2018 Special Session I

Budget Bill - HB5002 (Chapter 2)

Secretary of Health and Human Resources

Item 281	First Year - FY2019	Second Year - FY2020
Administrative and Support Services (79900)	**$830,743**	**$830,743**
General Management and Direction (79901)	$830,743	$830,743
Fund Sources:		
General	$830,743	$830,743

Authority: Title 2.2, Chapter 2; Article 6, and § 2.2-200, Code of Virginia.

A.1. The Secretary of Health and Human Resources, in collaboration with the Office of the Attorney General and the Secretary of Public Safety and Homeland Security, shall present a six-year forecast of the adult offender population presently incarcerated in the Department of Corrections and approaching release who meet the criteria set forth in Chapter 863 and Chapter 914 of the 2006 Acts of Assembly, and who may be eligible for evaluation as sexually violent predators (SVPs) for each fiscal year within the six-year forecasting period. As part of the forecast, the secretary shall report on: (i) the number of Commitment Review Committee (CRC) evaluations to be completed; (ii) the number of eligible inmates recommended by the CRC for civil commitment, conditional release, and full release; (iii) the number of civilly committed residents of the Virginia Center for Behavioral Rehabilitation who are eligible for annual review; and (iv) the number of individuals civilly committed to the Virginia Center for Behavioral Rehabilitation and granted conditional release from civil commitment in a state SVP facility. The secretary shall complete a summary report of current SVP cases and a forecast of SVP eligibility, civil commitments, and SVP conditional releases, including projected bed space requirements, to the Governor and Senate Finance and House Appropriations Committees by November 15 of each year.

2. As part of the forecast process, the Department of Corrections shall administer a STATIC-99 screening to all potential Sexually Violent Predators eligible for civil commitment pursuant to § 37.2-900 et seq., Code of Virginia, within six months of admission to the Department of Corrections. The results of such screenings shall be provided to the commissioner of the Department of Behavioral Health and Developmental Services (DBHDS) on a monthly basis and used for the SVP population forecast process.

3. The Office of the Attorney General shall also provide to the commissioner of DBHDS, on a monthly basis, the status of all SVP cases pending before their office for purposes of forecasting the SVP population.

B. The Secretary of Health and Human Resources shall create a trauma-informed care workgroup to develop a shared vision and definition of trauma-informed care for agencies within the Health and Human Resources Secretariat. The workgroup shall include representatives from the Departments of Social Services, Behavioral Health and Developmental Services, Medical Assistance Services, and Health, as well as stakeholders, researchers, community organizations and representatives from impacted communities. The workgroup shall also (i) examine Virginia's applicable child and family-serving programs and data; (ii) develop strategies to build a trauma-informed system of care for children, using best practices for families who are impacted by the human service delivery system; (iii) identify indicators to measure progress in developing such a system of care; (iv) identify needed professional development/training in trauma-informed practices for all child-serving professionals and (v) identify

data sharing issues that need to be addressed to facilitate such a system. In addition, the workgroup shall explore opportunities to expand trauma-informed care throughout the Commonwealth. The Secretary of Health and Human Resources shall report on the workgroup's activities to the Chairmen of the House Appropriations and Senate Finance Committees and the Virginia Commission on Youth by December 15 of each year.

C.1. The Secretary of Health and Human Resources, in collaboration with the Secretary of Administration and the Secretary of Public Safety and Homeland Security, shall convene an interagency workgroup to oversee the development of a statewide integrated electronic health record (EHR) system. The workgroup shall include the Department of Behavioral Health and Developmental Services (DBHDS), the Virginia Department of Health, the Department of Corrections, the Department of Planning and Budget, and other agencies as deemed appropriate by the respective Secretaries. The purpose of the workgroup shall be to evaluate common business requirements for electronic health records to ensure consistency and interoperability with other partner state and local agencies and public and private health care entities to the extent allowed by federal and state law and regulations. The goal of the workgroup is to develop an integrated EHR which may be shared as appropriate with other partner state and local agencies and public and private health care entities. The workgroup shall evaluate the DBHDS statement of work developed for its EHR system and the DBHDS platform for potential adaption and/or use by state agencies in order to develop an integrated statewide EHR.

2. The workgroup may consider and evaluate other EHR systems that may be more appropriate to meet specific agency needs and evaluate the cost-effectiveness of pursing a separate EHR system as compared to a statewide integrated EHR. However, the workgroup shall ensure that standards are developed to ensure that EHRs can be shared as appropriate with public and private partner agencies and health care entities.

3. The workgroup shall also develop an implementation timeline, cost estimates, and assess other issues that may need to be addressed in order to implement an integrated statewide EHR system. The timeline and cost estimates shall be used by the respective agencies to coordinate implementation. The workgroup shall report on its activities and any recommendations to the Joint Subcommittee on Heath and Human Resources Oversight by October 15, 2018.

D. The Secretary of Health and Human Resources shall convene a work group to examine recent trends in the individual insurance market and state options for stabilizing that market. The examination shall include, but not be limited to, a review of association and catastrophic health plans as well as innovative solutions that reduce individual insurance premiums and out-of-pocket costs while preserving access to comprehensive health insurance. The examination shall also consider the resources necessary to fund any proposed options. The work group shall include the Commissioner of Insurance or his designee, the Virginia Association of Health Plans, chambers of commerce, and other relevant stakeholders at the discretion of the Secretary. The Secretary shall report his findings and recommendations to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2018.

E.1. The Secretary of Health and Human Resources is authorized to develop and apply for a state innovation waiver under Section 1332 of the federal Patient Protection and Affordable Care Act (42 U.S.C. 18052) to implement innovative solutions to help stabilize the individual insurance market by reducing individual insurance premiums and out-of-pocket costs while preserving access to health insurance. Such solutions may include the implementation of a state reinsurance program or high risk pool, or market stabilization program payments, among others.

2. The State Corporation Commission Bureau of Insurance shall provide technical assistance to the Secretary of Health and Human Resources as requested.

3. The Secretary shall report on the waiver plan to the House and Senate Committees on Labor and Commerce and the House Appropriations and Senate Finance Committees prior to the submission of the waiver application. Such report shall include an analysis of the costs and assumptions used to implement the waiver and any mechanism

proposed to fund the non-federal share of costs. Implementation of the waiver shall be subject to appropriation of the non-federal share of costs by the General Assembly and approval by the United States Secretary of Health and Human Services."