



Report of the Subcommittee on  
Health and Human Resources

Senate Finance Committee  
Virginia General Assembly

February 21, 2010



SENATE OF VIRGINIA

## Senate Finance Committee

Mr. Chairman,

I want to begin my comments by thanking the members on the Health and Human Resources Subcommittee not only for their hard work but also for their insight that budget reductions are more than “ink and paper”... they are actions that affect the lives of our aged, disabled and poor citizens. We hope to be able to mitigate the pain with additional federal Medicaid funds. But for now, our actions do include service reductions and mothballing of some programs. I hope we never have to face decisions like this again.

The budget came to us with a proposal that car tax relief be afforded a lower priority than the human resources safety net and public education funding. However, it was greeted with a veto threat if every dollar of car tax relief was not restored. The Governor’s stance left us with a \$1.9 billion budget hole in what had been a balanced budget. We have been working for the past few weeks to restore that balance.

Only last week did the Governor and his staff begin “discussing” his budget proposals with the Senate, including freezing health care services for 29,000 low-income children and pregnant women and removing waiver services for the elderly and disabled and eliminating access to inpatient mental health treatment at state facilities. These are proposals that we simply cannot accept. It is clear to me that the public would not endorse those proposals and that is why our deliberations are meant to be aired well in advance of legislative action. It is our job as policymakers to fully understand the implications of what is being proposed.

The report that I deliver weighs the alternatives and does the best that it can to minimize job loss and related service interruptions under the constraint that one sacred cow survives. Let me summarize our proposals:

### **Budget restores funding for the health care safety net**

The demand for health care services is at an all-time high. Community health centers told us that they have seen almost 79,000 NEW patients in 2009. And the free clinics expect to serve 9,000 additional patients in 2010. Now is not the time to pull the rug from under these safety net providers or the Virginia Health Care Foundation that helps expand access to health and dental services across our Commonwealth. Accordingly, we restored funding for these three providers, and we did not eliminate local health department funding for dental services, as proposed by the governor.

### **Budget maintains access to Inpatient Treatment at State Facilities**

We propose that access to acute mental health treatment for children and adolescents at the Commonwealth Center for Children and Adolescents be continued, but we do set in motion a process to reduce the under-utilized capacity at the 48-bed facility in Staunton. This restoration alone will save 100 jobs. While funding is not restored for the adolescent facility in Marion, additional resources provided will be available to adolescents who require services in southwest Virginia as well as other parts of the Commonwealth.

Just three years removed from the tragic events at Virginia Tech in April 2007, our proposal maintains treatment capacity at state mental health facilities. We cannot endorse the Governor's proposal to close 236 of 1,500 treatment beds at state facilities, resulting in the elimination of more than 400 jobs. Finally, the Senate has led an effort in recent years to divert individuals with mental illness from placement in our jails and prisons. Funding is restored for these effective treatment services.

## **Budget makes additional reductions, if enhanced federal Medicaid funding is not provided**

Recently, we heard from providers awaiting the next round of budget reductions. The hospital industry estimated that more than 6,000 would be affected by additional cuts. Community services boards figured that nearly 1,400 jobs would be lost if further reductions were made. And with the recent suggestion that consumer-directed care be eliminated, the Virginia Association of Personal Care Assistants reports that 14,000 providers could be affected. We opted not to make it even harder for the Commonwealth to regain our economic momentum and rejected those ideas.

Thursday evening the Subcommittee was informed that the Obama Administration decided to apply the enhanced Medicaid match rate to the state's Medicare Part D "clawback" payment. In effect, this "frees up" \$86 million in state funds that will be replaced with federal funding. These resources allow us to restore provider reimbursement rates that otherwise would have been reduced.

We remain hopeful that Congress and the new administration will quickly pass a six-month extension of enhanced Medicaid funding which would allow us to delay further reductions in this budget. However, it would be irresponsible to budget these additional resources that may not materialize.

Accordingly, language is added to a number of budget reductions, primarily related to provider rates and eligibility, that would NOT go into effect if additional federal Medicaid funding is provided.

### **In Summary**

Mr. Chairman, I would love to say that I embrace all of the proposals in this budget. I cannot. I expect many of you would agree. However, our responsibility is to balance the budget within the constraints placed upon us. Budgets are a reflection of our priorities, our choices if you will. Given the choices that have been made, this report does just that.

**2010 - 2012 Budget Recommendations (SFC HHR Subcommittee)**  
**2010 Session of the General Assembly**

<b>Line</b>	<b>Spending (Savings)</b>	<b>GF FY 2010</b>	<b>GF FY 2011</b>	<b>GF FY 2012</b>	<b>GF Biennium</b>
1	<b>SHHR</b> Allocation of Child Advocacy Center Funding				<b>Language</b>
2	<b>SHHR</b> Report on Local DSS Efficiencies				<b>Language</b>
3	<b>SHHR</b> Report on Agency Fund Balances				<b>Language</b>
4	<b>SHHR</b> Health Information Technology Reporting Requirements				<b>Language</b>
5	<b>CSA</b> Match Rate for Contiguous Localities				<b>Language</b>
6	<b>CSA</b> Increase Local Share of Medicaid-funded Residential Services		\$ (2,000,000)	\$ (4,000,000)	\$ <b>(6,000,000)</b>
7	<b>Aging</b> Care Coordination for the Elderly	<b>Language</b>			<b>Language</b>
8	<b>Aging</b> Eliminate funding for Non-State Agency (Bedford Ride)		\$ (57,089)	\$ (57,089)	\$ <b>(114,178)</b>
9	<b>Aging</b> Reduce funding for Care Coordination Services		\$ (337,250)	\$ (337,250)	\$ <b>(674,500)</b>
10	<b>Health</b> Supplant Funding for Environmental Health Services with NGF		\$ (2,274,924)	\$ (2,274,924)	\$ <b>(4,549,848)</b>
11	<b>Health</b> Transfer \$4 for Life Funding to State Police				<b>NGF</b>
12	<b>Health</b> Technical: Reinstate Language Continuing Savings Strategy				<b>Language</b>
13	<b>Health</b> Technical: Delete Office of Licensure & Certification Fee Language				<b>Language</b>
14	<b>Health</b> Restriction of COPN for Additional Psychiatric Beds in PD 8	<b>Language</b>			<b>Language</b>
15	<b>Health</b> Regional Health Planning Agencies and COPN Fees				<b>NGF</b>
16	<b>Health</b> Technical: Add Office of Licensure & Certification Fee Language				<b>NGF</b>
17	<b>Health</b> Technical: Delete Appropriation Language for Resources Mothers				<b>Language</b>
18	<b>Health</b> Local Restaurant Reinspection Fee Authorization				<b>Language</b>
19	<b>Health</b> Technical: Correct Fee Language				<b>Language</b>
20	<b>Health</b> Restore Funding for Virginia Health Care Foundation		\$ 408,057	\$ 408,057	\$ <b>816,114</b>
21	<b>Health</b> Restore Funding for Free Clinics		\$ 319,640	\$ 319,640	\$ <b>639,280</b>
22	<b>Health</b> Reduce Funding for Community Health Centers		\$ 240,875	\$ 240,875	\$ <b>481,750</b>
23	<b>Health</b> Eliminate Funding for Non-State Agency (Patient Advocate Foundation)		\$ (191,250)	\$ (191,250)	\$ <b>(382,500)</b>
24	<b>Health</b> Eliminate Funding for Non-State Agency (Bedford Hospice House)		\$ (76,500)	\$ (76,500)	\$ <b>(153,000)</b>
25	<b>Health</b> Remove one-time funding for Obstetrical Services Pilot		\$ (63,750)	\$ (63,750)	\$ <b>(127,500)</b>
26	<b>Health</b> Reduce Minority Health and Public Policy Position (McDonnell)		\$ (38,900)	\$ (38,900)	\$ <b>(77,800)</b>
27	<b>Health</b> Eliminate dental hygenist loan repayment program (McDonnell)		\$ (33,000)	\$ (33,000)	\$ <b>(66,000)</b>
28	<b>Health</b> Eliminate health care worker management position (McDonnell)		\$ (20,000)	\$ (20,000)	\$ <b>(40,000)</b>
29	<b>Health</b> Eliminate technology specialist (OMH&PHP) (McDonnell)		\$ (35,900)	\$ (51,700)	\$ <b>(87,600)</b>
30	<b>Health</b> Eliminate program support technician (OMH&PHP) (McDonnell)		\$ (25,000)	\$ (38,800)	\$ <b>(63,800)</b>
31	<b>Health</b> Restore Funding for Sickle Cell Services in Family Health		\$ 35,000	\$ 35,000	\$ <b>70,000</b>
32	<b>Health</b> Restore Funding for community-based sickle cell grants		\$ 13,500	\$ 13,500	\$ <b>27,000</b>

Line	Spending (Savings)	GF FY 2010	GF FY 2011	GF FY 2012	GF Biennium
33	<b>DMAS</b> Supplant GF for FAMIS with NGF from VTSTF (FY 2012)		\$ 1,979,124	\$ (1,995,437)	\$ (16,313)
34	<b>DMAS</b> CHIP Enrollment and Retention Provisions				<b>Language</b>
35	<b>DMAS</b> DME Changes: Competitive Bidding of Incontinence Supplies (FY 2012)		\$ -	\$ (829,784)	\$ (829,784)
36	<b>DMAS</b> Exempt Behavioral Health Drugs from Medicaid PDL		\$ 989,396	\$ 1,119,227	\$ 2,108,623
37	<b>DMAS</b> Delay reduction for long-stay hospital rates		\$ 449,298	\$ -	\$ 449,298
38	<b>DMAS</b> Delay Elimination of Medicaid Podiatry Services		\$ 430,950	\$ -	\$ 430,950
39	<b>DMAS</b> Adjust Funding for Virginia Health Care Fund (Tobacco Taxes)	\$ (14,723,331)	\$ (11,123,331)	\$ (11,123,331)	\$ (22,246,662)
40	<b>DMAS</b> Reciprocal Payments for Out-of-State Hospitals		\$ (2,253,620)	\$ (2,965,290)	\$ (5,218,910)
41	<b>DMAS</b> Restore 50% of DSH Funding for Out-of-State Hospitals		\$ 1,242,826	\$ 1,282,596	\$ 2,525,422
42	<b>DMAS</b> Restore Out-of-State DSH Reduction to Virginia Hospitals		\$ 1,242,826	\$ 1,282,597	\$ 2,525,423
43	<b>DMAS</b> Intensive In-Home Services Reimbursement Rates				<b>Language</b>
44	<b>DMAS</b> Modify IME Requirements for Out of State Hospitals		\$ (1,695,182)	\$ (1,917,627)	\$ (3,612,809)
45	<b>DMAS</b> Family Planning Waiver for Cervical Cancer Vaccines				<b>Language</b>
46	<b>DMAS</b> Reduce Administrative Costs by 10 percent		\$ (1,542,400)	\$ (1,542,400)	\$ (3,084,800)
47	<b>DMAS</b> Environmental Modification and Assistive Technology		\$ (276,385)	\$ (625,306)	\$ (901,691)
48	<b>DMAS</b> Adjust Funding for Virginia Health Care Fund				<b>Language</b>
49	<b>DMAS</b> Reduce managed care rates by 4 (July 1, 2011)		\$ -	\$ (41,755,278)	\$ (41,755,278)
50	<b>DMAS</b> Reduce inpatient hospital rates by 4 (July 1, 2011)		\$ -	\$ (24,164,264)	\$ (24,164,264)
51	<b>DMAS</b> Reduce outpatient hospital rates by 4 (July 1, 2011)		\$ -	\$ (10,802,339)	\$ (10,802,339)
52	<b>DMAS</b> Reduce nursing facility rates by 4 (July 1, 2011)		\$ -	\$ (18,426,616)	\$ (18,426,616)
53	<b>DMAS</b> Reduce practitioners fees by 4 (July 1, 2011)		\$ -	\$ (14,714,275)	\$ (14,714,275)
54	<b>DMAS</b> Reduce dental service rates by 4% (McDonnell) (July 1, 2011)		\$ -	\$ (2,334,840)	\$ (2,334,840)
55	<b>DMAS</b> Reduce pharmacy dispensing fee by \$0.25 to \$3.50		\$ (449,465)	\$ (523,579)	\$ (973,044)
56	<b>DMAS</b> Reduce Aged, Blind & Disabled Eligibility to 75% of FPG		\$ -	\$ (36,167,138)	\$ (36,167,138)
57	<b>DMAS</b> Medicaid Impact of Auxiliary Grant Reduction		\$ -	\$ (623,520)	\$ (623,520)
58	<b>DMAS</b> Medically Needy Income Limits		\$ -	\$ (563,081)	\$ (563,081)
59	<b>DMAS</b> Reduce eligibility to 250 percent of Supplemental Security Income		\$ -	\$ (36,440,810)	\$ (36,440,810)
60	<b>DMAS</b> Reduce GF Share of Medicare Part D Clawback Payment		\$ (85,736,111)	\$ -	\$ (85,736,111)
61	<b>DMAS</b> Technical: Indirect Medical Education Clarification				<b>Language</b>
62	<b>DMAS</b> Contingent Restoration of Community-Based Waivers				<b>Language</b>
63	<b>DMAS</b> Technical: Correct Appropriation for Virginia Health Care Fund				<b>Language</b>
64	<b>DMAS</b> Technical: Correct Distribution of Central Accounts Transfer				<b>Language</b>
65	<b>DMAS</b> Technical: Limit Money Follows the Person Waiver Slots				<b>Language</b>
66	<b>DMAS</b> Contingent Restoration of Nursing Facility Inflation				<b>Language</b>

Line	Spending (Savings)	GF FY 2010	GF FY 2011	GF FY 2012	GF Biennium
67	<b>DMAS</b> Contingent Restoration of Inpatient Hospital Inflation				Language
68	<b>DMAS</b> Contingent Restoration to Teaching Hospitals				Language
69	<b>DMAS</b> Technical: Correct Distribution of Central Accounts Transfer				Language
70	<b>DBHDS</b> Streamline Responsibility and Reporting from CSBs				Language
71	<b>DBHDS</b> Commonwealth Center for Children and Adolescents				Language
72	<b>DBHDS</b> Mental Health Treatment for Children and Adolescents				Language
73	<b>DBHDS</b> Streamline Responsibility and Reporting from CSBs				Language
74	<b>DBHDS</b> Reduce jail diversion services	\$ 700,000	\$ 700,000	\$ 700,000	\$ 1,400,000
75	<b>DBHDS</b> Eliminate Funding for Non-State Agency (Holiday House)	\$ (100,000)	\$ (100,000)	\$ (100,000)	\$ (200,000)
76	<b>DBHDS</b> Restore Funds for Commonwealth Center for Children and Adolescents	\$ 5,000,000	\$ 8,300,000	\$ 8,300,000	\$ 13,300,000
77	<b>DBHDS</b> Restore Funds for Commonwealth Center for Children and Adolescents				Language
78	<b>DBHDS</b> NVTTC Diversion Pilot Project				Language
79	<b>DRS</b> Reduce Funding for Centers for Independent Living by 5%	\$ (469,454)	\$ (469,454)	\$ (469,454)	\$ (938,908)
80	<b>DRS</b> Reduce Administrative Funding by 5%	\$ (1,350,000)	\$ (1,350,000)	\$ (1,350,000)	\$ (2,700,000)
81	<b>DSS</b> Marriage License Fee Increase/Fund Domestic Violence Services				NGF
82	<b>DSS</b> Funding for Child Protection Accountability System (SB 620)	\$ -	\$ -	\$ -	NGF
83	<b>DSS</b> Reduce Second Year Increase for Healthy Families	\$ -	\$ (2,000,000)	\$ (2,000,000)	\$ (2,000,000)
84	<b>DSS</b> Reduce Auxiliary Grant Rates by 4% on July 1, 2011	\$ -	\$ (2,413,152)	\$ (2,413,152)	\$ (2,413,152)
85	<b>DSS</b> Reduce administrative funding by 5% (McDonnell)	\$ (600,000)	\$ (600,000)	\$ (600,000)	\$ (1,200,000)
86	<b>DSS</b> Streamline Eligibility for Supplemental Nutrition Assistance Program				Language
87	<b>DBVI</b> Supplant GF with NGF from Enterprise Funds for Administration	\$ (454,850)	\$ (454,850)	\$ (454,850)	\$ (909,700)
88					
89	<b>Total General Fund Spending (Savings)</b>		\$ (98,152,869)	\$ (208,384,042)	\$ (306,536,911)
90					
91	<b>VOPA</b> Eliminate GF Support for Virginia Office for Protection & Advocacy		\$ (220,227)	\$ (220,227)	\$ (440,454)
92					

<b>Line</b>	<b>Spending (Savings)</b>	<b>GF FY 2010</b>	<b>GF FY 2011</b>	<b>GF FY 2012</b>	<b>GF Biennium</b>
93					
94	<b>Revenue</b>				
95	<b>3-1.01</b> Increase Transfer from Trauma Center to General Fund		\$ 6,600,000	\$ 6,600,000	\$ <b>13,200,000</b>
96	<b>3-1.01</b> Transfer from EMS Fund to General Fund		\$ 10,518,587	\$ 10,518,587	\$ <b>21,037,174</b>
97	<b>3-1.01</b> Medical Durable Medical Equipment Savings		\$ 1,550,764	\$ 1,740,836	\$ <b>3,291,600</b>
98	<b>3-6.03</b> Annual Vehicle Registration Fee				<b>NGF</b>
99	<b>3-6.03</b> Drivers License Reinstatement Fee				<b>NGF</b>
100	<b>Total General Revenue (Reductions)</b>		\$ <b>18,669,351</b>	\$ <b>18,859,423</b>	\$ <b>37,528,774</b>
101					
102	<b>Net General Impact</b>				\$ <b>(344,065,685)</b>
103					



<b>Health And Human Resources</b>	<b>FY 10-11</b>	<b>FY 11-12</b>	
Department Of Health	\$2,052,723	\$2,052,723	NGF

**Language:**

Page 184, line 20, strike "\$36,447,065" and insert "\$38,499,788".

Page 184, line 20, strike "\$36,447,065" and insert "\$38,499,788".

Page 184, line 35, strike "1."

Page 184, line 35, strike the first "2,645,375" and insert "3,098,098".

Page 184, line 35, strike the second "2,645,375" and insert "3,098,098".

Page 184, line 36, strike "Virginia Rescue Squad Assistance Fund" and insert:  
"special emergency medical services fund".

Page 184, strike lines 38 through 42.

**Explanation:**

(This amendment transfers \$2.1 million from the special emergency medical services fund to the Department of State Police for med-flight operations in each year of the biennium. This amendment also removes language that proposed to transfer \$1.6 million from the Rescue Squad Assistance Fund to the state police for med-flight. A separate amendment to Item 3-6.03 (Annual Vehicle Registration Fee) increases the annual vehicle registration fee known as \$4 for Life from \$4.25 to \$6.25. The additional \$2.00 fee is expected to generate \$12.6 million annually. Of the increase, \$2.1 million is being transferred to the Department of State Police for med-flight operations. A separate amendment to Item 3-1.01 (Interfund Transfers) transfers \$10.5 million to the general fund during the 2010-12 biennium.)

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**Health And Human Resources**

Department Of Health

Language

**Language:**

Page 187, after line 17, insert:

"E. Effective July 1, 2010, the schedule of fees for applications for certificates of public need (COPN) shall not be less than \$1,000 nor exceed the lesser of one percent of the proposed expenditure for the project or \$50,000. Such fees shall be divided equally between the Department of Health and regional health planning agencies (RHPAs), with the allocation among the regional health planning agencies based on population. If any region does not have a designated RHPA for any period of time, the Department of Health shall retain the fees that would have been distributed to the RHPA."

**Explanation:**

(This language amendment restricts COPN application fees to \$1,000 or the lesser of one percent of the project expenditures not to exceed \$50,000.)

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<b>Health And Human Resources</b>	<b>FY 10-11</b>	<b>FY 11-12</b>	
Department Of Medical Assistance	(\$2,253,621)	(\$2,965,290)	GF
Services	(\$3,676,959)	(\$2,965,290)	NGF

**Language:**

Page 196, line 50, strike "\$6,806,326,159" and insert "\$6,800,395,579".

Page 196, line 50, strike "\$7,272,405,030" and insert "\$7,266,474,450".

Page 209, after line 23, insert

"XXX. Effective July 1, 2010, the Department of Medical Assistance Services shall amend the State Plan for Medical Assistance to pay out-of-state border hospitals who treat Virginia Medicaid recipients inpatient operating rates that are a percentage of reimbursement they would otherwise be paid based on the percentage of reimbursement their state Medicaid program on average pays similarly situated Virginia hospitals for treating their Medicaid recipients. The department shall determine the percentage of reimbursement that border state Medicaid programs on average pay similarly situated Virginia hospitals for treating their Medicaid recipients up to 100 percent and include those percentages in regulation. Out-of-state cost reporting hospitals who have Virginia Medicaid utilization in the base year of at least 12 percent of total Medicaid days shall continue to be paid as similarly situated Virginia hospitals are for operating payments. The department shall promulgate regulations to become effective within 280 days or less from the enactment of the Act."

**Explanation:**

(This amendment reduces funding for out-of-state hospitals treating Virginia Medicaid recipients by reimbursing these out-of-state hospitals at the same rate their states pay Virginia hospitals for serving children for that state. Hospitals whose Virginia Medicaid days make up 12 percent or more of their total Medicaid days are not subject to the reduction.)

**Health And Human Resources**

Department Of Medical Assistance  
Services

Language

**Language:**

Page 214, strike lines 34 through 48 and insert:

"Q. The Commissioner of the Department of Behavioral Health and Developmental Services shall establish a state and community planning team for the purpose of developing a plan to continue providing acute, inpatient mental health treatment for children and adolescents at the Commonwealth Center for Children and Adolescents. The team, under the direction of the commissioner, shall develop a plan to ensure funding is provided at the CCCA to serve children who require the care provided at the facility. The team shall also explore and develop new treatment models including but not limited to community-based crisis stabilization and inpatient bed purchases at private facilities, to minimize the need for care at the CCCA. The team shall consist of Department staff and representatives of affected consumers, local government officials, advocates, state hospital employees, community services boards, behavioral health authorities, and public and private child and adolescent mental health service providers, and other interested persons, as determined by the commissioner. In addition, members of the House of Delegates and the Senate representing the localities served by the hospital may serve on the state and community planning team. The commissioner shall report interim findings to the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2010 and a final report by November 1, 2011."

**Explanation:**

(This amendment removes language that proposed the close of the Commonwealth Center for Children and Adolescents. New language is added that requires the Commissioner to develop a plan to continue operating the CCCA and develop new treatment models to minimize the need for care at the CCCA.)

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**Health And Human Resources**

Department Of Social Services

Language

**Language:**

Page 230, after line 50, insert:

"G.1. Notwithstanding §20-15, Code of Virginia, effective July 1, 2010, the tax on a marriage license shall be \$45, which tax shall be collected by the clerk when the license is issued and accounted for as in the case of other state taxes collected.

2. Notwithstanding §20-15, Code of Virginia, ten dollars of the increase contained in G.1. shall be allocated to the Virginia Department of Social Services for the purpose of providing services to victims of domestic violence and ten dollars shall be allocated to the Virginia Department of Social Services for the purpose of providing services for children and youth exposed to sexual and/or domestic violence.

3. Notwithstanding §20-15, Code of Virginia, \$580,000 the first year and \$580,000 the second year of the revenue collected from the marriage license tax increase shall be appropriated to the Virginia Department of Social Services for the purpose of providing services for children and youth exposed to sexual and/or domestic violence."

**Explanation:**

(This amendment increases the marriage license tax from \$20 to \$45 and earmarks the revenue for domestic violence services. In addition, a portion (\$10) of the revenue that is currently collected from \$20 marriage license fee and appropriated to the Department of Social Services for domestic violence services is earmarked to serve children and youth.)

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**Transfers**

Interfund Transfers

Language

**Language:**

Page 370, line 48, strike each "2,455,000" and insert "9,055,000".

**Explanation:**

(This amendment increases the transfer of revenue from the Trauma Center Fund to the General Fund by \$6.6 million each year of the biennium. The introduced budget transferred \$2.4 million each year from the Fund to the General Fund. A companion amendment to Item 3-6.00 (Adjustments and Modifications to Fees) increases the drivers license reinstatement fee by \$50. Revenues in the Trauma Center Fund are used to defray the cost of providing emergency medical care to victims of automobile accidents attributable to alcohol or drug use.)

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**Transfers**

Interfund Transfers

Language

**Language:**

Page 372, after line 27, insert:

"MM. On or before June 30 each year, the State Comptroller shall transfer \$10,518,587 the first year and \$10,518,587 the second year to the general fund from the \$2.00 increase in the annual vehicle registration fee from the special emergency medical services fund contained in the Department of Health's Emergency Medical Services Program (40200)."

**Explanation:**

(This amendment increases the transfer of revenue from the Trauma Center Fund to the General Fund by \$6.6 million each year of the biennium. The introduced budget transferred \$2.4 million each year from the Fund to the General Fund. A companion amendment to Item 3-6.00 (Adjustments and Modifications to Fees) increases the drivers license reinstatement fee by \$50 generating an estimated \$9.0 million annually. Revenues in the Trauma Center Fund are used to defray the cost of providing emergency medical care to victims of automobile accidents attributable to alcohol or drug use.)

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**Adjustments And Modifications To Fees**

Annual Vehicle Registration Fee (\$4.25 for Life)

Language

**Language:**

Page 381, after line 51, insert:

"Notwithstanding §46.2-694 paragraph 13 of the Code of Virginia, the additional fee that shall be charged and collected at the time of registration of each pickup or panel truck and each motor vehicle shall be \$6.25."

**Explanation:**

(This amendment increases the annual vehicle registration fee known as "\$4 for Life" from \$4.25 to \$6.25. The additional \$2.00 fee is expected to generate \$12.6 million annually. A separate amendment to Item 281 (Emergency Medical Services) transfers \$2.1 million of the fee increase to the Department of State Police for med-flight operations and \$10.5 million to the general fund during the 2010-12 biennium.)

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**Adjustments And Modifications To Fees**

Drivers License Reinstatement Fee

Language

**Language:**

Page 381, after line 51, insert:

"Notwithstanding §18.2-270.01 of the Code of Virginia, the drivers license reinstatement fee payable to the Trauma Center Fund shall be \$100."

**Explanation:**

(This amendment increases the drivers license reinstatement fee from \$50 to \$100 for persons convicted of a second or subsequent violation of the DUI statutes within 10 years of the date of the current offense. The additional fee revenue of \$9.0 million will be deposited into the Trauma Center Fund to reimburse trauma centers for the cost of providing emergency medical care to victims of automobile accidents. An amendment to Item 3-1.01 (Interfund Transfers) transfers \$6.6 million each year to the general fund during the 2010-12 biennium. The remaining portion estimated at \$2.4 million each year will restore funding for 14 trauma centers that was reduced in the introduced budget. All of the additional fee revenue will be distributed to trauma centers beginning July 1, 2012.)

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