scholarship funds.

The governing boards of Virginia Commonwealth University, the University of Virginia, and the Medical College of Hampton Roads shall submit to the Commissioner the names of those eligible applicants who are most qualified as determined by the regulations of the Board for these medical scholarships. The Commissioner shall award the scholarships to the applicants whose names are submitted by the governing boards.

B. The Board, after consultation with the Medical College of Virginia, the University of Virginia School of Medicine, and the Medical College of Hampton Roads, shall promulgate regulations to administer this scholarship program which shall include, but not be limited to:

1. Qualifications of applicants;

2. Criteria for award of the scholarships to assure that recipients will fulfill the practice obligations established in this section;

3. Standards to assure that these scholarships increase access to primary health care for individuals who are indigent or who are recipients of public assistance;

4. Assurances that bona fide residents of Virginia, as determined by § 23-7.4, students of economically disadvantaged backgrounds and residents of medically underserved areas are given preference over nonresidents in determining scholarship eligibility and awards;

5. Assurances that scholarship recipients will begin medical practice in one of the designated specialties in an underserved area of the Commonwealth within two years following completion of their residencies;

6. Methods for reimbursement of the Commonwealth by recipients who fail to complete medical school or who fail to honor the obligation to engage in medical practice for a period of years equal to the number of annual scholarships received;

7. Procedures for reimbursing any recipient who has repaid the Commonwealth for part or all of any scholarship and who later fulfills the terms of his contract;

8. Procedures for transferring unused funds upon the recommendation of the Commissioner and the approval of the Department of Planning and Budget in the event any of the medical schools has not recommended the award of its full complement of scholarships by January of each year and one or both of the other medical schools has a demonstrated need for additional scholarships for that year; and

9. Reporting of data related to the recipients of the scholarships by the medical schools.

C. Prior to the award of any scholarship, the applicant shall sign a contract in which he agrees to pursue the medical course of the school nominating him for the award until his graduation or to pursue his first year of postgraduate training at the hospital or institution approved by the school nominating him for the award and upon completing a term not to exceed three years, or four years for the obstetric/gynecology specialty, as an intern or resident at an approved institution or facility intends to promptly begin and thereafter engage continuously in one of the designated specialties of medical practice in an underserved area in Virginia for a period of years equal to the number of annual scholarships received. The contract shall specify that no form of medical practice such as military service or public health service may be substituted for the obligation to practice in one of the designated specialties in an underserved area in the Commonwealth.

The contract shall provide that the applicant will not voluntarily obligate himself for more than the minimum period of military service required for physicians by the laws of the United States and that, upon completion of this minimum period of obligatory military service, the applicant will promptly begin to practice in an underserved area in one of the designated specialties for the requisite number of years. The contract shall include other provisions as considered necessary by the Attorney General and the Commissioner.

The contract may be terminated by the recipient while the recipient is enrolled in medical school upon providing notice and immediate repayment of the total amount of scholarship funds received plus interest at the prevailing bank rate for similar amounts of unsecured debt.

D. In the event the recipient fails to maintain a satisfactory scholastic standing, the recipient may, upon certification of the Commissioner, be relieved of the obligations under the contract to engage in medical practice in an underserved area upon repayment to the Commonwealth of the total amount of scholarship funds received plus interest at the prevailing bank rate for similar amounts of unsecured debt.

E. In the event the recipient dies or becomes permanently disabled so as not to be able to engage in the practice of medicine, the recipient or his estate may, upon certification of the Commissioner, be relieved of the obligation under the contract to engage in medical practice in an underserved area upon repayment to the Commonwealth of the total amount of scholarship funds plus interest on such amount computed at eight percent per annum from the date of receipt of scholarship funds. This obligation may be waived in whole or in part by the Commissioner in his discretion upon application by the recipient or his estate to the Commissioner with proof of hardship or inability to pay.

F. Except as provided in subsections D and E, any recipient of a scholarship who fails or refuses to fulfill his obligation to practice medicine in one of the designated specialties in an underserved area for a period of years equal to the number of annual scholarships received shall reimburse the Commonwealth three times the total amount of the scholarship funds received plus interest at the prevailing bank rate for similar amounts of unsecured debt. If the recipient has fulfilled part of his contractual obligations by serving in an underserved area in one of the designated specialties, the total amount of the scholarship funds received shall be reduced by the amount of the annual scholarship multiplied by the number of years served.

G. The Commissioner shall collect all repayments required by this section and may establish a schedule of payments for reimbursement consistent with the regulations of the Board. No schedule of payments shall amortize the total amount due for a period of longer than two years following the completion of the recipient's postgraduate training or the recipient's entrance into the full-time practice of medicine, whichever is later. All such funds shall be transmitted to the Comptroller for deposit in the general fund. If any recipient fails to make any payment when and as due, the Commissioner shall notify the Attorney General. The Attorney General shall take such action as he deems proper. In the event court action is required to collect a delinquent scholarship account, the recipient shall be responsible for the court costs and reasonable attorneys' fees incurred by the Commonwealth in such collection.

H. For purposes of this section, the term "underserved area" shall include those medically underserved areas designated by the Board pursuant to § 32.1-122.5 and health professional shortage areas designated in accordance with the criteria established in 42 C.F.R. Part 5.

§ 32.1-122.6:02. Conditional grants for certain nurse practitioner students.

A. The Board of Health shall establish annual nursing scholarships for students who intend to

enter an accredited nurse practitioner or nurse midwife program in designated schools. The amounts and numbers of such scholarships shall be determined annually as provided in the appropriation act. The Commissioner shall act as fiscal agent for the Board in administration of the scholarship program through a nursing scholarship committee.

B. To administer the scholarship program, the Board shall promulgate regulations which shall include, but are not limited to:

1. Qualifications of applicants;

2. Criteria for award of the scholarship to assure that a recipient will fulfill the practice obligations established in this section;

3. Standards to assure that these scholarships increase access to primary health care for individuals who are indigent or who are recipients of public assistance;

4. Assurances that residents of Virginia, as determined by § 23-7.4, minority students and residents of medically underserved areas are given preference in determining scholarship eligibility and awards;

5. Assurances that a scholarship recipient will practice as a nurse practitioner or nurse midwife in an underserved area of the Commonwealth within two years following completion of training;

6. Designations that students in nurse practitioner specialities, including nurse midwife, receive priority scholarships;

7. Methods for reimbursement to the Commonwealth by a recipient who fails to complete the educational program or who fails to honor the obligation to engage in practice as a nurse practitioner or nurse midwife for a period of years equal to the number of annual scholarships received;

8. Procedures for reimbursing any recipient who has repaid the Commonwealth for part or all of any scholarship and who later fulfills the terms of his contract; and

9. Methods for reporting data related to the recipients of the scholarships.

C. Until such time as a fully accredited nurse midwife education program is established at any health science center in the Commonwealth, the Board may designate that attendance at an accredited program in a nearby state is acceptable for scholarship eligibility.

D. For purposes of this section, the term "underserved area" shall include those medically underserved areas designated by the Board pursuant to § 32.1-122.5 and health professional shortage areas designated in accordance with the criteria established in 42 C.F.R. Part 5.

§ 32.1-122.6:03. Conditional grants for certain physician assistant students.

A. The Board of Health shall establish annual physician assistant scholarships for students who intend to enter an accredited physician assistant program in designated schools. The amounts and numbers of such scholarships shall be determined annually as provided in the appropriation act. The Commissioner shall act as fiscal agent for the Board in administration of the scholarship program through a physician assistant scholarship committee.

B. To administer the scholarship program, the Board shall promulgate regulations that shall include, but are not limited to:

1. Qualifications of applicants;

2. Criteria for awarding the scholarship to ensure that a recipient will fulfill the practice obligations established in this section;

3. Standards to ensure that these scholarships increase access to primary health care for individuals who are indigent or who are recipients of public assistance;

4. Assurances that residents of Virginia, as determined by § 23-7.4, minority students and residents of medically underserved areas are given preference in determining scholarship eligibility and awards;

5. Assurances that a scholarship recipient will practice as a physician assistant in an underserved area of the Commonwealth within two years following completion of training;

6. Methods for reimbursement to the Commonwealth by a recipient who fails to complete the educational program or who fails to honor the obligation to engage in practice as a physician assistant for a period of years equal to the number of annual scholarships received;

7. Procedures for reimbursing any recipient who has repaid the Commonwealth for part or all of any scholarship and who later fulfills the terms of his contract; and

8. Methods for reporting data related to the recipients of the scholarships.

C. Prior to promulgating any regulation establishing any preferences noted in subdivision B 4, the Board shall issue written findings stating the bases for its decisions that any such preferences provided

by the regulation comply with constitutional principles of equal protection.

D. Until such time as a fully accredited physician assistant education program is established at any health science center in the Commonwealth, the Board may designate that attendance at an accredited program in a nearby state is acceptable for scholarship eligibility.

E. For purposes of this section, the term "underserved area" shall include those medically underserved areas designated by the Board pursuant to § 32.1-122.5 and health professional shortage areas designated in accordance with the criteria established in 42 C.F.R. Part 5.

§ 32.1-122.6:1. Physician Loan Repayment Program.

With such funds as are appropriated for this purpose, the Board of Health shall establish a physician loan repayment program for graduates of accredited medical schools who have a specialty in the primary care areas of family practice medicine, general internal medicine, pediatrics, and obstetrics/gynecology, and who meet other criteria as determined by the Board. The Commissioner shall act as the fiscal agent for the Board in administration of these funds. Prior to awarding any funds, the Board shall require the recipient to agree to perform a period of medical service in this Commonwealth in a medically underserved area as defined in § 32.1-122.5 *or a health professional shortage area designated in accordance with the criteria established in 42 C.F.R. Part 5.*

The Board shall promulgate regulations for the implementation of the Physician Loan Repayment Program. Applications for participation in the program will be accepted from a graduate of any accredited medical school, but preference will be given to graduates of medical schools located in the Commonwealth.

§ 32.1-122.9. Conditional grants for certain dental students.

A. With such funds as are appropriated for this purpose, the Board of Health shall establish annual dental scholarships for students in good standing at Virginia Commonwealth University. No recipient shall be awarded more than five scholarships. The amount and number of such scholarships shall be determined annually as provided in the appropriation act. The Commissioner shall act as fiscal agent for the Board in administration of the scholarship funds.

The governing board of Virginia Commonwealth University shall submit to the Commissioner the names of those eligible applicants who are most qualified as determined by the regulations of the Board for these dental scholarships. The Commissioner shall award the scholarships to the applicants whose names are submitted by the governing board.

B. The Board, after consultation with the School of Dentistry of Virginia Commonwealth University, shall promulgate regulations to administer this scholarship program which shall include, but not be limited to:

1. Qualifications of applicants;

2. Criteria for award of the scholarships to assure that recipients will fulfill the practice obligations established in this section;

3. Standards to assure that these scholarships increase access to primary dental health care for individuals who are indigent or who are recipients of public assistance;

4. Assurances that bona fide residents of Virginia, as determined by § 23-7.4, students of economically disadvantaged backgrounds and residents of underserved areas are given preference over nonresidents in determining scholarship eligibility and awards;

5. Assurances that scholarship recipients will begin dental practice in an underserved area of the Commonwealth within two years following completion of their residencies;

6. Methods for reimbursement of the Commonwealth by recipients who fail to complete dental school or who fail to honor the obligation to engage in dental practice for a period of years equal to the number of annual scholarships received;

7. Procedures for reimbursing any recipient who has repaid the Commonwealth for part or all of any scholarship and who later fulfills the terms of his contract; and

8. Reporting of data related to the recipients of the scholarships by the dental schools.

C. Prior to the award of any scholarship, the applicant shall sign a contract in which he agrees to pursue the dental course of Virginia Commonwealth University until his graduation and, upon graduation or upon completing a term not to exceed four years as an intern or resident at an approved institution or facility, to promptly begin and thereafter engage continuously in dental practice in an underserved area in Virginia for a period of years equal to the number of annual scholarships

received. The contract shall specify that no form of dental practice such as military service or public health service may be substituted for the obligation to practice in an underserved area in the Commonwealth.

The contract shall provide that the applicant will not voluntarily obligate himself for more than the minimum period of military service required for dentists by the laws of the United States and that, upon completion of this minimum period of obligatory military service, the applicant will promptly begin to practice in an underserved area for the requisite number of years. The contract shall include other provisions as considered necessary by the Attorney General and the Commissioner.

The contract may be terminated by the recipient while the recipient is enrolled in dental school upon providing notice and immediate repayment of the total amount of scholarship funds received plus interest at the prevailing bank rate for similar amounts of unsecured debt.

D. In the event the recipient fails to maintain a satisfactory scholastic standing, the recipient may, upon certification of the Commissioner, be relieved of the obligations under the contract to engage in dental practice in an underserved area upon repayment to the Commonwealth of the total amount of scholarship funds received plus interest at the prevailing bank rate for similar amounts of unsecured debt.

E. In the event the recipient dies or becomes permanently disabled so as not to be able to engage in the practice of dentistry, the recipient or his estate may, upon certification of the Commissioner, be relieved of the obligation under the contract to engage in dental practice in an underserved area upon repayment to the Commonwealth of the total amount of scholarship funds plus interest on such amount computed at eight percent per annum from the date of receipt of scholarship funds. This obligation may be waived in whole or in part by the Commissioner in his discretion upon application by the recipient or his estate to the Commissioner with proof of hardship or inability to pay.

F. Except as provided in subsections D and E, any recipient of a scholarship who fails or refuses to fulfill his obligation to practice dentistry in an underserved area for a period of years equal to the number of annual scholarships received shall reimburse the Commonwealth three times the total amount of the scholarship funds received plus interest at the prevailing bank rate for similar amounts of unsecured debt. If the recipient has fulfilled part of his contractual obligations by serving in an underserved area, the total amount of the scholarship funds received shall be reduced by the amount of the annual scholarship multiplied by the number of years served.

G. The Commissioner shall collect all repayments required by this section and may establish a schedule of payments for reimbursement consistent with the regulations of the Board. No schedule of payments shall amortize the total amount due for a period of longer than two years following the completion of the recipient's postgraduate training or the recipient's entrance into the full-time practice of dentistry, whichever is later. All such funds shall be transmitted to the Comptroller for deposit in the general fund. If any recipient fails to make any payment when and as due, the Commissioner shall notify the Attorney General. The Attorney General shall take such action as he deems proper. In the event court action is required to collect a delinquent scholarship account, the recipient shall be responsible for the court costs and reasonable attorneys' fees incurred by the Commonwealth in such collection.

H. For purposes of this section, the term "underserved area" shall include those underserved areas designated by the Board pursuant to § 32.1-122.5 and dental health professional shortage areas designated in accordance with the criteria established in 42 C.F.R. Part 5.

§ 32.1-122.10. Conditional grants for certain dental hygiene students.

A. The Board of Health shall establish annual dental hygiene scholarships for students who intend to enter an accredited dental hygiene program in the Commonwealth. The amounts and numbers of such scholarships shall be determined annually as provided in the appropriation act. The Commissioner shall act as fiscal agent for the Board in administration of the scholarship program.

B. To administer the scholarship program, the Board shall promulgate regulations which shall include, but are not limited to:

1. Qualifications of applicants;

2. Criteria for award of the scholarship to assure that a recipient will fulfill the practice obligations established in this section;

3. Standards to assure that these scholarships increase access to dental hygiene care for individuals

who are indigent or who are recipients of public assistance;

4. Assurances that residents of Virginia, as determined by § 23-7.4, students of economically disadvantaged backgrounds and residents of medically underserved areas are given preference in determining scholarship eligibility and awards;

5. Assurances that a scholarship recipient will practice as a dental hygienist in an underserved area of the Commonwealth within two years following completion of training;

6. Methods for reimbursement to the Commonwealth by a recipient who fails to complete the educational program or who fails to honor the obligation to engage in practice as a dental hygienist for a period of years equal to the number of annual scholarships received;

7. Procedures for reimbursing any recipient who has repaid the Commonwealth for part or all of any scholarship and who later fulfills the terms of his contract; and

8. Methods for reporting data related to the recipients of the scholarships.

C. For purposes of this section, the term "underserved area" shall include those underserved areas designated by the Board pursuant to § 32.1-122.5 and dental health professional shortage areas designated in accordance with the criteria established in 42 C.F.R. Part 5.

CHAPTER 480

An Act to amend and reenact § 32.1-122.7 of the Code of Virginia, relating to the Statewide Area Health Education Centers Program.

[H 1202]

Approved April 5, 2000

Be it enacted by the General Assembly of Virginia:

1. That § 32.1-122.7 of the Code of Virginia is amended and reenacted as follows:

§ 32.1-122.7. Statewide Area Health Education Centers Program.

A. The Virginia Statewide Area Health Education Centers Program (AHEC) is a collaborative partnership conducted under the auspices of the Virginia Statewide AHEC Board of Directors. Generally, AHECs are nonprofit organizations with a governing or advisory board of individuals representing the services area. The mission of the Area Health Education Centers Program is to promote health careers and access to primary care for medically underserved populations through community-academic partnerships. The mission of the Virginia Statewide AHEC Program is accomplished through the following four major areas of program activity: (i) developing health careers recruitment programs for Virginia's students, especially underrepresented and disadvantaged students; (ii) supporting the community-based training of primary care health professions students, residents, and other health professions students in Virginia's underserved communities; (iii) providing educational and practice support systems for the Commonwealth's primary care providers; and (iv) collaborating with health, education, and human services organizations to facilitate and promote improved health education and disease prevention among the citizens of the Commonwealth.

B. The Board of Directors shall report annually the status and progress of the implementation of the Program's goals and objectives to the Secretary of Health and Human Resources, the State Board of Health, and the Governor and the General Assembly. *The annual report shall also include a detailed summary of how state general funds appropriated to the Virginia Statewide AHEC Program and the local AHECs were expended during the most recently completed fiscal year.*

ENROLLED

VIRGINIA ACTS OF ASSEMBLY — CHAPTER

An Act to amend and reenact §§ 32.1-276.3, 32.1-276.6 and 32.1-276.8 of the Code of Virginia, relating to health care data reporting.

VETOED BY GOVERNOR [H 1203]

Approved

Be it enacted by the General Assembly of Virginia:

1. That §§ 32.1-276.3, 32.1-276.6 and 32.1-276.8 of the Code of Virginia are amended and reenacted as follows:

§ 32.1-276.3. (Effective until July 1, 2003) Definitions.

As used in this chapter:

"Board" means the Board of Health.

"Consumer" means any person (i) whose occupation is other than the administration of health activities or the provision of health services, (ii) who has no fiduciary obligation to a health care institution or other health agency or to any organization, public or private, whose principal activity is an adjunct to the provision of health services, or (iii) who has no material financial interest in the rendering of health services.

"Health care provider" means (i) a general hospital, ordinary hospital, outpatient surgical hospital, nursing home or certified nursing facility licensed or certified pursuant to Article 1 of Chapter 5 (§ 32.1-123 et seq.) of ~~Title 32.1~~ *this title*; (ii) a mental or psychiatric hospital licensed pursuant to Chapter 8 (§ 37.1-179 et seq.) of Title 37.1; (iii) a hospital operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services; (iv) a hospital operated by the University of Virginia or the Medical College of Virginia Hospitals Authority; (v) any person licensed to practice medicine or osteopathy in the Commonwealth pursuant to Chapter 29 (§ 54.1-2900 et seq.) of Title 54.1; or (vi) any person licensed to furnish health care policies or plans pursuant to Chapter 34 (§ 38.2-3400 et seq.), Chapter 42 (§ 38.2-4200), or Chapter 43 (§ 38.2-4300) of Title 38.2. In no event shall such term be construed to include continuing care retirement communities which file annual financial reports with the State Corporation Commission pursuant to Chapter 49 (§ 38.2-4900 et seq.) of Title 38.2 or any nursing care facility of a religious body which depends upon prayer alone for healing.

"Inpatient hospital" means a hospital providing inpatient care and licensed pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of ~~Title 32.1~~ *this title*, a hospital licensed pursuant to Chapter 8 (§ 37.1-179 et seq.) of Title 37.1, a hospital operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services for the care and treatment of the mentally ill, or a hospital operated by the University of Virginia or the Medical College of Virginia Hospitals Authority.

"Nonprofit organization" means a nonprofit, tax-exempt health data organization with the characteristics, expertise, and capacity to execute the powers and duties set forth for such entity in this chapter.

"Outpatient surgery" means all surgical procedures performed on an outpatient basis in a general hospital, ordinary hospital, outpatient surgical hospital or other facility licensed or certified pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of this title or in a physician's office.

"Physician" means a person licensed to practice medicine or osteopathy in the Commonwealth pursuant to Chapter 29 (§ 54.1-2900 et seq.) of Title 54.1.

"Physician's office" means a place (i) owned or operated by a licensed physician or group of physicians practicing in any legal form whatsoever or by a corporation, partnership, limited liability company or other entity in which it employs or engages physicians and (ii) designed and equipped solely for the provision of fundamental medical care, whether diagnostic, therapeutic, rehabilitative, preventative or palliative, to ambulatory patients.

"Surgical procedures" means those procedures identified by the nonprofit organization designated pursuant to § 32.1-276.4 in compliance with regulations adopted by the Board, based on criteria that may include, but are not limited to, the frequency with which the procedure is performed, the level of anesthesia used, the invasiveness of the procedure, and the charges for the procedure. However,

"surgical procedures" shall include only those procedures performed using general anesthesia.

"System" means the Virginia Patient Level Data System.

§ 32.1-276.6. (Effective until July 1, 2003) Patient level data system continued; reporting requirements.

A. The Virginia Patient Level Data System is hereby continued, hereinafter referred to as the "System." Its purpose shall be to establish and administer an integrated system for collection and analysis of data which shall be used by consumers, employers, providers, and purchasers of health care and by state government to continuously assess and improve the quality, appropriateness, and accessibility of health care in the Commonwealth and to enhance their ability to make effective health care decisions.

B. Every inpatient hospital shall submit to the Board ~~patient~~ *inpatient* level data as set forth in this subsection. *Every general hospital, ordinary hospital, outpatient surgical hospital or other facility licensed or certified pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of this title and every physician performing surgical procedures in his office also shall submit to the Board outpatient surgical data set forth in this subsection.* Any such hospital, *facility or physician* may report the required data directly to the nonprofit organization cited in § 32.1-276.4. ~~Patient~~ *Unless otherwise noted, patient* level data elements for hospital inpatients *and outpatient surgery* shall include:

1. Hospital *or facility* identifier;
2. Attending physician identifier *(inpatient only)*;
3. Operating physician identifier;
4. Payor identifier;
5. Employer identifier;
6. Patient identifier;
7. Patient sex, race, date of birth (including century indicator), zip code, patient relationship to insured, employment status code, status at discharge, and birth weight for ~~infants~~ *newborns*;
8. Admission type, source *(inpatient only)*, date and hour, *discharge hour*, and diagnosis;
9. Discharge date *(inpatient only)* and status;
10. Principal and secondary diagnoses;
11. External cause of injury;
12. Co-morbid conditions existing but not treated;
13. Procedures and procedure dates;
14. Revenue center codes, units, and charges; and
15. Total charges.

C. State agencies providing coverage for outpatient services shall submit to the Board patient level data regarding paid outpatient claims. Information to be submitted shall be extracted from standard claims forms and, ~~where~~ *when* available, *will be submitted using the standards for electronic transactions defined within the Administrative Simplification (AS) provisions promulgated to implement the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191). Requirements for submission in this format shall be in effect for outpatient claims processed on behalf of state agencies ninety days after full implementation of the national standards. These data* shall include:

1. Provider identifier;
2. Patient identifier;
3. Physician identifier;
4. Dates of service and diagnostic, procedural, demographic, pharmaceutical, and financial information; and
5. Other related information.

The Board shall promulgate regulations specifying the format for submission of such outpatient data. State agencies may submit this data directly to the nonprofit organization cited in § 32.1-276.4.

§ 32.1-276.8. (Effective until July 1, 2003) Fees for processing, verification, and dissemination of data.

A. The Board shall prescribe a reasonable fee, not to exceed one dollar per discharge, for each health care provider submitting patient level data pursuant to this chapter to cover the costs of the reasonable expenses in processing and verifying such data. The Board shall also prescribe a

reasonable fee for each affected health care provider to cover the costs of the reasonable expenses of establishing and administering the methodology developed pursuant to § 32.1-276.7. The payment of such fees shall be at such time as the Board designates. The Board may assess a late charge on any fees paid after their due date.

The Board shall (i) maintain records of its activities; (ii) collect and account for all fees and deposit the moneys so collected into a special fund from which the expenses attributed to this chapter shall be paid; and (iii) enforce all regulations promulgated by it pursuant to this chapter.

B. The nonprofit organization providing services pursuant to an agreement or contract as provided in § 32.1-276.4 shall be authorized to charge and collect the fees prescribed by the Board in subsection A of this section when the data are provided directly to the nonprofit organization. Such fees shall not exceed the amount authorized by the Board as provided in subsection A of this section. The nonprofit organization, at its discretion, may grant a reduction or waiver of the patient level data submission fees upon a determination by the nonprofit organization that the health care provider has submitted processed, verified data.

C. State agencies shall not be assessed fees for the submission of patient level data required by subsection C of § 32.1-276.6. *However, state agencies submitting data shall work with the nonprofit organization to ensure that data submissions meet the definition of processed verified data as specified in regulation.* Individual employers, insurers, and other organizations may voluntarily provide the nonprofit organization with outpatient data for processing, storage, and comparative analysis and shall be subject to fees negotiated with and charged by the nonprofit organization for services provided.

D. The nonprofit organization providing services pursuant to an agreement or contract with the Commissioner of Health shall be authorized to charge and collect reasonable fees for the dissemination of patient level data; however, the Commissioner of Health ~~and~~, the Commissioner of Mental Health, Mental Retardation and Substance Abuse Services, *the Director of the Department of Medical Assistance Services, and the Director of the Department of Personnel and Training* shall be entitled to receive publicly available data from the nonprofit organization at no charge.

2. That, except for enactment clause 3 which shall take effect in due course, the provisions of this act shall become effective on July 1, 2001.

3. That the nonprofit health data organization referenced in § 32.1-276.4 shall review the impact of requiring the submission of outpatient surgical data by physicians and the impact of the current inpatient reporting requirements on hospitals. The review shall be conducted in consultation with the various affected parties and shall include, but not be limited to: (i) estimating the number and type of outpatient surgical records to be submitted, (ii) developing logistical plans for processing the outpatient surgical data, and (iii) estimating any resources that may be necessary to process and analyze the data and publish any appropriate reports. The nonprofit health data organization shall include information regarding this matter in its annual report required by subdivision B 5 of § 32.1-276.4 and shall submit such report to the Joint Commission on Health Care by October 1, 2000, and to the General Assembly prior to the 2001 Session.

CHAPTER 814

An Act to amend and reenact §§ 54.1-2900, 54.1-2901, 54.1-2956.9, and 54.1-2956.11 of the Code of Virginia, relating to practice of acupuncture.

[H 1250]

Approved April 9, 2000

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2900, 54.1-2901, 54.1-2956.9, and 54.1-2956.11 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-2900. Definitions.

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

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

"Auricular acupuncture" means the subcutaneous insertion of sterile, disposable acupuncture needles in predetermined, bilateral locations in the outer ear when used exclusively and specifically in the context of an approved chemical dependency treatment program, under the appropriate supervision of a licensed physician ~~acupuncturist~~ or licensed acupuncturist.

"Board" means the Board of Medicine.

"Healing arts" means the arts and sciences dealing with the prevention, diagnosis, treatment and cure or alleviation of human physical or mental ailments, conditions, diseases, pain or infirmities.

"Physician assistant" means an individual who has met the requirements of the Board for licensure and who works under the supervision of a licensed doctor of medicine, osteopathy, or podiatry.

"Practice of acupuncture" means the stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain ailments or conditions of the body and includes the techniques of electroacupuncture, cupping and moxibustion. The practice of acupuncture does not include the use of physical therapy, chiropractic, or osteopathic manipulative techniques; the use or prescribing of any drugs, medications, serums or vaccines; or the procedure of auricular acupuncture as exempted in § 54.1-2901 when used specifically and exclusively in the context of a publicly supported comprehensive drug treatment program by an employee of the program who is trained and approved by the National Acupuncture Detoxification Association.

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

"Practice of chiropractic" means the adjustment of the twenty-four movable vertebrae of the spinal column, and assisting nature for the purpose of normalizing the transmission of nerve energy, but does not include the use of surgery, obstetrics, osteopathy or the administration or prescribing of any drugs, medicines, serums or vaccines.

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

"Practice of occupational therapy" means the evaluation, analysis, assessment, and delivery of education and training in activities of daily living (ADL); the design, fabrication, and application of orthoses (splints); guidance in the selection and use of adaptive equipment; therapeutic activities to

enhance functional performance; prevocational evaluation and training; and consultation concerning the adaptation of physical environments for individuals who have disabilities.

"Practice of physical therapy" means, upon medical referral and direction, the evaluation, testing, treatment, reeducation and rehabilitation by physical, mechanical or electronic measures and procedures of individuals who, because of trauma, disease or birth defect, present physical and emotional disorders, but does not include the use of Roentgen rays and radium for diagnostic or therapeutic purposes or the use of electricity for shock therapy and surgical purposes including cauterization.

"Practice of podiatry" means the medical, mechanical and surgical treatment of the ailments of the human foot and ankle, but does not include amputation proximal to the metatarsal-phalangeal joints. The Board of Medicine shall determine whether a specific type of treatment of the foot and ankle is within the scope of practice of podiatry.

"Practice of radiologic technology" means the application of x-rays to human beings for diagnostic or therapeutic purposes.

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

"Qualified medical direction" means, in the context of the practice of respiratory care, having readily accessible to the respiratory care practitioner a licensed practitioner of medicine or osteopathic medicine who has specialty training or experience in the management of acute and chronic respiratory disorders and who is responsible for the quality, safety, and appropriateness of the respiratory services provided by the respiratory care practitioner.

"Radiologic technologist" means an individual, other than a licensed doctor of medicine, osteopathy, podiatry, or chiropractic, or a dentist licensed pursuant to Chapter 27 (§ 54.1-2700 et seq.) of this title, who (i) performs, may be called upon to perform, or who is licensed to perform a comprehensive scope of diagnostic radiologic procedures employing equipment which emits ionizing radiation and (ii) is delegated or exercises responsibility for the operation of radiation-generating equipment, the shielding of patient and staff from unnecessary radiation, the appropriate exposure of radiographs or other procedures which contribute to any significant extent to the site or dosage of ionizing radiation to which a patient is exposed.

"Radiologic technologist, limited" means an individual, other than a licensed radiologic technologist, dental hygienist or person who is otherwise authorized by the Board of Dentistry under Chapter 27 of this title and the regulations pursuant thereto, who performs diagnostic radiographic procedures employing equipment which emits ionizing radiation which is limited to specific areas of the human body.

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

§ 54.1-2901. Exceptions and exemptions generally.

The provisions of this chapter shall not prevent or prohibit:

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

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

3. Any licensed nurse practitioner from rendering care under the supervision of a duly licensed physician when such services are authorized by regulations promulgated jointly by the Board of Medicine and the Board of Nursing;

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

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

6. Any practitioner licensed or certified by the Board from delegating to personnel in his personal employ and supervised by him, such activities or functions as are nondiscretionary and do not require the exercise of professional judgment for their performance and which are usually or customarily delegated to such persons by practitioners of the healing arts, if such activities or functions are authorized by and performed for such practitioners of the healing arts and responsibility for such activities or functions is assumed by such practitioners of the healing arts;

7. The rendering of medical advice or information through telecommunications from a physician licensed to practice medicine in Virginia or an adjoining state to emergency medical personnel acting in an emergency situation;

8. The domestic administration of family remedies;

9. The giving or use of massages, steam baths, dry heat rooms, infrared heat or ultraviolet lamps in public or private health clubs and spas;

10. The manufacture or sale of proprietary medicines in this Commonwealth by licensed pharmacists or druggists;

11. The advertising or sale of commercial appliances or remedies;

12. The fitting by nonitinerant persons or manufacturers of artificial eyes, limbs or other apparatus or appliances or the fitting of plaster cast counterparts of deformed portions of the body by a nonitinerant bracemaker or prosthetist for the purpose of having a three-dimensional record of the deformity, when such bracemaker or prosthetist has received a prescription from a licensed physician directing the fitting of such casts and such activities are conducted in conformity with the laws of Virginia;

13. Any person from the rendering of first aid or medical assistance in an emergency in the absence of a person licensed to practice medicine or osteopathy under the provisions of this chapter;

14. The practice of the religious tenets of any church in the ministration to the sick and suffering by mental or spiritual means without the use of any drug or material remedy, whether gratuitously or for compensation;

15. Any legally qualified out-of-state or foreign practitioner from meeting in consultation with legally licensed practitioners in this Commonwealth;

16. Any practitioner of the healing arts licensed or certified and in good standing with the applicable regulatory agency in another state or Canada when that practitioner of the healing arts is in Virginia temporarily and such practitioner has been issued a temporary license or certification by the Board from practicing medicine or the duties of the profession for which he is licensed or certified (i) in a summer camp or in conjunction with patients who are participating in recreational activities, (ii) while participating in continuing educational programs prescribed by the Board, or (iii) by rendering at any site any health care services within the limits of his license, voluntarily and without compensation, to any patient of any clinic which is organized in whole or in part for the delivery of health care services without charge as provided in § 54.1-106;

17. The performance of the duties of any commissioned or contract medical officer, physical therapist, or podiatrist in active service in the army, navy, coast guard, marine corps, air force, or public health service of the United States while such individual is so commissioned or serving;

18. Any masseur, who publicly represents himself as such, from performing services within the scope of his usual professional activities and in conformance with state law;

19. Any person from performing services in the lawful conduct of his particular profession or business under state law;

20. Any person from rendering emergency care pursuant to the provisions of § 8.01-225;

21. Qualified emergency medical services personnel, when acting within the scope of their certification, and licensed health care practitioners, when acting within their scope of practice, from following Durable Do Not Resuscitate Orders issued in accordance with § 54.1-2987.1 and Board of Health regulations, or licensed health care practitioners from following any other written order of a physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

22. Any commissioned or contract medical officer of the army, navy, coast guard or air force rendering services voluntarily and without compensation while deemed to be licensed pursuant to § 54.1-106;

23. Any provider of a chemical dependency treatment program who is certified as an "acupuncture detoxification specialist" by the National Acupuncture Detoxification Association or an equivalent certifying body, from administering auricular acupuncture treatment under the appropriate supervision of a licensed physician ~~acupuncturist~~ or licensed acupuncturist;

24. Any employee of any adult care residence who is certified in cardiopulmonary resuscitation (CPR) acting in compliance with the patient's individualized service plan and with the written order of the attending physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

25. Any person working as a health assistant under the direction of a licensed medical or osteopathic doctor within the Department of Corrections, the Department of Juvenile Justice or local correctional facilities; or

26. Any employee of a school board, authorized by a prescriber and trained in the administration of insulin and glucagon, when, upon the authorization of a prescriber and the written request of the parents as defined in § 22.1-1, assisting with the administration of insulin or administrating glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia.

§ 54.1-2956.9. Unlawful to practice acupuncture without license; unlawful designation as acupuncturist; Board to regulate acupuncturists.

It shall be unlawful for a person to practice or to hold himself out as practicing as an acupuncturist unless he holds a license as such issued by the Board. A person licensed to practice acupuncture, when using the title "acupuncturist," shall include therewith the designation Lic.Ac.~~,~~ *or* L.Ac.~~, or P.Ac.~~

In addition, it shall be unlawful for any person who is not licensed under this chapter, whose licensure has been suspended or revoked, or whose licensure has lapsed and has not been renewed to use in conjunction with his name the words "licensed acupuncturist" or to otherwise by letters, words, representations, or insignias assert or imply that he is licensed to practice acupuncture.

The Board of Medicine shall prescribe by regulation the qualifications governing the licensure of acupuncturists. Such regulations shall not restrict the practice of this profession to practitioners regulated by the Board on June 30, 1992, to practice the healing arts. The regulations shall at a minimum require that, prior to performing acupuncture, any acupuncturist who is not licensed to practice medicine, osteopathy, chiropractic or podiatry shall *either (i)* obtain written documentation that the patient had received a diagnostic examination from a licensed practitioner of medicine, osteopathy, chiropractic or podiatry with regard to the ailment or condition to be treated *or (ii) provide to the patient a written recommendation for such a diagnostic examination.* The regulations may include requirements for approved education programs, experience, and examinations. *The regulations shall exempt from the requirement for Test of Spoken English (TSE) or the Test of English as a Foreign Language (TOEFL) any foreign speaking acupuncturist who speaks the language of the majority of his clients.*

§ 54.1-2956.11. Advisory Committee on Acupuncture; composition; appointment.

The Advisory Committee on Acupuncture, hereinafter referred to as the "Advisory Committee," shall assist the Board in carrying out the provisions of this chapter regarding the qualifications, examination, licensure, and regulation of acupuncturists.

The Advisory Committee shall be appointed by the Board of Medicine and shall be composed of seven members. Six of the members shall serve terms of four years each. Three of these six shall be doctors of medicine, osteopathy, or podiatry who are ~~licensed~~ *qualified by Board regulations* to practice acupuncture in Virginia, and three of these six shall be licensed acupuncturists. The seventh member shall be a member of the Board of Medicine and shall serve at the pleasure of the president. Of the initial members so appointed, the three licensed acupuncturists shall be individuals, other than licensed practitioners of medicine, osteopathy, or podiatry, who are licensed to practice acupuncture in another state but are residing in Virginia. Thereafter, the three members who are licensed acupuncturists shall be residents of Virginia who are licensed as acupuncturists by the Board of Medicine and who are not also licensed by the Board to practice medicine, osteopathy, or podiatry. Any vacancy occurring during a member's term shall be filled for the unexpired balance of that term. No person shall be eligible to serve on the Advisory Committee for more than two successive terms.

2. That the Board of Medicine, in consultation with the Advisory Board on Acupuncture, shall promulgate regulations, including education and training requirements for doctors of medicine, osteopathy, chiropractic and podiatry who utilize acupuncture, and including the requirement for a standard form recommending a diagnostic examination for provision to the patient by the acupuncturist, to implement the provisions of this act within 280 days of enactment.

ENROLLED

VIRGINIA ACTS OF ASSEMBLY — CHAPTER

An Act to amend and reenact §§ 63.1-172 and 63.1-174 of the Code of Virginia, relating to adult care residences.

[H 1251]

Approved

Be it enacted by the General Assembly of Virginia:

1. That §§ 63.1-172 and 63.1-174 of the Code of Virginia are amended and reenacted as follows:

§ 63.1-172. Definitions.

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

"Administrator" means any person meeting the qualifications for administrator of an assisted living facility, pursuant to regulations promulgated by the Board. Any person meeting the qualifications for a licensed nursing home administrator under § 54.1-3103 shall be deemed qualified to (i) serve as an administrator of an assisted living facility and (ii) serve as the administrator of both an assisted living facility and a licensed nursing home, provided the assisted living facility and licensed nursing home are part of the same building.

"~~Adult care residence~~ *Assisted living facility*" means any ~~place, establishment, or institution, public or private, operated or maintained~~ *congregate residential setting that provides or coordinates personal and health care services, 24-hour supervision, and assistance (scheduled and unscheduled)* for the maintenance or care of four or more adults who are aged, infirm or disabled and who are cared for in a primarily residential setting, except (i) a facility or portion of a facility licensed by the State Board of Health or the Department of Mental Health, Mental Retardation and Substance Abuse Services, but including any portion of such facility not so licensed; (ii) the home or residence of an individual who cares for or maintains only persons related to him by blood or marriage~~, and~~; (iii) a facility or portion of a facility serving infirm or disabled persons between the ages of eighteen and twenty-one, or twenty-two if enrolled in an educational program for the handicapped pursuant to § 22.1-214, when such facility is licensed by the Virginia Department of Social Services as a child-caring institution under Chapter 10 (§ 63.1-195 et seq.) of this title, but including any portion of the facility not so licensed*; and (iv) any housing project for seniors or the disabled that provides no more than basic coordination of care services and is funded by the U.S. Department of Housing and Urban Development, including but not limited to, U.S. Department of Housing and Urban Development Sections 8, 202, 221(d)(3), 221(d)(4), 231, 236, or 811 housing, by the U.S. Department of Agriculture, or by the Virginia Housing Development Authority.* Included in this definition are any two or more places, establishments or institutions owned or operated by a single entity and providing maintenance or care to a combined total of four or more aged, infirm or disabled adults.

"Assisted living *care*" means a level of service provided by an ~~adult care residence~~ *assisted living facility* for adults who may have physical or mental impairments and require at least a moderate level of assistance with activities of daily living.

"Independent physician" means a physician who is chosen by the resident of the ~~adult care residence~~ *assisted living facility* and who has no financial interest in the ~~adult care residence~~ *assisted living facility*, directly or indirectly, as an owner, officer, or employee or as an independent contractor with the residence.

"Maintenance or care" means the protection, general supervision and oversight of the physical and mental well-being of the aged, infirm or disabled individual.

"Qualified assessor" means an entity contracting with the Department of Medical Assistance Services to perform nursing facility pre-admission screening or to complete the uniform assessment instrument for a home and community-based waiver program, including an independent physician contracting with the Department of Medical Assistance Services to complete the uniform assessment instrument for residents of ~~adult care residences~~ *assisted living facilities*, or any hospital which has contracted with the Department of Medical Assistance Services to perform nursing facility pre-admission screenings.

"Residential living *care*" means a level of service provided by an ~~adult care residence~~ *assisted*

living facility for adults who may have physical or mental impairments and require only minimal assistance with the activities of daily living. ~~This~~ *The* definition *of "residential living care"* includes *the services provided by* independent living facilities that voluntarily become licensed.

"Special order" means an administrative order issued to any party licensed pursuant to this chapter that has a stated duration of not more than twelve months and that may include a civil penalty that shall not exceed $500 for each inspection resulting in a finding of violation, a restriction or prohibition on admission of new residents to any ~~adult care residence~~ *assisted living facility*, and/or a reduction in licensed capacity of any ~~adult care residence~~ *assisted living facility*.

§ 63.1-174. Regulations.

A. The State Board shall have the authority to promulgate and enforce regulations to carry out the provisions of this article and to protect the health, safety, welfare and individual rights of residents of ~~adult care residences~~ *assisted living facilities* and to promote their highest level of functioning. *Such regulations shall authorize assisted living facilities to provide safe, secure environments for residents with serious cognitive impairments if such assisted living facilities comply with the Board's regulations governing such placement. Such regulations shall define (i) serious cognitive impairment, which shall include, but not be limited to, a physician assessment and (ii) safe, secure environment. Prior to placing a resident with a serious cognitive impairment in a safe, secure environment, an assisted living facility shall obtain the written approval of one of the following persons, in the specified order of priority, (i) the resident, if capable of making an informed decision; (ii) a guardian or legal representative for the resident; however such an appointment shall not be required in order that written approval may be obtained; (iii) a relative authorized pursuant to the Board's regulations to act as the resident's representative; or (iv) an independent physician if a guardian, legal representative or relatives are unavailable. Such written approval shall be retained in the resident's file.*

B. The ~~adult care residence~~ *assisted living facility* shall have adequate and sufficient staff to provide services to attain and maintain (i) the physical, mental and psychosocial well-being of each resident as determined by resident assessments and individual plans of care and (ii) the physical safety of the residents on the premises. Regulations shall include standards for staff qualifications and training; facility design, functional design and equipment; services to be provided to residents; administration of medicine; allowable medical conditions for which care can be provided; and medical procedures to be followed by staff, including provisions for physicians' services, restorative care, and specialized rehabilitative services.

C. Regulations for medical procedures in ~~adult care residences~~ *assisted living facilities* shall be developed in consultation with the State Board of Health and promulgated by the State Board of Social Services, and compliance with these regulations shall be determined by Department of Health or Department of Social Services inspectors as provided by an interagency agreement between the Department of Social Services and the Department of Health.

2. That the Board of Social Services, in consultation with the Departments of Social Services, Health, Medical Assistance Services, Mental Health, Mental Retardation and Substance Abuse Services, and Rehabilitative Services and the Department for Rights of Virginians with Disabilities shall promulgate regulations to carry out the purposes of this act within 280 days of enactment. Such regulations shall include, but not be limited to, (i) provisions that distinguish assisted living care from residential living care, (ii) definitions of "serious cognitive impairment," which shall include, but not be limited to, a physician assessment, and "safe secure environment," (iii) programming requirements for residents with serious cognitive impairment requiring a safe, secure environment, and (iv) requirements for any nursing home and assisted living facility with a single administrator to have a management plan which addresses the care and supervision of the residents.

3. That the Code Commission is hereby requested to change all references to "adult care residence(s)" in the Code of Virginia to "assisted living facility(ies)."

003917230

HOUSE BILL NO. 1476

Offered January 24, 2000

A BILL to amend and reenact §§ 2.1-1.7 and 9-6.25:1 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 63.1-174.002, relating to the Advisory Council on Adult Care Residences.

Patrons—Hall, Brink, DeBoer, Diamonstein, Hamilton, Melvin and Morgan; Senators: Bolling, Lambert and Schrock

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Referred to Committee on General Laws

Be it enacted by the General Assembly of Virginia:

1. That §§ 2.1-1.7 and 9-6.25:1 of the Code of Virginia are amended and reenacted, and that the Code of Virginia is amended by adding a section numbered 63.1-174.002 as follows:

§ 2.1-1.7. State councils.

A. There shall be, in addition to such others as may be established by law, the following permanent collegial bodies either affiliated with more than one agency or independent of an agency within the executive branch:

Adult Care Residences, Advisory Council on
Adult Education and Literacy, Virginia Advisory Council for
Aging, Commonwealth Council on
Agricultural Council, Virginia
Apprenticeship Council
Blue Ridge Regional Education and Training Council
Child Day-Care Council
Citizens' Advisory Council on Furnishing and Interpreting the Executive Mansion
Coastal Land Management Advisory Council, Virginia
Commonwealth Competition Council
Commonwealth's Attorneys' Services Council
Developmental Disabilities Planning Council, Virginia
Disability Services Council
Equal Employment Opportunity Council, Virginia
Housing for the Disabled, Interagency Coordinating Council on
Human Rights, Council on
Human Services Information and Referral Advisory Council
Indians, Council on
Interagency Coordinating Council, Virginia
Job Training Coordinating Council, Governor's
Land Evaluation Advisory Council
Maternal and Child Health Council
Military Advisory Council, Virginia
Needs of Handicapped Persons, Overall Advisory Council on the
Prevention, Virginia Council on Coordinating
Public Records Advisory Council, State
Rate-setting for Children's Facilities, Interdepartmental Council on
Revenue Estimates, Advisory Council on
Specialized Transportation Council
State Health Benefits Advisory Council
Status of Women, Council on the
Substance Abuse Services Council
Virginia Business-Education Partnership Program, Advisory Council on the
Virginia Recycling Markets Development Council
Workforce Council, Virginia.

B. Notwithstanding the definition for "council" as provided in § 2.1-1.2, the following entities shall

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1 be referred to as councils:
2 Higher Education, State Council of
3 Independent Living Council, Statewide
4 Rehabilitation Advisory Council, Statewide
5 Rehabilitation Advisory Council for the Blind, Statewide
6 Transplant Council, Virginia.
7 § 9-6.25:1. Advisory boards, commissions and councils.
8 There shall be, in addition to such others as may be designated in accordance with § 9-6.25, the
9 following advisory boards, commissions and councils within the executive branch:
10 Advisory Board for the Department for the Deaf and Hard-of-Hearing
11 Advisory Board on Athletic Training
12 Advisory Board on Child Abuse and Neglect
13 Advisory Board on Medicare and Medicaid
14 Advisory Board of Occupational Therapy
15 Advisory Board on Physical Therapy to the Board of Medicine
16 Advisory Board on Rehabilitation Providers
17 Advisory Board on Respiratory Care to the Board of Medicine
18 Advisory Board on Teacher Education and Licensure
19 Advisory Commission on the Virginia Schools for the Deaf and the Blind
20 *Advisory Council on Adult Care Residences*
21 Advisory Council on Revenue Estimates
22 Advisory Council on the Virginia Business-Education Partnership Program
23 Appomattox State Scenic River Advisory Board
24 Aquaculture Advisory Board
25 Art and Architectural Review Board
26 Board for the Visually Handicapped, Virginia
27 Board of Directors, Virginia Truck and Ornamentals Research Station
28 Board of Forestry
29 Board of Military Affairs
30 Board of Rehabilitative Services
31 Board of Transportation Safety
32 Board of Trustees of the Family and Children's Trust Fund
33 Board of Visitors, Gunston Hall Plantation
34 Board on Veterans' Affairs
35 Catoctin Creek State Scenic River Advisory Board
36 Cave Board
37 Charity Food Assistance Advisory Board
38 Chickahominy State Scenic River Advisory Board
39 Chief Information Officer Advisory Board
40 Clinch Scenic River Advisory Board
41 Coal Surface Mining Reclamation Fund Advisory Board
42 Coastal Land Management Advisory Council, Virginia
43 Commonwealth Competition Council
44 Commonwealth Council on Aging
45 Council on Indians
46 Council on the Status of Women
47 Debt Capacity Advisory Committee
48 Emergency Medical Services Advisory Board
49 Falls of the James Committee
50 Goose Creek Scenic River Advisory Board
51 Governor's Mined Land Reclamation Advisory Committee
52 Hemophilia Advisory Board
53 Human Services Information and Referral Advisory Council
54 Interagency Coordinating Council on Housing for the Disabled

1 Interdepartmental Board of the State Department of Minority Business Enterprise
2 Litter Control and Recycling Fund Advisory Board
3 Local Advisory Board to the Blue Ridge Community College
4 Local Advisory Board to the Central Virginia Community College
5 Local Advisory Board to the Dabney S. Lancaster Community College
6 Local Advisory Board to the Danville Community College
7 Local Advisory Board to the Eastern Shore Community College
8 Local Advisory Board to the Germanna Community College
9 Local Advisory Board to the J. Sargeant Reynolds Community College
10 Local Advisory Board to the John Tyler Community College
11 Local Advisory Board to the Lord Fairfax Community College
12 Local Advisory Board to the Mountain Empire Community College
13 Local Advisory Board to the New River Community College
14 Local Advisory Board to the Northern Virginia Community College
15 Local Advisory Board to the Patrick Henry Community College
16 Local Advisory Board to the Paul D. Camp Community College
17 Local Advisory Board to the Piedmont Virginia Community College
18 Local Advisory Board to the Rappahannock Community College
19 Local Advisory Board to the Southside Virginia Community College
20 Local Advisory Board to the Southwest Virginia Community College
21 Local Advisory Board to the Thomas Nelson Community College
22 Local Advisory Board to the Tidewater Community College
23 Local Advisory Board to the Virginia Highlands Community College
24 Local Advisory Board to the Virginia Western Community College
25 Local Advisory Board to the Wytheville Community College
26 Maternal and Child Health Council
27 Medical Advisory Board, Department of Motor Vehicles
28 Migrant and Seasonal Farmworkers Board
29 North Meherrin State Scenic River Advisory Board
30 Nottoway State Scenic River Advisory Board
31 Personnel Advisory Board
32 Plant Pollination Advisory Board
33 Private College Advisory Board
34 Private Security Services Advisory Board
35 Psychiatric Advisory Board
36 Public Guardian and Conservator Advisory Board
37 Radiation Advisory Board
38 Rappahannock Scenic River Advisory Board
39 Recreational Fishing Advisory Board, Virginia
40 Reforestation Board
41 Rockfish State Scenic River Advisory Board
42 Shenandoah State Scenic River Advisory Board
43 Small Business Advisory Board
44 Small Business Environmental Compliance Advisory Board
45 St. Mary's Scenic River Advisory Committee
46 State Advisory Board on Air Pollution
47 State Building Code Technical Review Board
48 State Health Benefits Advisory Council
49 State Land Evaluation Advisory Council
50 State Networking Users Advisory Board
51 State Public Records Advisory Council
52 Statewide Independent Living Council
53 Statewide Rehabilitation Advisory Council
54 Statewide Rehabilitation Advisory Council for the Blind

1 Staunton Scenic River Advisory Committee
2 Substance Abuse Services Council
3 Telecommunications Relay Service Advisory Board
4 Virginia-Israel Advisory Board
5 Virginia Advisory Commission on Intergovernmental Relations
6 Virginia Advisory Council for Adult Education and Literacy
7 Virginia Coal Mine Safety Board
8 Virginia Coal Research and Development Advisory Board
9 Virginia Commission for the Arts
10 Virginia Correctional Enterprises Advisory Board
11 Virginia Council on Coordinating Prevention
12 Virginia Equal Employment Opportunity Council
13 Virginia Geographic Information Network Advisory Board
14 Virginia Interagency Coordinating Council
15 Virginia Military Advisory Council
16 Virginia Public Buildings Board
17 Virginia Recycling Markets Development Council
18 Virginia Transplant Council
19 Virginia Veterans Cemetery Board
20 Virginia Water Resources Research Center, Statewide Advisory Board
21 Virginia Winegrowers Advisory Board.
22 *§ 63.1-174.002. Advisory Council on Adult Care Residences created; purpose; membership; terms.*
23 *A. There is hereby created the Advisory Council on Adult Care Residences, hereafter referred to*
24 *as the Advisory Council. The purpose of the Advisory Council shall be to provide advice on the*
25 *review and enforcement of regulations promulgated by the Board.*
26 *B. The Advisory Council shall consist of twenty-four members. There shall be sixteen voting*
27 *members. Fifteen of the voting members shall be selected from the Commonwealth at large without*
28 *regard to political affiliation but with due consideration of geographic representation. Nine of the*
29 *voting members shall be appointed by the Governor as follows: three representatives of consumers*
30 *with experience or expertise related to adult care residences, including at least one community*
31 *services board staff member, and six provider representatives, including at least one who represents*
32 *small adult care residences, one who represents for-profit facilities offering assisted living care, and*
33 *one who represents nonprofit facilities offering assisted living care. Three of the voting members shall*
34 *be appointed by the Speaker of the House of Delegates, including one consumer representative who*
35 *has experience or expertise related to adult care residences and two representatives of adult care*
36 *residences. Three of the voting members shall be appointed by the Senate Committee on Privileges*
37 *and Elections, including one consumer representative who has experience or expertise related to adult*
38 *care residences and two representatives of adult care residences. One voting member shall be a*
39 *representative appointed by the Office of the State Long-Term Care Ombudsman as referenced in*
40 *§ 2.1-373.1.*
41 *The Advisory Council shall also include eight nonvoting, ex officio members representing the*
42 *following entities: the Department of Social Services, the Department for the Aging, the Department*
43 *of Health, the Department of Medical Assistance Services, the Department of Mental Health, Mental*
44 *Retardation and Substance Abuse Services, the Department of Rehabilitative Services, the Department*
45 *of Rights of Virginians with Disabilities and the Commonwealth Council on Aging.*
46 *For initial appointments made by the Governor, the terms shall be as follows: five shall serve*
47 *four-year terms and four shall serve two-year terms. For initial appointments made by the Speaker of*
48 *the House of Delegates, the terms shall be as follows: two shall serve four-year terms and one shall*
49 *serve a two-year term. For initial appointments made by the Senate Committee on Privileges and*
50 *Elections, the terms shall be as follows: two shall serve four-year terms and one shall serve a*
51 *two-year term. Thereafter, all appointments shall be for four-year terms. Appointments to fill*
52 *vacancies shall be for the unexpired term. No person having served on the Advisory Council for two*
53 *consecutive terms shall be eligible for reappointment to the Council for two years thereafter.*
54 *C. The Advisory Council shall elect a chairman and a vice-chairman from among its members and*

1 *shall appoint a secretary and such other officers as it deems necessary and prescribe their duties and*
2 *terms of office.*
3 *D. All staff and other support services required by the Advisory Council shall be provided by the*
4 *Department of Social Services.*

Official Use By Clerks

Passed By The House of Delegates		**Passed By The Senate**	
without amendment	☐	without amendment	☐
with amendment	☐	with amendment	☐
substitute	☐	substitute	☐
substitute w/amdt	☐	substitute w/amdt	☐

Date: _____ Date: _____

_____ _____

Clerk of the House of Delegates Clerk of the Senate

CHAPTER 935

An Act to amend and reenact §§ 54.1-3401 and 54.1-3408 of the Code of Virginia, relating to renal dialysis treatment.

[H 1477]

Approved April 9, 2000

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3401 and 54.1-3408 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-3401. Definitions.

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

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

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

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

"Anabolic steroid" means any drug or hormonal substance, chemically and pharmacologically related to testosterone, other than estrogens, progestins, and corticosteroids, that promotes muscle growth.

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

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

"Board" means the Board of Pharmacy.

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

"Compound" means the taking of two or more ingredients and fabricating them into a single preparation, usually referred to as a dosage form.

"Controlled substance" means a drug, substance or immediate precursor in Schedules I through VI of this chapter. The term shall not include distilled spirits, wine, malt beverages, or tobacco as those terms are defined or used in Title 3.1 or Title 4.1.

"DEA" means the Drug Enforcement Administration, United States Department of Justice, or its successor agency.

"Deliver" or "delivery" means the actual, constructive, or attempted transfer of any item regulated by this chapter, whether or not there exists an agency relationship.

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

"Dialysis care technician" means an unlicensed individual who, under the supervision of a licensed practitioner of medicine or a registered nurse, assists in the care of patients undergoing renal dialysis treatments in a Medicare-certified renal dialysis facility.

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

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

"Dispenser" means a practitioner who dispenses.

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

"Distributor" means a person who distributes.

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

"Hashish oil" means any oily extract containing one or more cannabinoids, but shall not include any such extract with a tetrahydrocannabinol content of less than twelve percent by weight.

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

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

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

"Manufacture" means the production, preparation, propagation, compounding, conversion or processing of any item regulated by this chapter, either directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling or relabeling of its container. This term does not include the preparing, compounding, packaging or labeling of a controlled substance by a practitioner as an incident to his administering or dispensing of a controlled substance or marijuana in the course of his professional practice, or by a practitioner, or by his authorized agent under his supervision, for the purpose of, or as an incident to, research, teaching, or chemical analysis and not for sale.

"Manufacturer" means every person who manufactures.

"Marijuana" means any part of a plant of the genus Cannabis whether growing or not, its seeds or resin; and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds, or its resin. Marijuana shall not include any oily extract containing one or more cannabinoids unless such extract contains less than twelve percent of tetrahydrocannabinol by weight, nor shall marijuana include the mature stalks of such plant, fiber produced from such stalk, oil or cake made from the seeds of such plant, unless such stalks, fiber, oil or cake is combined with other parts of plants of the genus Cannabis.

"Medical equipment supplier" means any person, as defined in § 1-13.19, engaged in the delivery to the ultimate consumer, pursuant to the lawful order of a practitioner, of hypodermic syringes and needles, medicinal oxygen, Schedule VI controlled devices, those Schedule VI controlled substances with no medicinal properties which are used for the operation and cleaning of medical equipment and

solutions for peritoneal dialysis.

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

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

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

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

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

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

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

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

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

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

"Practitioner" means a physician, dentist, licensed nurse practitioner pursuant to § 54.1-2957.01, licensed physician assistant pursuant to § 54.1-2952.1, pharmacist pursuant to § 54.1-3300, TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 of this title, veterinarian, scientific investigator, or other person licensed, registered or otherwise permitted to distribute, dispense, prescribe and administer, or conduct research with respect to, a controlled substance in the course of professional practice or research in this Commonwealth.

"Prescriber" means a practitioner who is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to

issue a prescription.

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

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

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

"Proprietary medicine" means a completely compounded nonprescription drug in its unbroken, original package which does not contain any controlled substance or marijuana as defined in this chapter and is not in itself poisonous, and which is sold, offered, promoted or advertised directly to the general public by or under the authority of the manufacturer or primary distributor, under a trademark, trade name or other trade symbol privately owned, and the labeling of which conforms to the requirements of this chapter and applicable federal law. However, this definition shall not include a drug which is only advertised or promoted professionally to licensed practitioners, a narcotic or drug containing a narcotic, a drug which may be dispensed only upon prescription or the label of which bears substantially the statement "Warning - may be habit-forming," or a drug intended for injection.

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

"Warehouser" means any person, other than a wholesale distributor, engaged in the business of selling or otherwise distributing prescription drugs or devices to any person who is not the ultimate user or consumer. No person shall be subject to any state or local tax by reason of this definition.

"Wholesale distribution" means distribution of prescription drugs to persons other than consumers or patients, subject to the exceptions set forth in § 54.1-3401.1.

"Wholesale distributor" means any person engaged in wholesale distribution of prescription drugs including, but not limited to, manufacturers; repackers; own-label distributors; private-label distributors; jobbers; brokers; warehouses, including manufacturers' and distributors' warehouses, chain drug warehouses conducting wholesale distributions, and wholesale drug warehouses; independent wholesale drug traders; and retail pharmacies conducting wholesale distributions. No person shall be subject to any state or local tax as a wholesale merchant by reason of this definition.

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

The terms "pharmacist," "pharmacy" and "practice of pharmacy" as used in this chapter shall be defined as provided in Chapter 33 of this title unless the context requires a different meaning.

§ 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 of this title shall only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice.

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 them to be administered by a nurse, physician assistant or intern under his direction and supervision, or he may prescribe and cause drugs and devices to be administered 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 State Mental Health, Mental Retardation and Substance Abuse Services Board by other persons who have been trained properly to administer drugs and who administer drugs only under the control and supervision of the prescriber or a pharmacist or a prescriber may cause drugs and devices to be administered to patients by emergency medical services personnel who have been certified and authorized to administer such drugs and devices pursuant to Board of Health regulations governing emergency medical services and who are acting within the

scope of such certification. A prescriber may authorize a certified respiratory therapy practitioner as defined in § 54.1-2954 to administer by inhalation controlled substances used in inhalation or respiratory therapy.

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 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 a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize, with the consent of the parents as defined in § 22.1-1, an employee of a school board who is trained in the administration of insulin and glucagon to assist with the adminstration of insulin or administer glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse, nurse practitioner, physician or physician assistant is not present to perform the administration of the medication.

A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is not physically present, (i) by licensed pharmacists, (ii) by registered nurses, or (iii) licensed practical nurses under the immediate and direct supervision of a registered nurse. A prescriber acting on behalf of and in accordance with established protocols of the Department of Health may authorize the administration of vaccines to any person by a pharmacist or nurse when the prescriber is not physically present.

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

No written prescription order form shall include more than one prescription. This provision shall not apply, however, to the entry of any order on a patient's chart in any hospital or any long-term care facility, as defined in Board regulations, in Virginia or to a prescription ordered through the pharmacy operated by the Department of Corrections, the central pharmacy of the Department of Health, or the central outpatient pharmacy operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services.

Such a prescription shall be written, dated, and signed by the person prescribing on the day when issued, and shall bear the full name and address of the patient for whom the drug is prescribed, and the full name, address, and registry number under the federal laws of the person prescribing, if he is required by those laws to be so registered.

This section shall not prevent the administration of drugs by a person who has satisfactorily completed a training program for this purpose approved by the Board of Nursing and who administers such drugs in accordance with a physician's instructions pertaining to dosage, frequency, and manner of administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to security and record keeping, when the drugs administered would be normally self-administered by (i) a resident of a facility licensed or certified by the State Mental Health, Mental Retardation and Substance Abuse Services Board; (ii) a resident of any adult care residence which is licensed by the Department of Social Services; (iii) a resident of the Virginia Rehabilitation Center for the Blind and Visually Impaired; (iv) a resident of a facility approved by the Board or Department of Juvenile Justice for the placement of children in need of services or delinquent or alleged delinquent youth; (v) a program participant of an adult day-care center licensed by the Department of Social Services; or (vi) a resident of any facility authorized or operated by a state or local government whose primary purpose is not to provide health care services.

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

This section shall not interfere with any prescriber issuing prescriptions in compliance with his authority and scope of practice and the provisions of this section to a Board agent for use pursuant to subsection G of § 18.2-258.1. Such prescriptions issued by such prescriber shall be deemed to be valid prescriptions. This section shall not prohibit a prescriber from using preprinted prescriptions for drugs classified in Schedule VI if all requirements concerning dates, signatures, and other information

specified above are otherwise fulfilled.

Nothing in this title shall prevent dialysis care technicians, in the ordinary course of their duties in a Medicare-certified renal dialysis facility, from administering heparin, topical needle site anesthetics, dialysis solutions and sterile normal saline solution for the purpose of facilitating renal dialysis treatment, provided such administration of medications occurs under the orders of a licensed physician and under the immediate and direct supervision of a licensed registered nurse. The dialysis care technician administering the medications must have been trained in renal dialysis practices and procedures by a licensed nurse, and must have demonstrated competency as evidenced by satisfactory completion of a training program in accordance with the Core Curriculum for the Dialysis Technician, also known as the Amgen Core Curriculum, or a comparable education and training curriculum.

B. The written prescription referred to in subsection A of this section shall be written with ink or individually typed and each prescription shall be manually signed by the prescriber. The prescription may be prepared by an agent for his signature. The prescription shall contain the name, address, telephone number, and federal controlled substances registration number assigned to the prescriber. The prescriber's information shall be either preprinted upon the prescription blank, typewritten, rubber stamped, or printed by hand.

The oral prescription referred to in subsection A of this section shall be transmitted to the pharmacy of the patient's choice by the prescriber or his authorized agent. For the purposes of this section, an authorized agent of the prescriber shall be an employee of the prescriber who is under his immediate and personal supervision, or if not an employee, an individual who holds a valid license allowing the administration or dispensing of drugs and who is specifically directed by the prescriber.

C. Pursuant to § 32.1-87, the prescription form shall include two boxes, one labelled "Voluntary Formulary Permitted" and the other labelled "Dispense As Written." A prescriber may indicate his permission for the dispensing of a drug product included in the Formulary upon signing a prescription form and marking the box labelled "Voluntary Formulary Permitted." A Voluntary Formulary product shall be dispensed if the prescriber fails to indicate his preference. Whenever a pharmacist dispenses a Voluntary Formulary product when a prescription is written for a brand name product, the pharmacist shall label the drug with the generic name followed by the words "generic for" followed by the brand name of the drug for which the prescription is written. If no Voluntary Formulary product is immediately available, or if the patient objects to the dispensing of a generic drug, the pharmacist may dispense a brand name drug. On and after July 1, 1993, printed prescription forms shall provide:

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"[] Dispense As Written
 [] Voluntary Formulary Permitted

                                        .......................
                                         Signature of prescriber
   If neither box is marked, a Voluntary Formulary
   product must be dispensed."
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D. Prescribers' orders, whether written as chart orders or prescriptions, for Schedules II, III, IV and V controlled drugs to be administered to (i) patients or residents of long-term care facilities served by a Virginia pharmacy from a remote location or (ii) patients receiving parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion therapy and served by a home infusion pharmacy from a remote location, may be transmitted to that remote pharmacy by an electronic communications device over telephone lines which send the exact image to the receiver in hard-copy form, and such facsimile copy shall be treated as a valid, original prescription order.

2. That an emergency exists and this act is in force from its passage.

006133230

SENATE JOINT RESOLUTION NO. 158

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the Senate Committee on Rules)

on February 14, 2000)

(Patron Prior to Substitute—Senator Schrock)

Encouraging the Governor, with the support and assistance of the General Assembly, to facilitate the establishment of the Virginia Long-Term Care Foundation.

WHEREAS, the population of the Commonwealth is rapidly aging; and

WHEREAS, Virginians over 85 are the fastest growing segment of the state's population; and

WHEREAS, the demand for long-term care services is expected to increase rapidly; and

WHEREAS, the Medicaid program finances the majority of nursing home care in the Commonwealth; and

WHEREAS, there is a demonstrable need for innovative approaches to meeting the long-term care needs of Virginia's citizens; and

WHEREAS, the development of a public-private partnership would provide an effective approach to helping meet the long-term care needs of the Commonwealth; and

WHEREAS, the Virginia Health Care Foundation has proven to be a successful model for promoting and providing financial support for innovative approaches in delivering primary care and improving access to health care throughout the Commonwealth; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Governor be encouraged to facilitate, with the support and assistance of the General Assembly, the establishment of the Virginia Long-Term Care Foundation as a private, nonprofit foundation to function as an integral component of the Commonwealth's efforts to meet the long-term care needs of Virginia's citizens; and, be it

RESOLVED FURTHER, That the purpose of the Virginia Long-Term Care Foundation shall be to provide financial and technical support, in the form of grants, donations, or other assistance, for the promotion and development of innovative regional and local long-term care strategies and best practices; and be it

RESOLVED FINALLY, That the Commonwealth's long-term care and aging provider and advocacy organizations be encouraged to provide information, assistance, and support to the Governor and the General Assembly in the development of this initiative.

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SJ158S1

4/5/00 14:14

Official Use By Clerks

Agreed to By The Senate		Agreed to By The House of Delegates	
without amendment	☐	without amendment	☐
with amendment	☐	with amendment	☐
substitute	☐	substitute	☐
substitute w/amdt	☐	substitute w/amdt	☐
Date: _____		Date: _____	
Clerk of the Senate		Clerk of the House of Delegates	

An amendment in the nature of a substitute was adopted for HJR 221 making it identical to SJR 158; however, the substitute was not printed.

003722230

HOUSE JOINT RESOLUTION NO. 221

Offered January 24, 2000

Creating the Virginia Long-Term Care Foundation.

Patrons—Hamilton, Brink, DeBoer, Diamonstein, Melvin and Morgan; Senators: Bolling, Lambert and Schrock

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Referred to Committee on Rules

WHEREAS, the population of the Commonwealth is rapidly aging; and

WHEREAS, Virginians over 85 are the fastest growing segment of the state's population; and

WHEREAS, the demand for long-term care services is expected to increase rapidly; and

WHEREAS, the Medicaid program finances the majority of nursing home care in the Commonwealth; and

WHEREAS, there is a demonstrable need for innovative approaches to meeting the long-term care needs of Virginia's citizens; and

WHEREAS, the Virginia Health Care Foundation has been a successful model for promoting innovative approaches for delivering primary care in the Commonwealth; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That there be created as a private, nonprofit foundation, the Virginia Long-Term Care Foundation; and, be it

RESOLVED FURTHER, That the purpose of the Foundation shall be to provide financial and technical support, in the form of grants, donations, or other assistance, to promote the development of innovative regional and local long-term care strategies and best practices; and, be it

RESOLVED FINALLY, That the Foundation's Board shall be the governing body of the Foundation. The Board shall employ a chief executive officer and other such employees as it deems appropriate. The Board shall be composed of fourteen members. The Governor shall appoint six members of the Board. The Speaker of the House of Delegates shall appoint three members of the Board. The Senate Committee on Privileges and Elections shall appoint two members of the Board. The eleven Board members appointed as described herein shall appoint the remaining three initial board members. The initial members shall be appointed for terms of office as follows: two of the members appointed by the Governor, one of the members appointed by the Speaker of the House, and one of the members appointed by the Board shall be appointed for a term of one year; two of the members appointed by the Governor, one of the members appointed by the Speaker of the House, and one of the members appointed by the Senate Committee on Privileges and Elections, and one of the members appointed by the Board shall be appointed for a term of two years; and two of the members appointed by the Governor, one of the members appointed by the Speaker of the House, one of the members appointed by the Senate Committee on Privileges and Elections, and one of the members appointed by the Board shall be appointed for a term of three years. Appointments thereafter shall be for terms of three years. Vacancies in the membership of the Board shall be filled by appointment of the Board. No member shall be eligible to serve for more than two successive three-year terms; however, at the expiration of a term of two years or less, or after the expiration of the remainder of a term to which he was appointed to fill a vacancy, two additional terms may be served by such member if appointed thereto. Immediately after such appointment, the members shall enter upon the performance of their duties. The Commissioner of the Department for the Aging; the Commissioner of the Department of Medical Assistance Services; the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services; the Commissioner of the Department of Rehabilitative Services; the Director of the Department for Rights of Virginians with Disabilities, the Commissioner of the Department of Social Services; the Commissioner of the State Department of Health; the Executive Director of the Joint Commission on Health Care; the Chairman of the Commonwealth Council on Aging; and the Director of Housing and Community Development shall serve as ex officio, nonvoting members. Ex officio, nonvoting members shall be empowered to appoint a designee to attend meetings of the board in their place. The Board shall elect annually a chairman and vice-chairman from among its members. The chairman, or in his absence, the vice-chairman, shall preside at all meetings of the Board. A majority of the members of the Board

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1 serving at any one time shall constitute a quorum for the transaction of business. The Board shall
2 meet quarterly or more frequently at the call of the chairman.
3 An estimated $500,000 for the first fiscal year and $1,000,000 for the second fiscal year of the
4 2000-2002 Biennium is allocated to the Virginia Long-Term Care Foundation to be funded by a
5 separate appropriation for the General Assembly.

Official Use By Clerks

Agreed to By The House of Delegates		**Agreed to By The Senate**	
without amendment	☐	without amendment	☐
with amendment	☐	with amendment	☐
substitute	☐	substitute	☐
substitute w/amdt	☐	substitute w/amdt	☐

Date: _____ Date: _____

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Clerk of the House of Delegates Clerk of the Senate

005615230

SENATE JOINT RESOLUTION NO. 165

Offered January 24, 2000

Requesting the State Council of Higher Education for Virginia to work with Virginia nursing schools to encourage students to obtain certified nurse aide credentials early in their nursing training.

Patrons—Martin, Bolling and Schrock; Delegates: Hamilton and Morgan

Referred to Committee on Rules

WHEREAS, there is a staffing shortage of certified nurse aides both in Virginia and nationwide; and

WHEREAS, a 1998 study by the Department of Medical Assistance Services found turnover of certified nurse aides in Virginia's nursing homes averages 80 percent per year; and

WHEREAS, certified nurse aides are the primary direct-care staff in long-term care nursing facilities; and

WHEREAS, the need for nurse aides is expected to increase considering the aging of the population in Virginia and the resulting increased demand that will be placed on long-term care services; and

WHEREAS, one means of addressing the shortage of certified nurse aides is to encourage nursing schools in Virginia to assist nursing students in obtaining certified nurse aide credentials early in their training, enabling them to work as certified nurse aides while they complete more advanced nursing studies; and

WHEREAS, the purpose of the State Council of Higher Education for Virginia is to promote the development and operation of an educationally and economically sound, vigorous, progressive, and coordinated system of higher education in the Commonwealth; now, therefore, be it

RESOLVED by the Senate of Virginia, the House of Delegates concurring, That nursing students are encouraged to obtain certified nurse aide credentials early in their training and to work in long-term care facilities in Virginia while they complete more advanced nursing studies; and, be it

RESOLVED FURTHER, That the State Council of Higher Education for Virginia work with Virginia's nursing schools to encourage students to obtain certified nurse aide credentials early in their training to become licensed practical nurses or registered nurses; and, be it

RESOLVED FURTHER, That all agencies of the Commonwealth shall provide assistance to the State Council of Higher Education for Virginia, upon request; and, be it

RESOLVED FINALLY, That the State Council of Higher Education for Virginia prepare and submit a report outlining the actions that will be taken to encourage nursing students to obtain certified nurse aide credentials early in their training. Such report shall be submitted to the Joint Commission on Health Care by September 15, 2000, and to the Governor and the 2001 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Official Use By Clerks

Agreed to By The Senate		Agreed to By The House of Delegates	
without amendment	☐	without amendment	☐
with amendment	☐	with amendment	☐
substitute	☐	substitute	☐
substitute w/amdt	☐	substitute w/amdt	☐
Date: _____		Date: _____	
Clerk of the Senate		Clerk of the House of Delegates	

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1/26/00 12:51

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SENATE JOINT RESOLUTION NO. 169

Offered January 24, 2000

Requesting the Joint Commission on Health Care, in cooperation with the Commonwealth's academic health centers, the Senate Finance and House Appropriations Committees, the Department of Planning and Budget, and the State Council of Higher Education for Virginia to study the feasibility of establishing a "risk-sharing" formula or other model of shared accountability for funding the cost of unreimbursed indigent care at the academic health centers.

Patrons—Bolling, Lambert and Schrock; Delegates: Brink, DeBoer, Diamonstein, Hamilton, Melvin and Morgan

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Referred to Committee on Rules

WHEREAS, academic health centers across the country are facing critical financial and operational challenges; and

WHEREAS, several academic health centers in other states have incurred significant operating losses and have projected even greater losses in future years; and

WHEREAS, the cost of unreimbursed indigent care has been a major factor driving the financial difficulties being experienced by academic health centers across the country; and

WHEREAS, the Joint Commission on Health Care conducted a study of the financial and operational issues affecting the Commonwealth's academic health centers pursuant to Senate Joint Resolution 464 of the 1999 Session of the General Assembly; and

WHEREAS, during this study, Virginia Commonwealth University's Medical College of Virginia (VCU/MCV), the University of Virginia Health Sciences Center (UVA), and the Eastern Virginia Medical School (EVMS) indicated that the cost of unreimbursed indigent care is the most pressing financial issue facing their respective institutions; and

WHEREAS, in 1998, VCU/MCV incurred an estimated $32.6 million in unreimbursed indigent care while UVA and EVMS reported $12.8 million and $14.3 million, respectively; and

WHEREAS, to ensure the financial viability of the Commonwealth's academic centers, additional state funding is needed to offset the cost of unreimbursed indigent care; and

WHEREAS, a formula needs to be developed to provide a mechanism for funding the cost of unreimbursed indigent care in future years; and

WHEREAS, a formula that included appropriate incentives for the academic health centers to effectively manage the care provided to indigent persons and share in the accountability and responsibility for the cost of unreimbursed care would help control these costs; now, therefore, be it

RESOLVED, by the Senate, the House of Delegates concurring, That the Joint Commission on Health Care, in cooperation with the Commonwealth's academic centers, the Senate Finance and House Appropriations Committees, the Department of Planning and Budget, and the State Council for Higher Education for Virginia study the feasibility of establishing an appropriate "risk-sharing' or "share accountability" model for funding the cost of unreimbursed indigent care at the Commonwealth's academic centers. The study shall include an analysis of: (i) different potential models for funding the cost of unreimbursed indigent care; (ii) the fiscal impact of each funding model on both the Commonwealth and the academic health centers; (iii) an assessment of how other states fund the cost of unreimbursed indigent care; and (iv) other issues as identified by the Joint Commission on Health Care.

The Joint Commission shall submit its findings and recommendations to the Governor and 2001 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

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2000 SESSION

ENROLLED

SENATE JOINT RESOLUTION NO. 178

Encouraging Virginia's aging community, advocacy groups, and health care professional organizations to include information in their publications and activities that would educate their members about Medicaid assistance programs for low-income Medicare beneficiaries.

Agreed to by the Senate, March 9, 2000
Agreed to by the House of Delegates, March 8, 2000

WHEREAS, the elderly and disabled poor with Medicare health insurance pay a very large proportion of their monthly income on out-of-pocket medical expenses; and

WHEREAS, nearly half of Virginia's Medicare beneficiaries are low-income; and

WHEREAS, low-income Medicare beneficiaries are less likely to have private supplemental insurance than are higher-income Medicare beneficiaries; and

WHEREAS, the Qualified Medicare Beneficiary (QMB), Specified Low Income Medicare Beneficiary (SLIB), and Qualifying Individual (QI-1, QI-2) programs are administered through the Department of Medical Assistance Services to help pay the Medicare premiums and cost-sharing requirements for low-income elderly and disabled; and

WHEREAS, a significant proportion of Virginians eligible for these programs are not enrolled, due in part to a lack of public awareness and a lack of organized outreach programs; and

WHEREAS, studies have shown that community-based efforts have the greatest success in encouraging low-income elderly and disabled individuals to enroll in these programs; and

WHEREAS, the elderly and disabled have regular contact with the aging community, advocacy groups and various health care professionals that could provide information and direct them to resources for these programs; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That Virginia's aging community, advocacy groups, and health care professional organizations be encouraged to include information in their publications and activities that would educate their members about Medicaid assistance programs for low-income Medicare beneficiaries. In educating their members, the organizations are encouraged to gain and share knowledge about the benefits and general eligibility requirements for these programs and to encourage enrollment in these programs by eligible elderly and disabled individuals in their communities; and, be it

RESOLVED FURTHER, That the Department of Medical Assistance Services be requested to assist these various organizations in educating their respective members about the Medicaid assistance programs for low-income Medicare beneficiaries by providing enrollment and eligibility information, educational materials, and other assistance regarding the programs; and, be it

RESOLVED FINALLY, That the Clerk of the Senate transmit copies of this resolution to the Department of Medical Assistance Services and the Joint Commission on Health Care, requesting that the Commission further distribute copies of this resolution to the various types of organizations identified so that they may be apprised of the sense of the General Assembly in this matter.

005607230

SENATE JOINT RESOLUTION NO. 197

Senate Amendments in [ ] — February 10, 2000

Requesting the [~~Virginia~~] Department of Health's Center for Quality Health Care Services and Consumer Protection and the Bureau of Insurance [~~within~~ of] the State Corporation Commission to monitor consumer complaints regarding therapeutic interchange of chemically dissimilar drugs.

Patrons—Lambert, Bolling and Schrock; Delegates: Brink, DeBoer, Hamilton, Melvin and Morgan

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Referred to Committee on Rules

WHEREAS, therapeutic interchange of chemically dissimilar drugs (therapeutic interchange) is defined as the dispensing of a drug, by any person authorized by law to dispense drugs, that is a chemically dissimilar alternative for the drug initially prescribed, and the alternative drug is expected to have the same clinical results and similar safety profile when administered to patients in therapeutically equivalent doses as the drug initially prescribed and is dispensed with the approval of the person who prescribed the initial drug of their lawful designee; and

WHEREAS, therapeutic interchange is performed for clinical reasons such as: (i) the originally prescribed drug may cause an adverse drug interaction with another medication being taken by the patient; (ii) the alternative drug has a better "side effect" profile; or (iii) a patient's past experience with the originally prescribed drug has not been favorable; and

WHEREAS, therapeutic interchange also is conducted for financial reasons such as: (i) the originally prescribed drug is not on the formulary of the patient's health insurance plan; (ii) the patient copayment is higher for the originally prescribed drug than that for an alternative drug; or (iii) discounts or rebates offered by the drug manufacturer; and

WHEREAS, independent pharmacists and some physicians have expressed concerns regarding the appropriateness of therapeutic interchange conducted for financial reasons and the potential for adverse effects on patients; and

WHEREAS, pharmacy benefit managers, health plans, chain drug stores, health system pharmacists, hospitals and business representatives argue that there is little or no evidence that therapeutic interchange is harmful to patients and that the practice generates significant cost savings; and

WHEREAS, a recent study of the practice of therapeutic interchange indicates that only about three percent of prescriptions written in Virginia involve therapeutic interchange; and

WHEREAS, the U.S. Food and Drug Administration's "MedWatch" program has received few reports of adverse events associated with therapeutic interchange; and

WHEREAS, independent pharmacists and some physicians continue to have concerns regarding the practice of therapeutic interchange when conducted for financial rasons; and

WHEREAS, statistics on the number of consumer complaints regarding therapeutic interchange would provide useful information in determining whether this practice represents a growing concern among Virginians and whether further regulation of therapeutic interchange is warranted; and

WHEREAS, the Virginia Department of Health's Center for Quality Health Care Services and Consumer Protection receives and responds to consumer complaints regarding the quality of managed care health insurance plans; and

WHEREAS, the Bureau of Insurance receives and responds to complaints in connection with the contractual issues involving managed care plans; and

WHEREAS, these two state entities coordinate their responsibilities and activities to respond to Virginia consumers' concerns about various aspects of managed care health insurance plans; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the [~~Virginia~~] Department of Health's Center for Quality Health Care Services and the Bureau of Insurance [~~within~~ of] the State Corporation Commission be requested to [monitor consumer complaints regarding therapeutic exchange of chemically dissimilar drugs. In conducting the study, the Department and Bureau shall] : (i) record and monitor all consumer complaints regarding the practice of therapeutic interchange received during a period of two years beginning July 1, 2000, and ending June 30, 2002; (ii) classify

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1 the consumer complaints that are received by the specific aspect of therapeutic interchange that gave
2 rise to the complaint; and (iii) report their findings to the chairmen of the Senate Committee on
3 Education and Health, the House Committee on Health, Welfare and Institutions, and the Joint
4 Commission on Health Care.
5 The Virginia Department of Health and the State Corporation Commission's Bureau of Insurance
6 shall submit their findings to the Chairmen of the Senate Committee on Education and Health, and
7 the House Committee on Health, Welfare and Institutions, and the Joint Commission on Health Care
8 by August 30, 2002, and to the Governor and 2003 Session of the General Assembly as provided in
9 the procedures of the Division of Legislative automated Systems for the processing of legislative
10 documents.

Official Use By Clerks

Agreed to By The Senate		**Agreed to By The House of Delegates**	
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Clerk of the Senate Clerk of the House of Delegates

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HOUSE JOINT RESOLUTION NO. 172

Offered January 24, 2000

Requesting the Virginia Commonwealth University School of Dentistry to prepare and submit a plan for establishing an externship program for dental students to gain experience in practicing in underserved areas of the Commonwealth.

Patrons—Morgan, Brink, Hamilton and Melvin; Senator: Bolling

Referred to Committee on Rules

WHEREAS, a 1996 survey of the insurance status of Virginians found that approximately 13 percent, or 858,000 persons, are uninsured; and

WHEREAS, research has shown that uninsured persons are one-half as likely as those persons with insurance to visit a dentist regularly; and

WHEREAS, the 1996 Health Access Survey sponsored by the Virginia Healthcare Foundation found that less than one-half of all Virginia households used dental insurance to pay for at least part of their dental care; and

WHEREAS, that same survey also found that 11 percent of survey respondents reported that they had not seen a dentist in more than four years, and that six percent reported they had never seen a dentist; and

WHEREAS, the lack of needed dental care often can lead to serious, costly health conditions; and

WHEREAS, the Virginia Department of Health has identified 43 "underserved" communities throughout Virginia with a dentist-to-population ratio of one dentist to 5,000 persons or higher; and

WHEREAS, efforts to recruit dentists to underserved areas have had only limited success; and

WHEREAS, exposing health profession students to practicing in underserved areas as part of their training has been successful in identifying students who may want to practice in these areas after graduation; and

WHEREAS, the current curriculum of study at the Virginia Commonwealth University's (VCU) School of Dentistry does not include a component that provides dental students with exposure to practicing in an underserved area; and

WHEREAS, the VCU School of Dentistry has expressed an interest in developing a program that would provide students with a rotation in an underserved area during the student's fourth year of training, and has begun to examine the possibility of instituting such a program; and

WHEREAS, establishing such an externship program at the VCU School of Dentistry likely will require additional resources; and

WHEREAS, a dental student externship program would enhance the Commonwealth's efforts to recruit dentists to underserved areas of the state; now, therefore, be it

RESOLVED, by the House of Delegates, the Senate concurring, That the VCU School of Dentistry be requested to prepare and submit a plan for establishing an externship program for dental students to gain experience in practicing in underserved areas of the Commonwealth. The plan shall include, but not be limited to: (i) the scope and parameters of the program; (ii) the resources needed to implement the program, including faculty or other positions, equipment, and funding; (iii) a timeline for implementing the program; and (iv) other pertinent information as determined by the VCU School of Dentistry.

The VCU School of Dentistry shall submit its proposed plan to the Joint Commission on Health Care by September 15, 2000, and to the Governor and the 2001 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

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HOUSE JOINT RESOLUTION NO. 198

Offered January 24, 2000

Requesting the Joint Commission on Health Care to continue its study of ways to increase access to dental care throughout the Commonwealth.

Patrons—Melvin, Brink, Clement, DeBoer, Diamonstein, Hamilton and Morgan; Senators: Bolling, Lambert and Schrock

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Referred to Committee on Rules

WHEREAS, a 1996 survey of the insurance status of Virginians found that approximately 13 percent, or 858,000 persons are uninsured; and

WHEREAS, research has shown that uninsured persons are one-half as likely as those persons with insurance to regularly visit a dentist; and

WHEREAS, the 1996 Health Access Survey sponsored by the Virginia Health Care Foundation found that less than one-half of all Virginia households used dental insurance to pay for at least part of their dental care; and

WHEREAS, the 1996 Health Access Survey also found that 11 percent of survey respondents reported that they had not seen a dentist in over four years and six percent reported that they had never seen a dentist; and

WHEREAS, the lack of needed dental care often can lead to serious, costly health conditions; and

WHEREAS, the Joint Commission on Health Care recently completed a study of ways to improve access to dental care throughout the Commonwealth pursuant to House Joint Resolution 644 of the 1999 Session of the General Assembly; and

WHEREAS, the Joint Commission on Health Care study identified a number of access issues that are being addressed through legislative and budgetary actions recommended to the 2000 Session of the General Assembly; and

WHEREAS, additional analysis is needed to identify ways to increase the number of persons with dental insurance as a means of improving access to dental care; and

WHEREAS, recent efforts to increase the number of dentists participating in Medicaid need to be monitored to determine the effectiveness and if additional actions are needed; and

WHEREAS, following the 1999 Joint Commission on Health Care study, concern was expressed about potential safety issues regarding the presence of mercury in dental amalgam or "silver fillings"; now, therefore, be it

RESOLVED, by the House of Delegates, the Senate concurring, That the Joint Commission on Health Care, in cooperation with the Virginia Department of Health, the Department of Medical Assistance Services, the Virginia Dental Association, the Virginia Dental Hygienists' Association, the Virginia Commonwealth University School of Dentistry, the Virginia Board of Dentistry, the Virginia Association of Free Clinics, and the Virginia Health Care Foundation, continue its study of ways to increase access to dental care throughout the Commonwealth.

The study shall include, but not be limited to, an analysis of: (i) various ways to increase the number of persons with dental insurance; (ii) the number of dentists participating in the Medicaid program, the results of recent actions taken to increase the number of participating dentists, and other actions that could be taken to increase further the number of participating dentists; (iv) potential safety concerns regarding the use of dental amalgam; and (v) barriers to access to care and other appropriate issues identified by the Joint Commission on Health Care.

The Joint Commission on Health Care shall submit its findings and recommendations to the Governor and 2001 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

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005616230

1 **HOUSE JOINT RESOLUTION NO. 199**
2 Offered January 24, 2000
3 *Encouraging state agencies and private sector health-related organizations to adopt the new federal*
4 *race and ethnicity classifications as other computer modifications are made and to implement*
5 *administrative practices to comply with new federal standards.*
6
7 Patrons—Melvin, Brink, DeBoer, Diamonstein, Hamilton and Morgan; Senators: Bolling, Lambert and
8 Schrock
9
10 Referred to Committee on General Laws
11
12 WHEREAS, significant disparities continue to exist in the health status of African-Americans and
13 Caucasians; and
14 WHEREAS, the adequate portrayal of the distinct health outcomes of African-Americans is
15 difficult because much of the state's health data is not collected or reported by racial classifications;
16 and
17 WHEREAS, a 1998 study conducted by the Virginia Department of Health (VDH) concluded that
18 further analysis was needed to develop a more accurate depiction of efforts to reduce health disparities
19 between African-Americans and Caucasians, and to establish a baseline for analyzing and evaluating
20 health data and health promotion activities; and
21 WHEREAS, House Joint Resolution 647 of the 1999 Session of the General Assembly requested
22 the Commissioner of Health to establish a task force to review and examine health related data sets in
23 the Commonwealth as part of a continuing analysis of the health status of African-Americans; and
24 WHEREAS, the task force established by the State Health Commissioner also was charged with
25 recommending reporting processes to generate more reliable estimates of minority populations and
26 examine how state agencies and private health organizations can assist by collecting and reporting
27 data classified by race and ethnicity; and
28 WHEREAS, the task force found that many public and private health data sets in the
29 Commonwealth do not include an appropriate level of information by race and ethnicity; and
30 WHEREAS, the task force also found that there is no consistent means for estimating the state's
31 population by geographic area, locality, race, gender, and age which are used in calculating rates for
32 disease and health conditions; and
33 WHEREAS, the adequate portrayal of the distinct health concerns of African-Americans and other
34 racial and ethnic categories in the Commonwealth is dependent upon consistent and accurate sources
35 of health-related data and populations estimates; and
36 WHEREAS, the task force concluded that data must be collected and reported by "minimal
37 standards" for race and ethnicity categories if a true analysis of the health status of Virginia's diverse
38 populations is to be achieved; and
39 WHEREAS, the U.S. standards for the Classifications of Federal Data on Race and Ethnicity were
40 recently revised to include new categories and definitions for race and ethnicity that will be used by
41 the federal government as well as state and local governments, policymakers, researchers, and the
42 public; and
43 WHEREAS, in Virginia, most state agencies that collect and report health-related information use
44 the old federal standards for race and ethnicity; and
45 WHEREAS, a number of private sector organizations also collect and report race and ethnicity
46 using the old standards; and
47 WHEREAS, none of the state agencies or private sector organizations studied by the task force
48 provide specific staff training on collecting race and ethnicity information from the public; and
49 WHEREAS, the task force found that many organizations use observation or surname reference as
50 a means for determining race or ethnicity rather than the national standard of having individuals
51 self-identify race or ethnicity; now, therefore, be it
52 RESOLVED by the House of Delegates, the Senate concurring, That state agencies of the
53 Commonwealth of Virginia and private sector, health-related organizations be encouraged to adopt the
54 new federal race and ethnicity classifications as other computer modifications are made, or as soon as

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otherwise possible; and, be it

RESOLVED FURTHER, That state agencies of the Commonwealth of Virginia and private sector, health-related organizations be encouraged to develop and implement training modules or guidelines to assist frontline personnel on how to ask race and ethnicity questions in a culturally appropriate manner; and, be it

RESOLVED FURTHER, That state agencies and private sector, health-related organizations be encouraged to adopt the national standard of "self-designation" of race and ethnicity for data collection purposes; and, be it

RESOLVED FINALLY, That the Commissioner of Health distribute copies of this resolution to all state agencies of the Commonwealth and private sector, health-related organizations throughout the Commonwealth so that they may be apprised of the sense of the General Assembly of Virginia in this matter.

Official Use By Clerks

Agreed to By The House of Delegates		**Agreed to By The Senate**	
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Clerk of the House of Delegates		Clerk of the Senate	

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HOUSE JOINT RESOLUTION NO. 225

Offered January 24, 2000

Requesting the Technical Advisory Panel of the Virginia Indigent Health Care Trust Fund and the Department of Medical Assistance Services, in cooperation with the Virginia Department of Health, to develop a pilot indigent pharmacy program as a means of improving access to prescription medications for the indigent and uninsured.

Patrons—Diamonstein, Brink, DeBoer, Hamilton, Melvin and Morgan; Senators: Bolling, Lambert and Schrock

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Referred to Committee on Rules

WHEREAS, access to necessary prescription medications is critical to the prevention and treatment of a wide range of health conditions and diseases; and

WHEREAS, the cost of prescription medications has increased substantially in recent years; and

WHEREAS, the 1996 Health Access Survey of Virginians found that approximately 13 percent, or 858,000 persons, were uninsured; and

WHEREAS, the 1996 survey also found that when compared to persons with insurance coverage, the uninsured are three times more likely to not get a prescription filled because of the high cost of prescription medications; and

WHEREAS, the 1996 survey also found that 13 percent of the respondents were unable to purchase needed prescriptions because of the cost; and

WHEREAS, access to prescription drugs has become one of the most significant problems for elderly Virginians on fixed incomes; and

WHEREAS, the Indigent Health Care Trust Fund receives moneys appropriated by the Commonwealth and contributions from certain hospitals for the purpose of reimbursing hospitals for unreimbursed hospital inpatient and outpatient medical care provided to certain indigent persons; and

WHEREAS, the Technical Advisory Panel established in § 32.1-335 of the Code of Virginia assists the Board of Medical Assistance Services in the administration of the Indigent Health Care Trust Fund; and

WHEREAS, one of the responsibilities of the Technical Advisory Panel is to establish pilot health care projects for the uninsured and administer any money voluntarily contributed or donated to the fund by private or public sources for the purpose of subsidizing pilot health care projects for the uninsured; and

WHEREAS, House Joint Resolution 675 of the 1999 Session of the General Assembly requested the Technical Advisory Panel of the Indigent Health Care Trust fund to examine the feasibility of establishing a pilot pharmacy program for the indigent as a means of improving access to prescription medications for the indigent and uninsured; and

WHEREAS, as a result of its work during 1999, the Technical Advisory Panel concluded that: (i) there is a need for pharmacy programs for the indigent; (ii) such a programs could take many forms; (iii) local community initiative and involvement are key components of a successful program; and (iv) the Department of Medical Assistance Services and the Virginia Department of Health should work jointly to develop a pilot pharmacy program for use by local communities; and

WHEREAS, further work is necessary to develop a specific proposal for establishing a pilot pharmacy program for communities; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Technical Advisory Panel of the Indigent Health Care Trust Fund and the Department of Medical Assistance Services, in cooperation with the Virginia Department of Health, develop a pilot indigent pharmacy program as a means of improving access to prescription medications for the indigent and uninsured. The work of the Technical Advisory Panel, the Department of Medical Assistance Services, and the Department of Health shall include, but not be limited to: (i) consulting with local communities regarding the most appropriate type of program; (ii) identifying various means of addressing the prescription drug needs of elderly Virginians in the pilot project; (iii) developing and recommending a specific pilot pharmacy program, (iv) recommending specific sources of funding, and (v) establishing a timeline for

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1 implementing and evaluating the pilot program.
2 The Technical Advisory Panel of the Indigent Health Care Trust Fund and the Department of
3 Medical Assistance Services shall submit the study findings and recommendations to the Board of
4 Medical Assistance Services, the Board of Health, and the Joint Commission on Health Care by
5 September 1, 2000, and to the Governor and the 2001 Session of the General Assembly as provided
6 in the procedures of the Division of Legislative Automated Systems for the processing of legislative
7 documents.

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HOUSE JOINT RESOLUTION NO. 227

Offered January 24, 2000

Requesting the State Health Commissioner to examine the feasibility of establishing a public dental health program in those communities that do not have access to public dental health services.

Patrons—DeBoer, Brink, Diamonstein, Hamilton, Melvin and Morgan; Senators: Bolling, Lambert and Schrock

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Referred to Committee on Rules

WHEREAS, a 1996 survey of the insurance status of Virginians found that approximately 13 percent, or 858,000 persons, are uninsured; and

WHEREAS, research has shown that uninsured persons are half as likely as persons with insurance to visit a dentist regularly; and

WHEREAS, the 1996 Health Access Survey sponsored by the Virginia Health Care Foundation found that less than half of all Virginia households used dental insurance to pay for at least part of their dental care; and

WHEREAS, the 1996 Health Access Survey also found that 11 percent of survey respondents reported that they had not seen a dentist in over four years, and that six percent reported they had never seen a dentist; and

WHEREAS, the lack of needed dental care often can lead to serious, costly health conditions; and

WHEREAS, the Virginia Department of Health has identified 43 "underserved" communities throughout Virginia with a dentist population ratio of one dentist to 5,000 persons or higher; and

WHEREAS, dental care is not a mandated public health service; and

WHEREAS, a 1996 report by the Virginia Department of Health indicated that dental services are provided by local public health clinics to eligible individuals in only about half of the communities in Virginia and that 56 communities are without public dental health services; and

WHEREAS, a recent study of dental care throughout the Commonwealth conducted by the Joint Commission on Health Care found that public dental health clinics provide an important safety net for persons in many localities of the state; and

WHEREAS, persons living in communities without public dental health services do not have the same level of access to appropriate dental care as those communities with public dental health services; now, therefore, be it

RESOLVED, by the House of Delegates, the Senate concurring, That the State Health Commissioner be requested to examine the feasibility of establishing a public dental health program in those communities which do not have access to public dental health services. The study shall include, but not be limited to: (i) identifying those communities that do not have a public dental health program or access to public dental health services; (ii) assessing the impact on persons living in communities without a public dental health program; (iii) identifying options for improving access to public dental health services in these communities and estimating the cost of each option; (iv) examining the programmatic and financial impact of including dental care among the mandated public health services, including the impact on localities; (v) surveying other states regarding how they provide public dental health services and determining which approaches, if any, could be implemented in Virginia; and (vi) addressing other issues as identified by the Commissioner.

The Commissioner shall submit the findings and recommendations of the study to the Joint Commission on Health Care by September 30, 2000, and to the Governor and 2001 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

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HOUSE JOINT RESOLUTION NO. 242

Offered January 24, 2000

Requesting the Virginia Board of Medicine, the Medical Society of Virginia, the Old Dominion Medical Society, the Virginia Academy of Family Physicians, the Virginia Health Care Association, the Virginia Hospital and Healthcare Association, the Virginia Association of Non-Profit Homes for the Aging, the Virginia Association for Home Care, the Virginia Bar Association, the Virginia State Bar, and other appropriate entities to encourage their members to promote greater awareness of advance directives.

Patrons—Brink, DeBoer, Diamonstein, Hamilton, Melvin and Morgan; Senators: Bolling, Lambert and Schrock

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Referred to Committee on Health, Welfare and Institutions

WHEREAS, an advance directive, in the form of either a living will or a durable power of attorney for health care, is a legal means of expressing an individual's personal wishes, or designating an agent to make decisions concerning the parameters of future medical treatment in the event the individual is unable by reason of incapacity to personally make such decisions at a later date; and

WHEREAS, the Joint Commission on Health Care recently issued a report which examined issues concerning the utilization of advance directives; and

WHEREAS, the use of advance directives offers several potential benefits to an individual, his or her family members, and health care practitioners, including the imposition of order on situations involving end-of-life care decision-making; and

WHEREAS, the utilizations of advance directives among hospital patients and nursing home residents in Virginia is relatively low; and

WHEREAS, public misperceptions and insufficient awareness among health care practitioners concerning the use of advance directives are major barriers to greater utilization; and

WHEREAS, there are several potential obstacles to honoring the provisions of advance directives, including family opposition, liability concerns, medical futility determinations, and vagueness of provisions; and

WHEREAS, there is some disagreement among health care practitioners, attorneys and other interested parties involved in end-of-life care concerning the extent to which advance directives are honored; and

WHEREAS, health care practitioners and other interested parties are concerned about the failure of advance directive documentation completed in one health facility to follow an individual to another health care setting, and the lack of effective mechanisms to facilitate such transfer of information; and

WHEREAS, the American Medical Association has issued recommendations to improve the utilization of advance directives and has developed an end-of-life curriculum for physicians; and

WHEREAS, in order to effectively aid in end-of-life decisionmaking, advance directives should be used as a supplement to ongoing communication between an individual, his or her family, and a physician; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Virginia Board of Medicine, the Medical Society of Virginia, the Old Dominion Medical Society, the Virginia Academy of Family Physicians, the Virginia Health Care Association, the Virginia Hospital and Healthcare Association, the Virginia Association of Non-Profit Homes for the Aging, the Virginia Association for Home Care, and other appropriate entities encourage their members to: (i) include coverage of end-of-life issues, advance care planning, and advance directives in their continuing education programs; (ii) promote discussion of end-of-life care issues and advance care planning in their treatment protocols; and (iii) collaborate to develop mechanisms and procedures to foster effective and efficient transfer of advance directive documentation among health care practitioners and facilities; and be it

RESOLVED FURTHER, That the Virginia Bar Association and the Virginia State Bar aid in this endeavor by preparing educational materials and furnishing other such assistance as may be requested; and be it

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1 RESOLVED FINALLY, That the Clerk of the House of Delegates transmit copies of this
2 resolution to the Virginia Board of Medicine, the Medical Society of Virginia, the Old Dominion
3 Medical Society, the Virginia Academy of Family Physicians, the Virginia Health Care Association,
4 the Virginia Hospital and Healthcare Association, the Virginia Association of Non-Profit Homes for
5 the Aging, the Virginia Association for Home Care, the Virginia Bar Association, the Virginia State
6 Bar, and to the Joint Commission on Health Care for broader distribution to other interested parties so
7 that they may be apprised of the sense of the General Assembly on this matter.

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Clerk of the House of Delegates		Clerk of the Senate	

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HOUSE JOINT RESOLUTION NO. 309

Offered January 24, 2000

Memorializing the Congress of the United States to enact further revisions to the Balanced Budget Act of 1997 to address the severe financial impact that this legislation is having on the Commonwealth's academic health centers, and to review how certain aspects of the Balanced Budget Act of 1997 have been interpreted and implemented by the U.S. Health Care Financing Administration.

Patrons—Hall, Brink, DeBoer, Hamilton, Melvin and Morgan; Senators: Bolling, Lambert and Schrock

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Referred to Committee on Rules

WHEREAS, academic health centers across the country are facing significant financial and operational challenges; and

WHEREAS, several academic health centers in other states have incurred significant operating losses and have projected even greater losses in future years; and

WHEREAS, the Balanced Budget Act of 1997 (BBA) reduced Medicare provider reimbursement by $70 billion over a five-year period; and

WHEREAS, the BBA has been identified by nearly all academic health centers across the country as having severe financial implications on their future operations and viability; and

WHEREAS, the Joint Commission on Health Care conducted a study of the financial and operational issues affecting the Commonwealth's academic health centers pursuant to Senate Joint Resolution 464 of the 1999 Session of the General Assembly; and

WHEREAS, during the Joint Commission on Health Care study, Virginia Commonwealth University's Medical College of Virginia (VCU/MCV), the University of Virginia's Health Sciences Center (UVA), and Eastern Virginia Medical School (EVMS) indicated that the BBA is having a severe financial impact on their respective institutions; and

WHEREAS, VCU/MCV estimates that the BBA could reduce revenues by as much as $114 million over the five-year period of fiscal year 1997 through fiscal year 2002; UVA estimates the impact during the same time period to be as much as $107 million; and EVMS indicates that one of its affiliated hospitals could incur between $50 and $100 million in reduced Medicare revenues as a result of the BBA; and

WHEREAS, while recently enacted modifications to the BBA to appropriate an additional $16 billion in Medicare reimbursement provide some relief, these modifications do not go far enough in addressing the severe financial impact being experienced by academic health centers; and

WHEREAS, there is a concern that the interpretation and implementation of certain provisions of the BBA by the U.S. Health Care Financing Administration may be contributing to the adverse financial impact of this legislation; and

WHEREAS, additional modifications to the BBA are needed to further increase the level of Medicare reimbursement provided to academic health centers to enable them to train medical students; treat Medicare, Medicaid, and indigent patients; and continue their research mission; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Congress of the United States be urged to enact further modifications to the Balanced Budget Act of 1997 to restore additional Medicare reimbursement to academic health centers in order that these institutions are financially able to continue their critical missions of training medical students; treating Medicare, Medicaid, and indigent patients; and conducting cutting-edge medical research; and, be it

RESOLVED FURTHER, That the Congress of the United States be urged to review the implementation of the Balanced Budget Act of 1997 by the U.S. Health Care Financing Administration to ensure that the provisions of the legislation are being carried out in the appropriate and correct manner as intended by Congress and the President of the United States; and be it

RESOLVED FINALLY, That the Clerk of the House of Delegates transmit copies of this resolution to the President of the United States, the Speaker of the United States House of

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1 Representatives, the President of the United States Senate, the U.S. Secretary of Health and Human
2 Services, and the Virginia Congressional Delegation so that they may be apprised of the sense of the
3 General Assembly in this matter.

Official Use By Clerks

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Clerk of the House of Delegates Clerk of the Senate

APPENDIX B:

2000 Budget Amendments

JOINT COMMISSION ON HEALTH CARE

FINAL ACTIONS TAKEN ON JCHC BUDGET AMENDMENTS:

2000 GENERAL ASSEMBLY SESSION

	JCHC-Proposed Budget Amendments		Approved Amounts: 2000 Appropriation Act	
Description	**FY 01**	**FY 02**	**FY 01**	**FY 02**
Waive State Employee Inpatient Deductible For OB Care at Academic Health Centers	$60,000	$60,000		
Medicaid GF Supplement for Obstetrical/Gynecological Training	Language		Language	
Collect Nurse Workforce Data	$130,000	$130,000	$40,000	$40,000
Increase Funding for Dental Scholarship/Loan Repayment	$200,000	$200,000	Language	
VDH Study of Dental Spending/ Use of Dental Trailers	Language		Language	
Funding for Dental Benefits for Medicaid Adults	$7,900,000 GF $8.500,000 NGF	$8,000,000 GF $8,601,000 NGF		
VDH Coordination of Health Workforce Activities	$317,631 5 FTEs	$317,631 5 FTEs		
VDH Review of Provider Database	Language		Language	

Note: Unless otherwise noted, all amounts are General Funds

	JCHC-Proposed Budget Amendments		Approved Amounts: 2000 Appropriation Act	
Description	**FY 01**	**FY 02**	**FY 01**	**FY 02**
Consolidate Medical Scholarship/Loan Repayment Funding; Increase Amount	$100,000	$100,000	Language	Language
Increase AHEC Funding	$350,000	$350,000	$100,000 *(For NOVA AHEC)*	$100,000 *(For NOVA AHEC)*
JCHC Continuing Health Workforce Review	Language		Language	
DMAS: Utilize HCFA's "QMB Leads" Data	Language		Language	
DMAS: Report on Simplifying Forms, Increasing QMB/SLMB Enrollment by 4%, and Determining Impact of Changing "209B" Status	Language		Language	
DMAS: Agreement with HCFA on Extending 3 Month Enrollment in Medicare Part "A" for QMBs	Language		Language	
Medicaid Eligibility Up to 80% of Federal Poverty Level for Aged/Disabled	$5,300,000 GF $5,700,000 NGF	$5,600,000 GF $6,000,000 NGF		$5,200,000 GF $5,600,000 NGF
Funding for Unreimbursed Indigent Care at MCV		$12,500,000 GF $12,500,000 NGF		
Funding for Unreimbursed Indigent Care at UVA	$6,400,000 GF $6,400,000 NGF	$6,400,000 GF $6,400,000 NGF	$2,000,000 GF $2,150,239 NGF	

Not Unless otherwise noted, all amounts are General Funds

	JCHC-Proposed Budget Amendments		Approved Amounts: 2000 Appropriation Act	
Description	**FY 01**	**FY 02**	**FY 01**	**FY 02**
Funding for Unreimbursed Indigent Care for EVMS/Report on Allocation/ Expenditure of funds	$14,300,000 GF	$14,300,000 GF		
MCV Restructuring Plan (Allocation/ expenditure of indigent care funds)	Language			
UVA Restructuring Plan (Allocation/ expenditure of indigent care funds)	Language			
Undergraduate Medical Education for MCV	$5,200,000	$5,200,000		
Undergraduate Medical Education for EVMS	$950,000	$950,000		
JCHC Study of Medicaid Support for Graduate Medical Education	Language			
DMAS Review of Disproportionate Share Hospital Payment Methodology	Language			
DMAS Reevaluate Reimbursement for Air Medevac Services	Language		Language	
DMAS Review of Telemedicine Pilot Project	Language		Language	
VHI: Funding for Processing State Agency Outpatient Data	$250,000	$198,000		

Note: Unless otherwise noted, all amounts are General Funds

	JCHC-Proposed Budget Amendments		Approved Amounts: 2000 Appropriation Act	
Description	**FY 01**	**FY 02**	**FY 01**	**FY 02**
VHI: Funding for Processing Outpatient Surgical Data	$100,000	$100,000		$50,000
Increase Funding for Prescription Drugs at Free Clinics	$819,000	$997,000	$376,000	$484,000
Increase Funding for Prescription Drugs at Community and Migrant Health Centers	$475,000	$475,000	$150,000	$150,000
Additional Enrollment in CMSIP	$6,744,648 GF $13,548,047 NGF		$6,744,648 GF $13,548,047 NGF	$6,744,648 GF $13,548,047 NGF
Organ/Tissue Donor Registry (VDH)	$275,000	$225,418	$40,000	$35,000
Organ/Tissue Donor Registry (DMV)	$53,450			
Medicaid Coverage for Adult Organ Transplants	$2,806,400 GF $3,593,600 NGF	$2,806,400 GF $3,593,600 NGF	$2,806,400 GF $3,593,600 NGF	$2,806,400 GF $3,593,600 NGF
Asthma Management Plan - VDH	$203,842 1.25 FTEs	$210,716 1.25 FTEs		
Cancer Position Classification Study – DPT	Language		Language	
Cancer Registry Data Collection - VDH	$120,000 2 FTEs	$120,000 2 FTEs		

N: 'nless otherwise noted, all amounts are General Funds

	JCHC-Proposed Budget Amendments		Approved Amounts: 2000 Appropriation Act	
Description	**FY 01**	**FY 02**	**FY 01**	**FY 02**
Advance Directives Info Campaign – VDA	$218,688	$226,874		
Medicare Ombudsman Program – VDA	$200,000	$200,000		
Elder Rights Hotline – VDA	$82,556	$136,796		
Medicare Ombudsman Program (Arlington)	*HB 29 FY 2000 $12,500*			
Information Campaign on Medicare Options	$276,000	$277,100		
Information Campaign on Medicaid Eligibility for Certain Medicare Recipients	$401,000	$402,100		
Long-Term Care Foundation – VDH	$500,000	$1,000,000		
Survey of Older Virginians – VDA	$240,000			
Adult Day Care/Respite Care – VDA		$250,000	$250,000	$500,000
Care Coordination (Case Management) – VDA	$1,350,000	$2,700,000	$100,000	$200,000
Home-Delivered Meals – VDA	$1,000,000	$2,000,000	$325,000	$350,000
In-Home Care Services – VDA	$4,750,000	$9,500,000	$375,000	$375,000

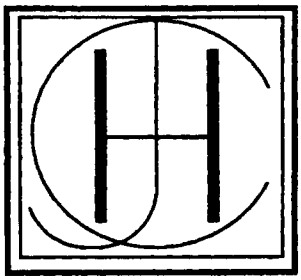
Note: Unless otherwise noted, all amounts are General Funds

	JCHC-Proposed Budget Amendments		Approved Amounts: 2000 Appropriation Act	
Description	FY 01	FY 02	FY 01	FY 02
LTC Ombudsman – VDA	$1,500,000	$1,500,000		
Transportation Services – VDA	$1,250,000	$2,000,000	$100,000	$200,000
GF dollars to Replace Current Fee for Nurse Scholarships	$50,000	$50,000		
Nurse Scholarships for Long-Term Care	$50,000	$50,000		
Training for New ACR Operators – DSS	$220,000	$220,000	Language	
LTC Nurse Workforce Training – VCCS	Language			
On-Site Nurse Aide Training – VDH	Language		Language	
Nursing Home Administrator Training – DHP	Language			
ACR Feedback from Families – DSS	Language		Language	
Nursing Assistant Institute – VDA	$72,000	$74,000		
DMHMRSAS to Implement JLARC Recommendations Regarding ACRs	Language		Language	
ACR Licensing Positions at DSS	$480,000 12.0 FTE	$480,000 12.0 FTE		

Nc ·nless otherwise noted, all amounts are General Funds

	JCHC-Proposed Budget Amendments		Approved Amounts: 2000 Appropriation Act	
Description	FY 01	FY 02	FY 01	FY 02
Adult Foster Care Standards – DSS	$60,000			
Adult Protective Services – DSS	$6,000,000	$6,000,000	$225,000	$225,000
Personal Care Reimbursement – DMAS	$2,000,000 GF $2,200,000 NGF	$2,000,000 GF $2,200,000 NGF	$1,100,000 GF $1,182,631 NGF	$1,100,000 GF $1,184,528 NGF
UVA: Retain Interest on Cash Balances	$5,000,000	$5,000,000		
Nursing Facility Reimbursement (Direct Care Costs)/Language on new reimbursement system	$7,300,000 GF $7,900,000 NGF Language	$7,300,000 GF $7,900,000 NGF	$5,500,000 GF $5,913,157 NGF Language	$5,500,000 GF $5,922,638 NGF
Nursing Facility Reimbursement (Indirect Care Costs)	$6,200,000 GF $6,700,000 NGF			
Nursing Facility Reimbursement (Incentives)	$10,460,000 GF $11,240,000 NGF			

Note: Unless otherwise noted, all amounts are General Funds



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