
VIRGINIA STATE BUDGET

2020 Session

Budget Bill - HB30 (Introduced)

Bill Order » Office of Health and Human Resources » Item 307

Department of Health

Item 307	First Year - FY2021	Second Year - FY2022
Administrative and Support Services (49900)	\$26,023,121	\$25,221,038
General Management and Direction (49901)	\$12,855,848	\$12,855,848
Information Technology Services (49902)	\$4,783,042	\$3,980,959
Accounting and Budgeting Services (49903)	\$4,020,239	\$4,020,239
Human Resources Services (49914)	\$2,512,406	\$2,512,406
Procurement and Distribution Services (49918)	\$1,851,586	\$1,851,586
Fund Sources:		
General	\$16,556,245	\$16,476,037
Special	\$7,138,997	\$7,138,997
Federal Trust	\$2,327,879	\$1,606,004

Authority: §§ [3.2-5206](#) through [3.2-5216](#), [32.1-11.3](#) through [32.1-23](#), [35.1-1](#) through [35.1-7](#), and [35.1-9](#) through [35.1-28](#), Code of Virginia.

A. The State Comptroller is hereby authorized to provide a line of credit of up to \$200,000 to the Department of Health to cover the actual costs of expanding the availability of vital records through the Department of Motor Vehicles, to be repaid from administrative processing fees provided under Code of Virginia, § [32.1-273](#) until such time as the line of credit is repaid.

B. Out of this appropriation, \$150,000 the first year and \$150,000 the second year from the general fund shall be provided for agency costs related to onboarding to ConnectVirginia, transition costs to convert the agency's node on ConnectVirginia to the state agency node, and provide support to other state agencies in their onboarding efforts.

C. The Virginia Department of Health is authorized to develop a plan to allocate a reduction of \$150,000 the first year and \$150,000 the second year from the general fund across programs within the department to reflect administrative savings. The Department of Planning and Budget is authorized to make the necessary budget execution adjustments to transfer the funds between programs to implement the plan.

D.1. Out of this appropriation, \$106,944 from the general fund and \$962,500 from nongeneral funds in the first year and \$26,736 from the general fund and \$240,625 from nongeneral funds in the second year is provided for the Virginia Department of Health for the Emergency Department Care Coordination program.

2. The ED Council, under the department's governance and direction shall: advise the State Health Commissioner regarding the operation of, changes to, and outcome measures for the EDCC Program for the purpose of improving

the quality of patient care services. The ED Council shall include representatives from the following, as required in the ED Council Bylaws; the Commonwealth, hospitals & health systems, health plans, and providers.

3. The department shall coordinate with the Department of Medical Assistance Services to seek federal Health Information Technology for Economic and Clinical Health (HITECH) Act matching funds. The department shall coordinate with the Department of Medical Assistance Services to seek any additional eligible federal matching funds supporting provider electronic health record implementation and integration in order to enhance and expand the program.

4. Neither the department nor its contractor shall be obligated to enhance or expand the program without HITECH Act funds or alternative funds.

5. The department, in coordination with the Department of Medical Assistance Services, shall determine the amount of federal and/or state funds available to support program operations in the fourth and fifth years before the end of Federal Fiscal Years (FFY)2020 to FFY2021, ending September 30, 2021. Accordingly, the department, in coordination with the Department of Medical Assistance Services and the ED Council, shall recommend to the Department of Planning and Budget, by June 30, 2020, a funding structure for program operations in fiscal year 2022 (starting July 1, 2021) that apportions program costs across the Commonwealth, participating hospitals, participating health plans, and other participating health care providers.

6. The department, in coordination with the ED Council, shall report annually to the Secretary of Health and Human Resources and the Chairmen of the House Appropriations and Senate Finance Committees on progress, including, but not limited to: (i) the participation rate of hospitals and health systems, providers and subscribing health plans; (ii) strategies for sustaining the program and methods to continue to improve care coordination; and (iii) the impact on health care utilization and quality goals such as reducing the frequency of visits by high-volume Emergency Department utilizers and avoiding duplication of health care services.

E. The Virginia Department of Health shall assess the feasibility of developing a home visiting Pay for Success pilot program. The department shall develop a workgroup comprised of Virginia home visiting organizations and early childhood education organizations in examining this issue. The department shall determine if the recent provisions of the federal Bipartisan Budget Act of 2018 allow for the department to access federal funding to develop a pilot Pay for Success program for home visiting.

F. The Virginia Department of Health shall modify the Emergency Room Care Coordination Program to track individuals who present in the emergency room under an Emergency Custody Order (ECO). The program shall identify the legal disposition of individuals being evaluated for psychiatric hospitalization as Temporary Detention Order at the hospital, Temporary Detention Order at another Hospital, Voluntary Admission at the Hospital, or Voluntary Admission at Other Hospital, or released to the community. The department shall report the data monthly on its website by hospital and provide an annual report to the General Assembly for each fiscal year, no later than September 1, after the the end of the fiscal year.

G.1. Inpatient hospitals shall report the admission source of any individuals meeting the criteria for voluntary or involuntary psychiatric commitment as outlined in § 16.1-338, 16.1-339, 16.1-340.1, 16.1-345, 37.2-805, 37.2-809, or 37.2-904, Code of Virginia, to the Board of Health. The Board shall collect and share any and all data regarding the admission source of individuals admitted to inpatient hospitals as a psychiatric patient, pursuant to § 32.1-276.6, Code of Virginia, with the Department of Behavioral Health and Developmental Services.

2. The Virginia Department of Health shall promulgate these emergency regulations to become effective within 280 days or less from the enactment of this act.

