2020 Special Session I

Budget Bill - HB5005 (Chapter 56)

Bill Order » Office of Health and Human Resources » Item 299

Department of Health

Item 299	First Year - FY2021	Second Year - FY2022
Communicable Disease Prevention and Control (40500)	**$109,901,022**	**$109,966,944**
Immunization Program (40502)	$8,147,521	$8,161,841
Tuberculosis Prevention and Control (40503)	$2,174,878	$2,174,878
Sexually Transmitted Disease Prevention and Control (40504)	$3,393,106	$3,393,106
Disease Investigation and Control Services (40505)	$5,682,596	$5,734,198
HIV/AIDS Prevention and Treatment Services (40506)	$88,359,214	$88,359,214
Pharmacy Services (40507)	$2,143,707	$2,143,707
Fund Sources:		
General	$11,317,437	$11,383,359
Special	$1,883,391	$1,883,391
Federal Trust	$96,700,194	$96,700,194

Authority: §§ 32.1-11.1, 32.1-11.2, and 32.1-35 through 32.1-73, Code of Virginia; and P.L. 91-464, as amended, Federal Code.

A. Out of this appropriation, $50,000 the first year and $50,000 the second year from the general fund shall be used to purchase medications for individuals who have tuberculosis but who do not qualify for free or reduced prescription drugs and who do not have adequate income or insurance coverage to purchase the required prescription drugs.

B. Out of this appropriation, $40,000 the first year and $40,000 the second year from the general fund shall be provided to the Division of Tuberculosis Control for the purchase of medications and supplies for individuals who have drug-resistant tuberculosis and require treatment with expensive, second-line antimicrobial agents.

C. The requirement for testing of tuberculosis isolates set out in § 32.1-50 E, Code of Virginia, shall be satisfied by the submission of samples to the Division of Consolidated Laboratory Services, or such other laboratory as may be designated by the Board of Health.

D. Out of this appropriation, $840,288 the first year and $840,288 the second year from nongeneral funds shall be used to purchase the Tdap (tetanus/diptheria/pertussis) vaccine for children without insurance.

E. Out of this appropriation, $200,000 the first year and $200,000 the second year from the general fund shall be provided to the State Pharmaceutical Assistance Program (SPAP) for insurance premium payments, coinsurance payments, and other out-of-pocket costs for individuals participating in the Virginia AIDS Drug Assistance

Program (ADAP) with incomes between 135 percent and 300 percent of the federal poverty income guidelines and who are Medicare Part D beneficiaries.

F. The State Health Commissioner shall monitor patients who have been removed or diverted from the Virginia AIDS Drug Assistance Program due to budget considerations. At a minimum the Commissioner shall monitor patients to determine if they have been successfully enrolled in a private Pharmacy Assistance Program or other program to receive appropriate anti-retroviral medications. The commissioner shall also monitor the program to assess whether a waiting list has developed for services provided through the ADAP program. The commissioner shall report findings to the Chairmen of the House Appropriations and Senate Finance Committees annually on October 1.

G. The Virginia Department of Health shall report for each month within 30 days after the end of each month, on the number of procedures approved for payment pursuant to § 32.1-92.2, Code of Virginia, and include a description of the nature of the fetal abnormality, to the extent permitted by law, as required for eligibility under § 32.1-92.2, Code of Virginia. The department shall report the information by letter to the Chairmen of the House Appropriations and Senate Finance Committees.

H. The Virginia Department of Health, in cooperation with the Department of Behavioral Health and Developmental Services (DBHDS), shall utilize $1,600,011 each year from available federal funding in DBHDS, including the State Opioid Response Grant, as available, to purchase and provide opioid reversal drugs to support community rescue efforts for those who deal with vulnerable populations.

I. The Department of Health shall convene a work group, which shall include the Commonwealth's Chief Diversity, Equity, and Inclusion Officer and representatives of the Office of Health Equity of the Department of Health, the Department of Emergency Management, and such other stakeholders as the department shall deem appropriate and which may be an existing work group or other entity previously convened for a related purpose, to (i) evaluate the methods by which vaccines and other medications necessary to treat or prevent the spread of COVID-19 are made available to the public, (ii) identify and develop a plan to implement specific actions necessary to ensure such vaccines and other medications are equitably distributed in the Commonwealth to ensure all residents of the Commonwealth are able to access such vaccines and other medications, and (iii) make recommendations for any statutory, regulatory, or budgetary actions necessary to implement such plan. The Department shall make an initial report on its activities and any findings to the Chairs of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by December 1, 2020, and shall report monthly thereafter.

J. The Virginia Department of Health shall review and update their data collection and reporting protocols for COVID-19 or other infectious disease data to report actual deaths not an extrapolated projection of deaths.

K. The State Health Commissioner shall ensure that residents and employees of any nursing home or assisted living facility receive priority for testing indicating the existence of the COVID-19 virus in the Commonwealth. The Commissioner shall make available public health testing, if necessary, in order to ensure that nursing homes or assisted living facilities have access to testing that can provide the most rapid results in order to prevent or contain outbreaks of COVID-19. Such testing shall be provided, as needed, by the Division of Consolidated Laboratory Services or other public health testing agencies of the Commonwealth. Any testing costs through the public health system for employees or residents of nursing homes or assisted living facilities may be billed to responsible third-parties.