

2000 General Assembly- Health-Related Legislation

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Following are summaries of selected health-related bills enacted by the 2000 General Assembly. The full text of these and other measures is available on the Internet at <http://leg1.state.va.us/lis.htm>.

Behavioral Health

HB 688 and SB 88 - Authorizes magistrates to issue emergency custody orders for juveniles

HB 1034 - Creates an Office of the Inspector General for oversight of facilities operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services. Permits disclosure of medical records to Office.

HB 1293 and SB 731 - Establishes the Mental Health, Mental Retardation and Substance Abuse Trust Fund from the net proceeds of the sale of vacant buildings held by the Department of Mental Health, Mental Retardation and Substance Abuse Services, other appropriated funds or private donations. The fund will enhance care of consumers of such services. Requires Commissioner to develop a comprehensive plan for restructuring mental health programs and facilities. General Assembly must approve sale of any facility.

HB 1350 and SB 555 - Requires notification to the Director of the Department for Rights of Virginians with Disabilities of critical incidents or deaths in state mental health and mental retardation facilities within 15 days of their occurrence.

HB 1397 - Raises limit on compensation for mental health counseling for survivors of crimes to \$2,500 per claim.

HB 1510 - Creates the Office of Comprehensive Services for At-Risk Youth and Families, under the direction of the Secretary of Health and Human Resources.

SB 332 - Establishes until July 1, 2003, the Joint Commission on Behavioral Health Care to study, report and make recommendations for continuous improvement

in publicly funded behavioral health care policy, management, financing, service delivery, regulation and evaluation.

Certificate of Public Need

HB 326 - Authorizes the Commissioner of Health to accept and approve a request to amend the conditions of a COPN issued to a continuing care provider for an increase in beds in which nursing facility or extended care services are provided to allow such continuing care provider to continue to admit patients other than continuing care contract holders until 7/1/04 or until 90% of occupants are CCRC contract-holders, whichever occurs first.

HB 613 and SB 25 - Eliminates the requirement for obtaining a certificate of public need before introducing into an existing medical facility any new nuclear cardiac medicine imaging service.

HB 739 - Authorizes the Commissioner of Health to accept and approve a request to amend the conditions of a certificate of public need issued for an increase in beds in which nursing facility or extended care services are provided to allow a continuing care facility to continue to admit persons other than residents of the cooperative units to certain of its nursing facility beds for a limited time.

HB 1270 - Changes various timelines and procedures for issuance or denial of a certificate of public need to refine 1999 changes to COPN procedures.

SB 337 - Sets process and schedule for transition to repeal of health care facilities certificate of public need program.

SB 596 - Authorizes the Commissioner of Health to accept and approve a request to amend the conditions of a certificate of public need issued for an increase in beds in which nursing facility or extended care services are provided to allow such facility to continue to admit persons, other than residents of the cooperative units, to its nursing facility beds until the earlier of 6/30/03 or 3 years from date of certificate of occupancy, if certain

conditions are met. Also creates exception from "Request for Applications" process for a facility in Giles County to increase beds to be used for skilled nursing hospice and care of Alzheimer's patients.

Emergency Services

HB 484 - Provides that, whenever delay in providing transportation in an emergency medical services vehicle or medical or surgical treatment to a minor may adversely affect such minor's recovery and no person authorized to consent to transportation is available within a reasonable time under the circumstances, no liability shall be imposed on emergency medical services personnel by reason of lack of consent to transportation. In the case of a minor 14 years of age or older who is physically capable of giving consent, such consent shall be obtained first, however.

Houses Bill 1352 - Addresses responsibilities of Department of Emergency Management with respect to emergencies or disasters.

HB 1525 - Requires that any vehicle, vessel, aircraft or ambulance operated to provide emergency medical care must hold a valid emergency medical services vehicle permit issued by the Office of Emergency Medical Services.

Government Operations

HB 499 - Adopts the Uniform Electronic Transactions Act(UEA) promulgated by the National Conference of Commissioners on Uniform State Laws. Provides rules and procedures for using electronic records and electronic signatures in both commercial and governmental transactions.

HB 542 - Requires the Board of Health to provide from such funds as are appropriated food products that are low in protein to children or pregnant women with phenylketonuria.

HB 603 - Requires the Commissioner of Health to implement a system for notifying, within 30 days of receipt of the case records, all cancer patients whose records have been reported to the statewide cancer registry of the purpose, objectives, reporting requirements, confidentiality policies and procedures of the statewide cancer registry.

HB 612 - Directs the Governor to administer the drug abuse prevention program within the Commonwealth.

HB 689 - Expands the pool of persons eligible for the position of State Health Commissioner by permitting certification by a recognized board in a primary care

specialty as approved by the American Board of Medical Specialties in lieu of currently required certification by the American Board of Preventive Medicine.

HB 1304 and SB 552 - Provides for the confidentiality of client records and investigative files of the Department for Rights of Virginians with Disabilities.

HB 1348 and SB 554 - Provides the Department for Rights of Virginians with Disabilities with access to facilities or institutions that provide care and treatment to individuals with disabilities and access to the records of such facilities and institutions, as well as the records of individuals with disabilities within the facilities and institutions for the purposes of investigating abuse or neglect, except for privileged communications.

HB 1471 - Changes the name of Medical College of Virginia Hospitals Authority to the Virginia Commonwealth University Health System Authority; changes governance provisions.

Health Care Decision-Making & Consent

HB 1367 and SB 677 - Establishes a procedure for those instances in which the physician refuses to comply with an advance directive or a designated or authorized person's treatment decision because he has determined treatment to be medically or ethically inappropriate. The noncomplying physician is required to provide ongoing "life-sustaining care" for up to 14 days after notifying the patient or any person designated or authorized to consent on the patient's behalf of such refusal in order to permit transfer efforts.

SB 734 - Defines the health care decisions that an "agent" may make for a declarant under an advance directive to include visitation decisions, subject to physician orders and institutional policies.

Health Facility Regulation

HB 1008 - Requires institutions and individuals receiving donated bodies for scientific study and health training to return any remains after such study or training to the decedent's next of kin or relatives, if the decedent has stipulated in writing before his death that his remains should be returned or the decedent's next of kin requests the return of the remains.

HB 1077 and SB 575 - Permits the Commissioner of the Department of Health, with such funds as may be appropriated, to implement a system for ensuring all cancer cases are completely and accurately reported to the statewide cancer registry by collecting data on-site from consenting hospitals, clinics and labs. Imposes civil monetary penalties on persons who violate confidentiality of registry data.

HB 1487 - Requires the Board of Health to make scheduled and unannounced inspections of facilities and physicians' offices that perform mammography services.

HB 1488 - Requires doctors' offices and other facilities that perform mammography services to offer to the patient, prior to departure, development of film to ensure quality and integrity. If film cannot be developed or patient does not wait, provider must notify patient within 2 business days if second mammogram is necessary.

HB 1552 - Creates the Patrick Hospital Authority.

SB 259 -- Requires private hospital to join with local and state departments of social services in investigation when hospital employee is suspected of child abuse or neglect.

SB 603 - Authorizes any business or organization that provides care to children, the elderly or disabled to request the Department of State Police to conduct a national criminal background check, through the use of fingerprints, on persons who work or volunteer at such "qualified entities." Failure to request such information shall not be considered negligence per se.

SB 699 - Requires the Commissioner of Health to examine the efficacy of requiring testing of infants for congenital adrenal hyperplasia.

Health Professions & Drug Control Act

HB 84 - With respect to reports of disciplinary actions to the Board of Medicine, corrects a reference to the federal law relating to confidentiality of substance abuse treatment records.

HB 253 - Changes name of Board of Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Professionals to Board of Counseling.

HB 452 - Adds provisions for continuing education requirements of 14 hours of approved education annually for licensure as a psychologist.

HB 677 - Requires any mental health service provider who learns of evidence of misconduct by another licensed mental health service provider to advise his patient of the right to report such information to the Department of Health Professions and to document related information in the patient's record.

HB 818 - Expands the prescriptive authority of nurse practitioners to include those drugs in Schedules III

through VI, phased in between July 1, 2000, and July 1, 2003.

HB 979 and SB 683 - Permits physician assistants to provide care, including initial and ongoing evaluation and treatment to patients in a hospital, including its emergency department, when performed under the supervision, direction and control of the supervising licensee.

HB 1013 - Updates the Drug Control Act to reflect changes in the practice of pharmacy, to clarify requirements for a prescription, to remove obsolete language pertaining to the process for new drug approval, to eliminate the requirement for permitted pharmacies to maintain the current edition of the United States Pharmacopoeia Dispensing Information, and to conform drug schedules with changes in federal drug schedules.

HB 1198 - Authorizes the Board of Pharmacy, consulting with the Board of Medicine, to institute procedures to allow pilot projects for new and innovative procedures or processes in the practice of pharmacy.

HB 1249 and SB 488 - Requires the Board of Nursing to collect certain information about the nursing workforce in the Commonwealth and make such nonidentifying information available to interested parties.

HB 1250 - Requires, prior to performing any acupuncture procedure, any acupuncturist who is not licensed to practice medicine, osteopathy, chiropractic or podiatry to either obtain written documentation that the patient had received a diagnostic examination by a medical practitioner with regard to that ailment or recommend to the patient that he have such examination. Foreign-speaking acupuncturists who speak language of most of their clients need not take English tests.

HB 1341 - Recognizes prescriptions transmitted to a pharmacy by electronic transmission or facsimile machine as valid original prescriptions.

HB 1368 and SB 564 - Establishes a scholarship and loan repayment program for registered nurses, licensed practical nurses, and certified nurse aides who agree to work in a Commonwealth long-term care facility for a given period of time.

HB 1437 - Prohibits resident and out-of-state pharmacies from dispensing any drugs to patients in Virginia that do not result from a bona fide practitioner-patient relationship. Redefines "bona fide practitioner-patient relationship" to require that the practitioner, prior to

prescribing a drug, has obtained a medical and drug history, communicated the benefits and risks of the drug being prescribed, performed an appropriate examination of the patient, and initiated additional interventions and follow-up if needed.

HB 1469 - Establishes a Board of Physical Therapy separate from the Board of Medicine and transfers the powers and duties to the new board. Physical therapy continues to be practiced under the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry or dental surgery.

HB 1477 - Permits unlicensed "dialysis care technicians" to administer specified medications for renal dialysis treatment under the supervision of a licensed physician or nurse.

HB 1528 - Creates the Advantage Virginia Incentive Foundation, the Advantage Virginia Incentive Fund and the Advantage Virginia Incentive Program to provide scholarships to students who are training for employment in occupational areas where there is high demand for such workers in the Commonwealth.

SB 434 - Changes the reference in the reporting requirements for podiatrists to the Council on Podiatric Medical Education of the American Podiatric Medical Association to correct an inaccurate reference.

SB 494 - Permits a graduate of an accredited program to practice until he has taken and passed the examination required by the Board, provided he uses the title "Occupational Therapist, License Applicant" or "OTL-Applicant."

SB 679 - Defines "radiopharmaceutical" and establishes requirements for selling, dispensing and administration of radiopharmaceuticals, including scope of practice of "nuclear medicine technologist."

SB 708 - Increases to two years the period for which physicians licensed in foreign countries may receive a temporary license to practice; such license is nonrenewable.

Insurance & Managed Care

HB 165 - Requires health plans to provide coverage for general anesthesia and hospitalization or facilities charges to outpatient surgery facility for dental care provided to a covered person who is determined to require general anesthesia and admission to a hospital or outpatient surgery facility to receive dental care.

HB 574 - Exempts short-term policies from the mandate that health plans offer child health supervision services.

HB 660 - Prohibits health plans from requiring a covered person to obtain prior authorization before accessing an emergency 911 system for emergency services, and from establishing an emergency medical response and transportation system in competition with a governmental 911 or other emergency system.

HB 726 - Clarifies provisions of the 1999 omnibus health insurance legislation regarding the managed care ombudsman and the external review process.

HB 756 - Requires that any insurer domiciled in another state that becomes a domestic insurer shall be recognized as an insurer initially licensed as of the date it was first licensed as an insurer in the state of its original domicile.

HB 762 - Excludes from subpoena or public inspection any confidential proprietary information of an insurer provided to the State Corporation Commission provided that the insurer invokes such exclusion upon submission of the data or other materials for which protection from disclosure is sought, identifies the data or other materials for which protection is sought, and states the reason protection is necessary.

HB 914 and SB 221 - Requires health plans to provide coverage for childhood immunizations.

HB 923 - Requires carriers of individual long-term care insurance to return unearned premiums on a pro-rata basis to insureds in the event of cancellation by the carrier or the insured.

HB 961 - Requires the state health care plan to include coverage for vision and dental care for retired state employees.

HB 1014 - Exempts Medicare managed care plans from the requirements that certain questions be included on applications to determine eligibility of the applicant. The preexisting condition limitation period for late enrollees is changed from 18 months to 12 months, consistent with the period that applies to all other enrollees subject to this section.

HB 1111 - Requires health plans that maintain closed drug formularies to allow an enrollee to obtain, without additional cost-sharing beyond that provided for formulary prescription drugs in the enrollee's covered benefits, a specific, medically necessary nonformulary prescription drug when the enrollee has been receiving the specific nonformulary prescription drug for at least six months

prior to the development or revision of the formulary and the prescribing physician has determined that the formulary drug is an inappropriate therapy for the specific patient.

HB 1176 - Requires the state employees health insurance plan, the Virginia Medicaid program, and each health plan covering prescription drugs to issue a standardized prescription benefits card, if act is reenacted by the 2001 General Assembly.

HB 1211 - Allows an HMO to provide or arrange for health care services in Virginia without obtaining a license from the State Corporation Commission if the HMO is licensed and regulated as an HMO in a contiguous state, no more than 500 Virginians are enrollees in the plan, and the plan's hold harmless clause is no less favorable to such enrollees as allowed under Virginia law.

HB 1236 - Effective January 1, 2001, requires individual accident and health insurance policies to contain a provision authorizing the insured to cancel the policy at any time and requiring the insurer to promptly return the unearned portion of the premium, calculated pro rata.

HB 1266 - Clarifies requirements for use of a uniform referral form by managed care health insurance plans.

HB 1366 and SB 718 - Prohibits a contract between a provider and a carrier from requiring a provider, as a condition of participating in one of the carrier's networks, to be part of any other provider network owned or operated by that carrier, except with respect to Medallion II and state children's health insurance plan.

HB 1458 and SB 517 - Allows local governments or school boards, at their option, to participate in the long-term care insurance or other benefit program made available to them by the Department of Personnel and Training.

HB 1489 and SB 550 - Modifies the Virginia Children's Medical Security Insurance Plan and renames it the Family Access to Medical Insurance Security Plan.

HB 1497 - Requires health plans to give written notice to the insured who is covered under another plan that such plan may have primary responsibility for the covered expenses of other family members.

HB 1511 - Establishes limits on periods for contestability of long-term care insurance policies.

SB 26 - Requires coverage for colorectal cancer screening

under the state employees health insurance program, the Virginia Medicaid program and any individual or group accident and sickness insurance policy.

SB 52 - Effective January 1, 2001, incorporates by reference various guidance set forth in the accounting practices and procedures manuals of the National Association of Insurance Commissioners (NAIC), replacing current provisions for identifying assets that are not admitted for purposes of determining an insurer's financial condition.

SB 54 - Applies the Risk-Based Capital Act to health maintenance organizations, health services plans, and dental or optometric services plans. The risk-based capital of health organizations will be determined in accordance with the formula set forth in instructions adopted by the NAIC.

SB 73 - Codifies certain rules governing HMOs to require applicants for an HMO license to provide a financial feasibility plan and a financial statement; annual and quarterly statements to include a statement of covered and uncovered expenses; and the initial deposit prior to licensure of an amount not less than \$300,000, which may be reduced for an HMO with operating profits for the two most recent years. Clarifies the policies and procedures for using deposited amounts.

SB 78 - Corrects erroneous cross-references and terminology relating to insurance laws.

SB 79 - Subjects health plans, legal services plans, and dental and optometric plans to payment of the reasonable attorney's fees of insured individuals in civil suits to determine the extent of coverage, if a court determines that such an entity did not act in good faith in denying coverage or failing or refusing to make payment under a policy.

SB 206 - Requires a domestic insurer to obtain written approval from the State Corporation Commission prior to entering into or modifying any insurance treaty or risk-sharing arrangement if in any 12-month period the reinsurance premium or the anticipated change in the insurer's liabilities exceeds 50 percent of the insurer's surplus to the policyholders as of the preceding December 31.

SB 274 - Clarifies provisions of the mandated benefit for coverage of diabetes.

SB 284 - Prohibits carriers from excluding any drug from coverage solely on the basis of the length of time since the

drug obtained FDA approval.

SB 358 - Clarifies that the 1999 legislation requiring health plans to provide coverage for biologically based mental illness applies to plans on or after January 1, 2000, and only to group plans.

SB 455 - Exempts health insurance issuers that offer health insurance coverage in a small employer market through bona fide associations from certain marketing requirements.

SB 529 - Defines "medical director" in a utilization review organization as a physician licensed by practice medicine to the Virginia Board of Medicine.

SB 533 - Requires HMOs to submit Health Employer Data and Information Set information or other quality of care or performance information sets approved by the Board of Health to the nonprofit organization under contract with the Department of Health for compiling, storing, analyzing and evaluating of such data.

SB 541 - Requires health plans to offer coverage for the treatment of morbid obesity through gastric bypass surgery or such other methods as may be recognized as effective by the National Institutes of Health.

SB 587 - Provides an exemption for insurers of large commercial risks from State Corporation Commission approval of policy forms and endorsements.

Long Term Care & Aging

HB 454 - Conforms the Virginia Fair Housing Law to the federal fair housing law with respect to housing for older persons.

HB 714 - Authorizes the Department of Medical Assistance Services to administer education initiatives for certified nursing facilities, funded initially by civil money penalty funds.

HB 836 - Provides that adult care residences shall provide reasonable access to staff of community services boards for assessment or evaluation, case management or other services or assistance, or monitoring the care for community services board clients in the facility, or to evaluate other facility residents who have previously requested services.

HB 837 - Requires disclosure to residents and their families of the description of the types of direct care staff working in licensed adult care residences and services provided.

HB 1051 - Directs the State Board of Social Services to consider cost constraints for smaller adult care residences as it develops regulations.

HB 1168 - Requires nursing homes, certified nursing facilities and adult care residences to train all employees who are mandatory reporters of adult abuse, neglect, and exploitation on the reporting procedures and the consequences for failing to report.

HB 1169 - Requires that nursing homes, certified nursing facilities, and adult care residences post the adult protective services toll-free number in a place that is conspicuous and public.

HB 1194 and SB 577 - Requires applicants for licensure of adult care residences who have not previously owned or managed or do not currently own or manage an adult care residence in Virginia to undergo training by the Department of Social Services or other commissioner-approved training program or to meet certain criteria for experience.

HB 1199 and SB 519 - Protects older Virginians' rights by establishing within the Department for the Aging a toll-free number to provide resource and referral information to them and their families, and to provide such other assistance and advice as may be requested.

HB 1200 - Provides up to \$100,000 in matching funds to organizations for the development or expansion of adult day care services or other services that provide respite care to aged, infirm or disabled adults.

HB 1251 - Renames adult care residences "assisted living facilities," which are defined as congregate residential settings that provide or coordinate personal and health care services, 24-hour supervision, and assistance 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. Addresses requirements for administrators of assisted living facilities and use of secure environments.

HB 1368 and SB 564 - Establishes a scholarship and loan repayment program for registered nurses, licensed practical nurses, and certified nurse aides who agree to work in a Commonwealth long-term care facility for a given period of time.

HB 1392 - Expands the categories of nonprofit health care entities that are required to notify the Attorney General of a proposed disposition of assets, in order that the Attorney General may exercise his authority over their activities, to include licensed nursing homes, certified nursing facilities,

and registered continuing care facilities.

SB 400 - Directs the Department for the Aging to enter into a contract with an appropriate research entity with expertise in gerontology, disabilities and public administration to conduct an evaluation of local public guardian and conservator programs.

SB 770 - Revises the definition of "health center" to authorize local hospital or health care commissions created by local governments to operate adult care residences. These commissions are already authorized to operate hospitals and nursing homes.

Medicaid & Indigent Care

HB 889 and SB 515 - Requires the Department of Planning and Budget, in cooperation with the Department of Medical Assistance Services, to prepare and submit an estimate of Medicaid expenditures for the current year and a forecast for the next two years to legislative committees and to the Joint Legislative Audit and Review Commission.

HB 892 - Sets forth procedures for provider appeals of adverse Medicaid determinations.

HB 1405 - Requires Medicaid coverage for high-dose chemotherapy and bone marrow transplants for persons over 21 who have been diagnosed with myeloma or leukemia, subject to appropriation of funds.

SB 338 - Requires the state plan for medical assistance services to include a provision for payment of medical assistance services for liver, heart, and lung transplantation, and any other medically necessary transplantation procedures, for certain individuals over the age of 21 years if funds are appropriated for the service.

SB 665 - Requires the Commissioner of Health to submit to the Health Care Financing Administration an application to establish a Medicare Rural Hospital Flexibility Program in Virginia to develop a rural health care plan for the Commonwealth.

Medical Malpractice, Legal Process and Birth Injury Compensation

B 21 - Limits the type of insurance companies required to notify potential beneficiaries of the Virginia Birth-Related Neurological Injury Compensation Program to those providing medical malpractice liability insurance. Applies 1990 amendments to the program's enabling legislation (clarifying covered injuries and permitting an election of remedies if either the delivering physician or hospital is not a program participant) to cases arising before 1990.

HB 378 - Imposes criminal penalty on willful or knowing conduct that injures an incapacitated person or willful or knowing inappropriate restraint of such person.

HB 398 - Clarifies that only parties to litigation who are either participating hospitals or physicians under the Virginia Birth-Related Neurological Injury Compensation Act may move the court to refer action to the Workers' Compensation Commission for the purpose of determining whether the requirements of the Act are satisfied. Requires that a motion to refer the action to the Commission be filed no later than 120 days after the date the party seeking the referral filed its grounds of defense. Specifies procedures following referral by the court. Clarifies that "participating physician" includes partnership, corporation or other entity through which physician practices.

HB 447 - Deems a covenant not to sue to include a "high-low" agreement whereby a party seeking damages in tort agrees to pay no more than one sum certain and the parties from whom damages are sought agree to pay no less than another sum certain regardless of the verdict at trial.

HB 671 - Establishes that medical costs involved in the gathering of evidence in all criminal and child abuse cases are paid by the Commonwealth out of the appropriation for criminal charges.

HB 763 and SB 676 - Reforms provisions governing disposition of unclaimed property.

HB 1049 - Clarifies provisions on immunity from liability for use of registered automated external defibrillators.

HB 1213 -- Authorizes issuance of subpoenas for records, including medical records, and summonses by attorneys who are active members of the Virginia State Bar as an officer of the court. This act expires on July 1, 2001, unless reenacted by the 2001 General Assembly. The Virginia Bar Association and others shall study the act's effectiveness, reporting its findings to the General Assembly by January 1, 2001.

SB 331 - Allows the admission at trial of evidence of habit or routine practice to prove that conduct on a particular occasion conformed to habit or routine practice.

SB 384 - Replaces the current procedure of sending a request for a case review by a medical malpractice panel to the clerk of the circuit court with a new procedure requiring the requesting party to transmit the review request directly to the Supreme Court.

SB 405 - Eliminates the insurance cap as a limitation of

medical malpractice liability of nonprofit hospitals, which may be found liable in an amount up to the medical malpractice award cap.

Medical Records

HB 810 - Requires a health care provider to accept a photocopy or facsimile of the original signed request for release of medical records as if it were the original.

HB 1498 - Specifies that neither parent shall be denied access to the academic or medical records regardless of which parent has custody.

Organ Procurement

HB 1090 - Requires each hospital in Virginia to establish a protocol for organ donation, in compliance with the Health Care Financing Administration's regulations. Affirms that donor documents do not require concurrence of other persons after donor's death.

HB 1257 and SB 551 - Establishes an Organ and Tissue Donor Registry to contain information about persons who have indicated a willingness to donate in accordance with law.

Primary & Preventive Care

HB 983 - Authorizes registered nurses, in addition to physicians and employees of local health departments, to immunize schoolchildren as required by statute and to provide certificates or documentary proof of such immunizations.

HB 1011 - Includes as medically underserved areas those health professional shortage areas designated in accordance with federal law or medically underserved areas designated by the Board of Health.

HB 1012 - Requires the Commissioner of the Department of Health to develop a statewide comprehensive asthma management strategy using funds appropriated for this purpose.

HB 1076 and SB 489 - Directs the State Health Commissioner to direct programs of recruitment and retention of health care providers for underserved populations, underserved areas, and health professional shortage areas.

HB 1202 - Requires the Statewide Area Health Education Program to annually include a detailed summary of how state general funds were expended on the state and local

level for the most recent fiscal year.

Taxes & Fees

HB 696 - Clarifies the exemption from the Solicitation of Contributions Act for facilities licensed by the Department of Health or Department of Mental Health, Mental Retardation and Substance Abuse Services or for any tax exempt free clinic, including those free clinics delivering dental, medical or other health services where a reasonable minimum fee is charged to cover administrative costs.

HB 906 - Clarifies the requirements for submitting information to the Department of Taxation regarding requests for sales and use tax exemptions. Eliminates limitation on consideration of such requests to even-numbered years.

Waste Management

HB 1165 - Exempts from the Freedom of Information Act the enforcement records of the Department of Environmental Quality, the State Water Control Board, the State Air Pollution Control Board, or the Virginia Waste Management Board.

Workers' Compensation

HB 868 - Makes an executive officer's exercise of his option to reject Workers' Compensation coverage effective on the last to occur of the date such person delivers the appropriate form to the employer or the effective date of the insurance policy. When rejection of coverage is revoked, coverage is not available for injury within 5 days of notice of revocation.

HB 870 - Provides that any award of compensation by the Workers' Compensation Commission which is subsequently found void ab initio shall toll the statute of limitations for the duration of compensation payments made pursuant to such award for any civil action upon the same claim or cause of action in a court of this Commonwealth.

HB 1395 - Expands the time from twenty to forty-five days within which a person may appeal to the Workers' Compensation Commission from a decision of the person to whom the claim for compensation was assigned.

HB 1420 - Adds certified rehabilitation providers providing services to an injured employee to the list of persons to whom health care providers, upon request, are required to furnish a copy of the employee's medical report for purposes of Workers' Compensation.

BUDGET HIGHLIGHTS

Medicaid and Other Health Care Funding

- Payment of \$12.2 million to hospitals to mitigate estimated impact of rebased inpatient DRG rates for services provided between 7-1-98 and 12-31-99. (319 #17c) The Joint Legislative Audit and Review Commission will examine and report to the General Assembly by November 15, 2000, on the Medicaid inpatient rate methodology. (20 #6c)
- Cabinet secretaries to study increased utilization of pharmaceuticals in government-funded health care programs. (266 #1c)
- Medicaid coverage is provided for high-dose chemotherapy and bone marrow transplants for individuals age 21 or older with myeloma (319 #10c) and for heart, lung and liver transplants for individuals age 21 or older (319 #22c).
- DMAS to report on status of telemedicine projects and recommend coverage and reimbursement of such services. (319 #23c)
- \$2 million to University of Virginia Medical Center for unreimbursed indigent care through the Medicaid program (319 #7c) \$800,000 to U.Va. faculty for unreimbursed indigent care separate from medical center. (210)
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Children's Health Insurance

- Additional funding is added as needed to provide insurance to the 59,000 children estimated by DMAS to be enrolled by July 1, 2001. (318 #2c)

Behavioral Health

- DMAS and DPB must forecast spending on Medicaid-funded services to mentally disabled persons (316 #1c); and DMAS and DMHMRSAS must share Medicaid claims and expenditure data on all Medicaid-reimbursed services (316 #2c).
- Medicaid-reimbursed mental health services are partially carved out to be coordinated by DMHMRSAS. (319 #4c)
- DMAS and DMHMRSAS to develop plan for use and coverage of the most effective medications to treat seriously mentally ill Medicaid patients. (319 #18c)
- Medicaid coverage of substance abuse treatment services expanded, including emergency and outpatient services. (319 #19c and 323 #5c)
- DMHMRSAS is to clarify roles of community

services boards
for care coordination, case management and
services, to increase consumer choice of
providers and eliminate perceived conflicts of
interest for CSBs providing case management and
direct services. (323 #3c)

- DMHMRSAS to improve children's access to mental health services. (323 #4c)
- DMHMRSAS and CSBs are to plan for implementation of all recommendations in JLARC report on services to mentally disabled residents in adult care residences. (323 #9c)
- Funding is provided to hire full-time psychiatric staff in CSBs. (329 #4c)
- "Programs of Assertive Community Treatment" teams receive additional funds to provide intensive mental health intervention in communities. (329 #8c)
- New medications for community treatment of mentally ill are funded. (329 #9c)
- An ombudsman program is created in DRVD for protection and advocacy for persons with mental illness who are discharged from state facilities to the community. (570.11#2c)
- A public-private partnership pilot is funded to secure short-term inpatient psychiatric services through competitive contracts with community hospitals or other private providers. (323 F)

Long-Term Care

- A total of \$49.7 million in additional funding for Medicaid payments to nursing homes for direct care services. DMAS is directed to adopt regulations for implementing a Resource Utilization Groups (RUGS)-based reimbursement methodology, to be effective within 280 days of enactment of budget. DMAS must periodically recalculate the cost medians for direct and indirect costs "not to exceed every two years." (319 #26c) DMAS must revise capital reimbursement policies by July 1, 2000. (319 #28c)
- DMAS is to continue to reimburse under the Specialized Care Program as in effect on February 15, 1999, until new regulations are appropriately promulgated. (319 Q)
- Auxiliary grant payments for residents of adult care residences are increased from \$785 per month to \$815 per month, effective November 1, 2000. (384 #2c)
- \$300,000 is added to improve transportation services in local area agencies on aging. (295 #1c)

- \$300,000 is added to expand care coordination/case management programs through area agencies on aging. (295 #2c)
- Funds will support public guardianship programs and an evaluation of guardianship programs. (295 #3c)
- Funds will provide pneumococcal and flu vaccines to employees of nursing homes through local health departments. (304 #3c)
- Department of Health is directed to provide maximum flexibility in allowing nursing facilities to provide on-site certified nurse aide training regardless of enforcement status of facility. (313 #1c)
- The reimbursement rate for personal care services to elderly and disabled persons is increased by \$.75 per hour. (319 #1c)
- Medicaid eligibility is extended to elderly and disabled individuals up to 80% of poverty. (319 #21c)
- Additional funds are provided for treatment of mentally ill in adult care residences. (323 #9c)
- The 1999 Family Caregivers Grant Program is funded. (380#4c and 548 #1c)
- DSS will train new adult care residence owners and managers on health and safety issues and residents' rights. (388 #1c)
- Alzheimer's Association will train nursing home staff and inspectors on care of residents with dementia. (388 #1c)
- DSS must have written protocols for its licensing staff to seek input from residents of adult care residences and their families. (388 #3c)

Miscellaneous

- Funds to Department of Health Professions will permit hiring of adequate staff to permit agency to carry out its regulatory responsibilities. (315 #4c)
- General Assembly declares its intent to assist state's medical schools as they respond to changes in need for delivery and financing of undergraduate and graduate medical education. (210)
- VDH is to report quarterly on development of its information technology system, VISION, until all modules are implemented. (299)

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