2021 Special Session I

Budget Bill - SB1100 (Introduced)

Secretary of Health and Human Resources

Item 291	First Year - FY2021	Second Year - FY2022
Administrative and Support Services (79900)	**$878,064**	**$878,064**
General Management and Direction (79901)	$878,064	$878,064
Fund Sources:		
General	$878,064	$878,064

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, staff of the House Appropriations and Senate Finance Committees, 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 November 1 of each year.

D.1. The Secretary of Health and Human Resources shall develop a state innovation waiver under Section 1332 of the federal Patient Protection and Affordable Care Act (42 U.S.C. 18052) to implement a state reinsurance program to help stabilize the individual insurance market by reducing individual insurance premiums and out-of-pocket costs while preserving access to health insurance. The Secretary shall convene stakeholders to include representatives of health insurers, the State Corporation Commission Bureau of Insurance, consumer advocates, and others deemed necessary to assist in developing the reinsurance program.

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 reinsurance program to the Chairs of House Labor and Commerce and Senate Commerce and Labor Committees and the House Appropriations and Senate Finance and Appropriations Committees by October 1, 2020. Such report shall include an analysis of the costs and assumptions of such a reinsurance program and potential options to fund the non-federal share of costs. In addition, the report shall include suggested legislation to implement the program. Implementation of the reinsurance program 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.

E. The Secretary of Health and Human Resources shall convene a workgroup to review and make recommendations regarding the state regulation of doulas and establishing a community doula benefit for pregnant women covered by Medicaid. The workgroup shall include representatives from the Department of Medical Assistance Services, the Virginia Department of Health, and the Department of Health Professions, as well as representatives from community doula practitioners, stakeholder groups, and community organizations. The workgroup shall examine

and report on the (i) federal requirements and permissibility associated with providing a Medicaid doula benefit; (ii) impact that state regulation would have on doula practitioners; (iii) a review of strategies other states have implemented; (iv) an analysis of the appropriate rates for such a benefit; and (v) the estimated costs and potential savings to the state and practitioners over the next six years. The workgroup shall report its findings and recommendations to the Governor and to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by December 1, 2020.