2021 Special Session I

Budget Bill - SB1100 (Introduced)

Bill Order » Office of Health and Human Resources » Item 300

Department of Health

Item 300	First Year - FY2021	Second Year - FY2022
Health Research, Planning, and Coordination (40600)	~~$19,671,239~~ ***$19,432,325***	~~$19,671,239~~ ***$21,336,679***
Health Research, Planning and Coordination (40603)	~~$3,515,119~~ *$3,276,205*	~~$3,515,119~~ *$3,576,205*
Regulation of Health Care Facilities (40607)	$13,826,070	~~$13,826,070~~ *$15,230,424*
Certificate of Public Need (40608)	$1,704,248	~~$1,704,248~~ *$1,677,248*
Cooperative Agreement Supervision (40609)	$625,802	~~$625,802~~ *$852,802*
Fund Sources:		
General	~~$4,293,205~~ *$4,054,291*	~~$4,293,205~~ *$4,113,579*
Special	$3,048,545	~~$3,048,545~~ *$3,244,311*
Dedicated Special Revenue	$451,798	~~$451,798~~ *$626,798*
Federal Trust	$11,877,691	~~$11,877,691~~ *$13,351,991*

Authority: §§ 32.1-102.1 through 32.1-102.11; 32.1-122.01 through 32.1-122.08; and 32.1-123 through 32.1-138.5, Code of Virginia; and P.L. 96-79, as amended, Federal Code; and Title XVIII and Title XIX of the U.S. Social Security Act, Federal Code.

A. Supplemental funding for the regional health planning agencies shall be provided from the following sources:

1. Special funds from Certificate of Public Need (40608) application fees in excess of those required to operate the COPN Program, provided the program may retain special fund balances each year equal to of one month's operational needs in case of revenue shortfalls in the subsequent year.

2. The Department of Health shall revise annual agreements with the regional health planning agencies to require an annual independent financial audit to examine the use of state funds and the reasonableness of those expenditures.

B. Failure of any regional health planning agency to establish or sustain business operations shall cause funds to revert to the Central Office to support health planning and Certificate of Public Need functions.

C. The State Health Commissioner shall continue implementation of the "Five-Year Action Plan: Improving Access to Primary Health Care Services in Medically Underserved Areas and Populations of the Commonwealth." A minimum of $150,000 the first year and $150,000 the second year from the general fund shall be provided to the

Virginia Office of Rural Health, as the state match for the federal Office of Rural Health Policy Grant. The commissioner is authorized to contract for services to accomplish the plan.

D. Out of the this appropriation, $278,000 the first year and $278,000 the second year is appropriated to the department from statewide indirect cost recoveries to match federal funds and support the programs of the Office of Licensure and Certification. Amounts recovered in excess of the special fund appropriation shall be deposited to the general fund.

E. The Virginia Department of Health (VDH) in collaboration with the Department of Health Professions shall issue risk mitigation guidelines on the prescription of the class of potent pain medicines known as extended-release and long-acting (ER/LA) opioid analgesics to include co-prescription of an opioid antagonist, approved by the U.S. Food and Drug Administration (FDA), for administration by family members or caregivers in a non-medically supervised environment.

F. In any case in which the Governor has declared a public health emergency related to the novel coronavirus (COVID-19), every medical care facility licensed by the Virginia Department of Health, except nursing facilities, shall allow a person with a disability who requires assistance as a result of such disability to be accompanied by a designated support person at any time during which health care services are provided. In any case in which health care services are provided in an inpatient setting, and the duration of health care services in such inpatient setting is anticipated to last more than 24 hours, the person with a disability may designate more than one designated support person. However, no such facility shall be required to allow more than one designated support person to be present with a person with a disability at any time. A designated support person shall not be subject to any restrictions on visitation adopted by such medical care facility. However, such designated support person may be required to comply with all reasonable requirements of the medical care facility adopted to protect the health and safety of patients and staff of the medical care facility. Every such medical care facility shall establish policies applicable to designated support persons and shall (i) make such policies available to the public on a website maintained by the medical care facility and (ii) provide such policies, in writing, to the patient at such time as health care services are provided. A “designated support person" means a person who is knowledgeable about the needs of a person with a disability and who is designated, orally or in writing, by the individual with a disability, the individual's guardian or the individual's care provider, to provide support and assistance, including physical assistance, emotional support, assistance with communication or decision-making, or any other assistance necessary as a result of the person's disability, to the person with a disability at any time during which health care services are provided.

G. The Virginia Department of Health shall provide administrative and technical support to the Virginia Partners in Prayer Program through its Office of Health Equity. The cost of this support is estimated to be approximately $20,000 per year and shall be funded within its existing appropriation.