2022 Session

# Budget Bill - HB29 (Introduced)

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

Department of Health

| Item 307 (Not set out) | First Year - FY2021 | Second Year - FY2022 |
|---|---|---|
| **Administrative and Support Services (49900)** | **$27,710,621** | **$25,855,725** |
| General Management and Direction (49901) | $12,855,848 | $13,490,535 |
| Information Technology Services (49902) | $6,470,542 | $3,930,959 |
| Accounting and Budgeting Services (49903) | $4,020,239 | $4,070,239 |
| Human Resources Services (49914) | $2,512,406 | $2,512,406 |
| Procurement and Distribution Services (49918) | $1,851,586 | $1,851,586 |
| Fund Sources: | | |
| General | $16,506,245 | $16,577,217 |
| Special | $7,138,997 | $7,672,504 |
| Federal Trust | $4,065,379 | $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.

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.1. Out of this appropriation, $300,000 from the general fund and $2,700,000 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 (DMAS) and apply for federal matching funds, such as the Health Information Technology for Economic and Clinical Health (HITECH) Act, Medicaid Management Information Systems (MMIS) and the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT for Patients and Communities Act) or other relevant federal and nongeneral fund sources to: (i) continue the operation and

maintenance of the Emergency Department Care Coordination (EDCC) Program; and (ii) in consultation with the EDCC clinical consensus committee, adopt additional functionalities to continue to better care for patients who are high utilizers of the Commonwealth's emergency departments. The department, in coordination with DMAS, shall provide an interim report on the status of funding, including issues related to sustainability; and administration and operations of the EDCC program to the Chairs of House Appropriations and Senate Finance and Appropriations Committees by August 1, 2020.

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.

D.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.

E. Notwithstanding § 32.1-73.11, Code of Virginia, the Advisory Council on Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS), established by Chapter 466 of the 2017 Acts of Assembly, is hereby continued.

F. The Virginia Department of Health shall report a detailed accounting, annually, of the agency's organization and operations. This report shall include an organizational chart that shows all full- and part-time positions (by job title) employed by the agency as well as the current management structure and unit responsibilities. The report shall also provide a summary of organization changes implemented over the previous year. The report shall be made available on the department's website by August 15 of each year.

G. Out of this appropriation, $6,500,000 the first year and $12,500,000 the second year from Coronavirus Relief Funds is provided to further enhance the Virginia Department of Health's Virginia's Health is in Our Hands communication campaign in response to the COVID-19 pandemic. The Virginia Department of Health shall allocate no less than 20 percent of funding from state or federal sources dedicated for COVID-19 communications to use for outreach and communications to high-risk populations that have been adversely impacted by the COVID-19 pandemic more so than the general population and for which traditional communication mediums are not as effective. The department shall use such funding for alternative methods of communication, such as outreach coordinators going into communities, providing information pamphlets as part of meal pick-ups at

schools, grants to community organizations, and other more effective ways at reaching high-risk populations. This funding shall also be used to translate communication materials into other languages; however the department shall not use machine translations without human review by a professional translator in any communications to non-English speakers.

H. No less than $600,000 the first year from Coronavirus Relief Funds is provided for a strategic public communications campaign with a focus on equity, diversity, and inclusion to maximize the reach of COVID-19 communications to target Virginians of various socio-economic, geographic, racial and ethnic, generational, physical and mental abilities, religious, gender, language differences, and other unique similarities and differences.

I. The Commissioner of Health (VDH) shall establish a task force to assist with the promulgation of regulations and the certification process of doulas, as well as to serve as an informational resource for policy related matters for the Virginia Department of Health (VDH). The task force will include private provider organizations such as Birth in Color RVA, Urban Baby Beginnings, Motherhood Collective and any other organization or agency representatives deemed appropriate by VDH.