2006 Special Session I

Budget Bill - HB5012 (Introduced)

Bill Order » Office of Health and Human Resources » Item 314

Department of Health

Item 314

	First Year - FY2005	Second Year - FY2006
Community Health Services (44000)	**$166,847,101**	**$169,453,571**
Dental Health Services (44002)	$6,254,667	$7,323,637
Environmental Health Services (44004)	$30,529,636	$30,529,636
Family Planning Services (44005)	$12,115,074	$12,115,074
General Medical Services (44006)	$31,717,163	$31,717,163
Health Support Services (44007)	$7,464,134	$7,814,134
Home Health Care Services (44008)	$929,769	$929,769
Local Administrative Services (44009)	$44,611,806	$44,799,306
Maternal and Child Health Services (44010)	$31,343,681	$32,343,681
Community Health Services Technical Support and Administration (44012)	$1,881,171	$1,881,171
Fund Sources:		
General	$84,194,874	$86,373,756
Special	$82,452,227	$82,879,815
Federal Trust	$200,000	$200,000

Authority: §§ 32.1-11 through 32.1-12, 32.1-31, 32.1-145 through 32.1-147, 32.1-163 through 32.1-176, 32.1-198 through 32.1-211, 32.1-246, and 35.1-1 through 35.1-26, Code of Virginia; Title V of the U.S. Social Security Act; and Title X of the U.S. Public Health Service Act.

A.1. Out of this appropriation, $2,000,571 the first year and $2,000,571 the second year from the general fund and $200,000 the first year and $200,000 the second year from federal funds shall be paid to the Virginia Health Care Foundation. These funds shall be matched with local public and private resources and shall be awarded to proposals which enhance access to primary health care for Virginia's uninsured and medically underserved residents, through innovative service delivery models. The Foundation, in coordination with the Virginia Department of Health, the Area Health Education Centers program, the Joint Commission on Health Care, and other appropriate organizations, is encouraged to undertake initiatives to reduce health care workforce shortages. The Foundation shall account for the expenditure of these funds by providing the Governor, the Secretary of Health and Human Resources, the Chairmen of the House Appropriations and Senate Finance Committees, the State Health Commissioner, and the Chairman of the Joint Commission on Health Care with a certified audit and full report on Foundation initiatives and results, including evaluation findings, not later than October 1 of each year for the preceding fiscal year ending June 30.

2. On or before October 1 of each year, the Foundation shall submit to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees a report on the actual amount, by fiscal year, of private and local government funds received by the Foundation since its inception. The report shall include certification that an amount equal to the state appropriation for the preceding fiscal year ending June 30 has been matched from private and local government sources during that fiscal year.

3. Out of the federal Temporary Assistance to Needy Families/Social Services Block Grant funds, $200,000 the first year and $200,000 the second year shall be paid to the Virginia Health Care Foundation for programs that assist low-income persons in the acquisition of reduced cost medication from pharmaceutical manufacturers.

4. Of this appropriation, $125,000 the first year and $125,000 the second year from the general fund shall be paid to the Virginia Health Care Foundation to expand the Pharmacy Connection software program to unserved or underserved regions of the Commonwealth.

5. Of this appropriation, $75,000 the first year and $75,000 the second year from the general fund shall be provided to the Virginia Health Care Foundation for the Rx Partnership to improve access to free medications for low-income Virginians.

6. Of this appropriation, $1,350,000 from the general fund the second year shall be provided to the Virginia Health Care Foundation to increase the capacity of the Commonwealth's health safety net providers to expand services to unserved or underserved Virginians. Of this amount, (i) $850,000 shall be used to underwrite service expansions and/or increase the number of patients served at existing sites or at new sites, (ii) $350,000 shall be used for Medication Assistance Coordinators who provide outreach assistance, and (iii) $150,000 shall be made available for locations with existing medication assistance programs.

B. Out of this appropriation, $12,500 the first year and $12,500 the second year shall be provided from the general fund for the activities of the Sewage Appeals Review Board.

C. Out of this appropriation, $26,775 in the first year and $26,775 in the second year from the general fund shall be provided to the Chesapeake Adult General Medical Clinic.

D. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, the Commissioner of Health shall increase, by no more than $37.50, those existing fees associated with the application for a construction permit for private wells, on-site sewage systems, and alternative discharging systems.

E. The Commissioner of Health is authorized to develop, in consultation with the regulated entities, a plan and specification review fee and an annual permit renewal fee, each not to exceed $40 per year, to be collected from all establishments, except K-12 public schools, that are subject to inspection by the Department of Health pursuant to §§ 35.1-13, 35.1-14, 35.1-16, and 35.1-17, Code of Virginia; however, any such establishment that is subject to any health permit fee, application fee, inspection fee, risk assessment fee or similar fee imposed by any locality as of January 1, 2002, shall be subject to this annual permit renewal fee only to the extent that the Department of Health fee and the locally imposed fee, when combined, do not exceed $40. This fee structure shall be subject to the approval of the Secretary of Health and Human Resources.

F. Out of this appropriation, $100,000 the first year and $100,000 the second year from the general fund shall be provided to the Virginia Department of Health to provide case management services to pregnant women in rural communities who lose obstetrical services.