

VIRGINIA STATE BUDGET

2019 Session

Budget Bill - HB1700 (Chapter 854)

Bill Order » Office of Health and Human Resources » Item 292

I VETO THIS ITEM INCLUDING ALL APPROPRIATIONS AND CONDITIONS WHICH APPEAR ON PAGES 319, 320, 321 and 322 OF THE PRINTED BILL. /s/ RALPH S. NORTHAM (5/2/19)

[Department of Health Item 292	First Year - FY2019	Second Year - FY2020
Community Health Services (44000)	\$267,476,216	\$267,614,422 \$267,445,726
Local Dental Services (44002)	\$3,851,248	\$3,851,248
Restaurant and Food Safety, Well and Septic Permitting and Other Environmental Health Services (44004)	\$39,436,804	\$39,436,804
Local Family Planning Services (44005)	\$30,411,901	\$30,411,901
Support for Local Management, Business, and Facilities (44009)	\$69,742,537	\$69,742,537 \$70,197,775
Local Maternal and Child Health Services (44010)	\$37,952,642	\$37,952,642 \$37,500,149
Local Immunization Services (44013)	\$17,986,689	\$18,124,895
Local Communicable Disease Investigation, Treatment, and Control (44014)	\$22,713,419	\$22,713,419 \$22,541,978
Local Personal Care Services (44015)	\$4,400,334	\$4,400,334
Local Chronic Disease and Prevention Control (44016)	\$11,871,775	\$11,871,775
Local Nutrition Services (44018)	\$29,108,867	\$29,108,867
Fund Sources:		
General	\$104,694,748	\$104,694,748 \$103,910,700
Special	\$111,195,079	\$111,333,285 \$111,530,815
Dedicated Special Revenue	\$3,568,592	\$3,568,592
Federal Trust	\$48,017,797	\$48,017,797 \$48,435,619

Authority: §§ 32.1-11 through 32.1-12, 32.1-31, 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. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, the State Health Commissioner shall charge a fee of no more than \$425.00, for a construction permit for on-site sewage systems designed for less than 1,000 gallons per day, and alternative discharging systems not supported with certified work from an onsite soil evaluator or a professional engineer working in consultation with an onsite soil evaluator.

2. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, the State Health Commissioner shall charge a fee of no more than \$350.00, for the certification letter for less than 1,000 gallons per day not supported with certified work from an onsite soil evaluator or a professional engineer working in consultation with an onsite soil evaluator.

3. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, the State Health Commissioner shall charge a fee of no more than \$225.00, for a construction permit for an onsite sewage system designed for less than 1,000 gallons per day when the application is supported with certified work from a licensed onsite soil evaluator.

4. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, the State Health Commissioner shall charge a fee of no more than \$320.00, for the certification letter for less than 1,000 gallons per day supported with certified work from an onsite soil evaluator or a professional engineer working in consultation with an onsite soil evaluator.

5. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, the State Health Commissioner shall charge a fee of no more than \$300.00, for a construction permit for a private well.

6. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, the State Health Commissioner shall charge a fee of no more than \$1,400.00, for a construction permit or certification letter designed for more than 1,000 gallons per day.

7. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, and starting July 1, 2019, the State Health Commissioner shall charge a fee of \$425.00, for a permit to repair an onsite sewage system or an alternative discharging system designed for less than 1,000 gallons per day not supported with certified work from an onsite soil evaluator or a professional engineer working in consultation with an onsite soil evaluator. This fee shall be waived for persons with income below 200 percent of the federal poverty guidelines as established by the United States Department of Health and Human Services when the application is for a pit privy or for a repair of a failing onsite or alternative discharging sewage system.

8. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, and starting July 1, 2019, the State Health Commissioner shall charge a fee of \$225.00, for a permit to repair or voluntarily upgrade an onsite sewage system or alternative discharging system designed for less than 1,000 gallons per day supported with certified work from an onsite soil evaluator or a professional engineer. This fee shall be waived for persons with income below 200 percent of the federal poverty guidelines as established by the United States Department of Health and Human Services when the application is for a pit privy or for a repair of a failing onsite or alternative discharging sewage system.

9. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, and starting July 1, 2019, the State Health Commissioner shall charge a fee of \$150.00, to provide written authorizations pursuant to § 32.1-165 not supported with certified work from a qualified professional.

10. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, and starting July 1, 2019, the State Health Commissioner shall charge a fee of \$100.00, to provide written authorizations pursuant to § 32.1-165 supported with certified work from a qualified professional.

11. Notwithstanding § 32.1-163 through § 32.1-176, Code of Virginia, and starting July 1, 2019, the State Health Commissioner shall charge a fee of \$1,400.00, for a permit to repair or voluntarily upgrade an onsite sewage system designed for more than 1,000 gallons per day.

12. The State Health Commissioner shall appoint two manufacturers to the Advisory Committee on Sewage Handling and Disposal, representing one system installer and the Association of Onsite Soil Engineers.

B.1. The State Health Commissioner is authorized to develop, in consultation with the regulated entities, a hotel, campground, and summer camp plan and specification review fee, not to exceed \$40.00, a restaurant plan and specification review fee, not to exceed \$40.00, an annual hotel, campground, and summer camp permit renewal fee, not to exceed \$40.00, and an annual restaurant permit renewal fee, not to exceed \$40.00 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 the fee amount listed in this paragraph. This fee structure shall be subject to the approval of the Secretary of Health and Human Resources.

2. The Department of Health shall examine the cost recovery from larger establishments to determine if the services are adequately supported and report to the Chairmen of the House Appropriations and Senate Finance Committees by December 15, 2017.

3. The Virginia Department of Agriculture and Consumer Services and the Virginia Department of Health shall

collaborate to develop a long-term plan to adequately fund the food safety and restaurant inspection programs. In developing the plan, the departments shall seek input from representatives from local governments, private sector organizations, and the public. The objective of the plan is to develop a financial strategy for the programs that will protect the public and the business sector without undue burdens. The plan shall address, but not be limited to, these factors: (1) the likelihood of additional general fund resources for this activity; (2) projected workloads, including total number of establishments subject to inspection and by type of establishment; (3) cost containment and efficiency strategies in program management through increased reliance upon technology; (4) options to fund the programs or a portion of the programs through a flexible fee schedule that considers the number, size, and type of establishments and the time and resources to inspect such establishments; (5) the feasibility of unifying the food safety inspections currently performed by the two agencies and (6) legislation to implement the plan. The departments shall submit the plan no later than October 1, 2018, to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees.

C. Pursuant to the Department of Health's Policy Implementation Manual (#07-01), individuals who participate in a local festival, fair, or other community event where food is sold, shall be exempt from the annual temporary food establishment permit fee of \$40.00 provided the event is held only one time each calendar year and the event takes place within the locality where the individual resides.

D. The State Health Commissioner shall work with public and private dental providers to develop options for delivering dental services in underserved areas, including the use of public-private partnerships in the development and staffing of facilities, the use of dental hygiene and dental students to expand services and enhance learning experiences, and the availability of reimbursement mechanisms and other public and private resources to expand services.

E. Out of this appropriation, \$387,744 the first year and \$387,744 the second year from the general fund and \$267,602 the first year and \$267,602 the second year from nongeneral funds is provided to address the cost of leasing or expanding local health department facilities.

F.1. Out of this appropriation, \$3,000,000 the first year and \$3,000,000 the second year from the Temporary Assistance for Needy Families (TANF) block grant shall be provided for the purpose of developing a two-year pilot program to expand access to hormonal long acting reversible contraceptives (LARC) that delay or prevent ovulation. The Virginia Department of Health shall establish and manage memorandums of understanding with qualified health care providers who will provide access to LARCs to patients whose income is below 250% of the federal poverty level, the Title X family planning program income eligibility requirement. Providers shall be reimbursed for the insertion and removal of LARCs at Medicaid rates. As part of the pilot program, the department, in cooperation with the Department of Medical Assistance Services and stakeholders, shall develop a plan to improve awareness and utilization of the Plan First program and include outreach efforts to refer women who have a diagnosis of substance use disorder and who seek family planning services to the Plan First program or participating providers in the pilot program.

2. The Virginia Department of Health shall develop metrics to measure the effectiveness of the pilot project such as impacts on morbidity, reduction in abortions and unplanned pregnancies, and impacts on maternal health such as an increase in the length of time between births, among others. In addition, the department shall collect data on the number of women served who also sought treatment for substance use disorder. The department shall submit a progress report to the Governor, Chairmen of the House Appropriations and Senate Finance Committees, Secretary of Health and Human Resources, and the Director, Department of Planning and Budget, that describes the program, metrics used to measure results, preliminary results, actual program expenditures, and projected expenditures by July 1, 2019, with a final report on June 30, 2020.

F. The Virginia Department of Health shall end its contracts with sub-recipients of the Virginia Long-Acting Reversible Contraception program by June 30, 2019. Out of any remaining unused appropriation for this initiative, the department shall only use such funds for the purchase of hormonal long-acting reversible contraception (LARC) devices and implement a program to make such devices available to local health departments and other health care providers at no cost. The department shall only accept applications from health care providers that agree to provide the LARC devices, at no charge, to their patients, whose income is below 250 percent of the federal poverty level. Notwithstanding any other provision of law, the department shall have authority to operate as a wholesale distributor of prescription drugs, which shall be limited to only hormonal long-acting reversible contraception devices. The department shall negotiate or utilize the most cost-effective methods for purchasing LARCs in order to maximize the number to be purchased. The department shall report within 30 days after the close of each quarter with a status update to include: (i) the number of LARCs purchased and the unit price; and (ii) the number of LARCs distributed in total and by health care provider. The status update shall be submitted to the Chairmen of the House Appropriations and Senate Finance Committees.

G. Out of this appropriation, \$417,822 the second year from the Temporary Assistance for Needy Families (TANF) block grant shall be used to support program expenses for the Healthy Families program.]