



Report of the Subcommittee on
Health and Human Resources

Senate Finance Committee
Virginia General Assembly

February 21, 2016



SENATE OF VIRGINIA

Senate Finance Committee

REPORT OF THE HEALTH AND HUMAN RESOURCES SUBCOMMITTEE

The Honorable Emmett W. Hanger, Jr. Chairman

Mr. Chairman and Members of the Committee:

I am pleased to provide the report of the Health and Human Resources Subcommittee. The subcommittee considered and discussed a wide variety of important issues, and our recommendations focus on targeted investments in behavioral health, enhancing services and supports for individuals with intellectual and developmental disabilities, and improving substance use disorder services in Medicaid to deal with the opioid crisis in the Commonwealth.

First, the subcommittee faced significant policy proposals in the introduced budget – the expansion of Medicaid and a provider assessment on hospitals. We will continue to have discussions and seek innovative ideas on the best and most sensible ways to improve access to high quality health care in the Commonwealth. However, expanding the traditional Medicaid program is not recommended by the subcommittee, nor is imposing a hospital provider assessment. The subcommittee is sensitive to the financial pressures facing hospitals, especially in rural areas. In light of the pressure on hospitals, the subcommittee recommends the usual inflation adjustment for hospitals be restored in FY 2017. The introduced budget eliminated any inflation for hospitals in the biennial budget.

The last thought I will offer on the topic of health care is to note that significant efforts are on-going in both the public and private arenas with a focus on health system reform, and over the next five years we will likely see significant

change. In the Commonwealth, our Medicaid program will begin in 2017 to transition over 100,000 adults in long-term care to our managed care model. This effort is the most significant growth in managed care in years and will dramatically improve care coordination for the highest cost Medicaid population.

The subcommittee also reviewed the proposed changes for services to individuals with intellectual and developmental disabilities and related funding to ensure compliance with the Commonwealth's Settlement Agreement with the United States Department of Justice. I am happy to report that the subcommittee recommendation is to adopt these proposals with only minor modifications. In addition to the mandated 805 intellectual disability and 50 developmental disability waiver slots, the subcommittee is recommending an additional 400 developmental disability slots to further reduce the wait lists. At the core of the proposal, however, is the redesign of the waivers. The changes proposed increase provider rates to more closely align with the cost of providing services, and adds new services that will fill the gaps in our current system. The waiver redesign is long overdue and we expect it will dramatically improve the overall system through alignment of needs with services, and the creation of more opportunities for individuals to live, work and play in integrated community settings.

Building on the work of the last two years, the subcommittee continued to discuss needed investments in the state's community-based mental health system. To that end, I am happy to report the subcommittee recommends an additional \$15 million over the biennium to provide permanent supportive housing for 150 individuals with mental illness, create three additional PACT programs to bring the statewide total to 25, and expand child psychiatry and children's crisis response efforts. In addition, the subcommittee recommends the adoption of \$6 million included in the introduced budget to increase access to appropriate services for mentally ill individuals that frequently come into contact with the criminal justice

system.

Another issue of immediate importance is the growing crisis of opioid abuse in the Commonwealth. In 2014, more Virginians died from fatal drug overdoses than died in car accidents. Eighty percent of the fatal drug overdoses were due to heroin or prescription opioids. The subcommittee supports the \$11 million proposed in the introduced budget to improve Medicaid substance use disorder services. This funding will provide greater residential treatment and detox options, along with peer support services to Medicaid members. While this proposal is an important step forward to deal with the opioid crisis, this issue will not be resolved easily and continued vigilance will be required.

The subcommittee also contended with the proposal to begin the planning process to close Catawba Hospital. The subcommittee rejects that plan, and recommends a portion of the planning funds be used for an independent review of the entire system of psychiatric care for geriatric individuals in the Commonwealth. The purpose of this review is to examine and determine the best model of care for such individuals, and make recommendations accordingly.

To conclude, let me thank all the members of the subcommittee for their hard work in this area. I am sure the three new members of the subcommittee can attest to the complexity and seemingly limitless needs in this area. I sincerely appreciate the time everyone dedicated to this effort.

Mr. Chairman, that concludes my report for Health and Human Resources.

Respectfully Submitted,

The Honorable Emmett W. Hanger, Jr., Chairman

The Honorable Janet D. Howell

The Honorable Stephen D. Newman

The Honorable Kenneth C. Alexander

The Honorable George L. Barker

The Honorable Siobhan S. Dunnavant

Subcommittee on Health and Human Resources
 Recommended Amendments to SB 29 and SB 30, as Introduced
 2016 General Assembly

Line	Description	SB 29			SB 29			NGF		
		GF FY 2016	GF FY 2017	GF FY 2018	GF Biennium	NGF FY 2016	NGF FY 2017	NGF FY 2018	NGF Biennium	
1	Secretary of Health and Human Resources									
2	Healthcare Reform Legislative Study Group				Language					
3	High-Cost Medication Workgroup				Language					
4										
5	Children's Services Act									
6	Workgroup to Increase Use of Non-Mandated CSA Funds				Language					
7										
8	Department of Health									
9	SB369: Nurse Practitioner Pilot Program	\$ 250,000	\$ 250,000	\$ 500,000		\$ -	\$ -	\$ -	\$ -	
10	Fund Student Loan Repayment Program and Move Funds to Correct Item	\$ -	\$ 150,000	\$ 150,000		\$ -	\$ -	\$ -	\$ -	
11	Mission of Mercy Dental Project	\$ -	\$ 100,000	\$ 100,000		\$ -	\$ -	\$ -	\$ -	
12	Reduce Hampton Proton Beam Therapy Funding to FY 2015 Level	\$ (250,000)	\$ (250,000)	\$ (500,000)		\$ -	\$ -	\$ -	\$ -	
13	Eliminate New Auditor Positions for Certificate of Public Need Program	\$ (191,656)	\$ (182,656)	\$ (374,312)		\$ -	\$ -	\$ -	\$ -	
14	Eliminate TANF Funding for Long-Acting Reversible Contraception Program	\$ -	\$ -	\$ -		\$ (22,455)	\$ (3,000,000)	\$ (6,000,000)	\$ (9,000,000)	
15	Provide TANF Funds to Support Resource Mothers Program	\$ -	\$ -	\$ -		\$ 1,000,000	\$ 1,000,000	\$ 2,000,000	\$ 2,000,000	
16	Technical: Correct Sickle Cell Language	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
17	Rescue Squad Assistance Fund for Ambulance Cot Retention Systems				Language					
18	Workgroup on Improving Birth Outcomes				Language					
19	Strike Language Related to Transfer of Food Programs				Language					
20										
21	Department of Health Professions									
22	Connect Prescription Monitoring Program to Health Information Exchange	\$ -	\$ -	\$ -		\$ 250,000	\$ -	\$ 250,000	\$ 250,000	
23	Technical: Correct Position Level in FY 2018	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
24										
25	Department of Medical Assistance Services									
26	Eliminate Medicaid Expansion	\$ 49,840,150	\$ 59,720,902	\$ 109,561,052		\$ (676,905,173)	\$ (2,266,002,203)	\$ (2,942,907,376)	\$ (2,942,907,376)	
27	Restore Inflation for Hospitals in FY 2017	\$ 15,004,581	\$ 17,251,350	\$ 32,255,931		\$ 15,284,023	\$ 17,564,239	\$ 32,848,262	\$ 32,848,262	
28	Restore Inflation for Nursing Facilities in FY 2018	\$ -	\$ 12,713,641	\$ 12,713,641		\$ -	\$ 12,713,641	\$ 12,713,641	\$ 12,713,641	
29	Add 400 Developmental Disability Waiver Slots in FY 2017	\$ 3,142,400	\$ 3,142,400	\$ 6,284,800		\$ 3,142,400	\$ 3,142,400	\$ 6,284,800	\$ 6,284,800	
30	Increase Personal Care Rates 1% in FY 2018	\$ -	\$ 4,200,074	\$ 4,200,074		\$ -	\$ 4,200,074	\$ 4,200,074	\$ 4,200,074	
31	Fund Medical Residencies through Medicaid	\$ 1,250,000	\$ 2,500,000	\$ 3,750,000		\$ 1,250,000	\$ 2,500,000	\$ 3,750,000	\$ 3,750,000	
32	Restore Involuntary Mental Commitment Funding	\$ 484,582	\$ 1,453,873	\$ 1,938,455		\$ -	\$ -	\$ -	\$ -	
33	Provide a Supplemental Payment for Children's National Health System	\$ 551,000	\$ 551,000	\$ 1,102,000		\$ 551,000	\$ 551,000	\$ 1,102,000	\$ 1,102,000	
34	Correct Northern Virginia Rate Differential for Sponsored Residential	\$ 328,452	\$ 656,903	\$ 985,355		\$ 328,452	\$ 656,903	\$ 985,355	\$ 985,355	
35	Fund Enhanced Reimbursement for Nursing Facilities with Special Populations	\$ -	\$ 500,000	\$ 500,000		\$ -	\$ 500,000	\$ 500,000	\$ 500,000	
36	Increase Adult Day Health Care Rates by 5%	\$ 159,009	\$ 175,161	\$ 334,170		\$ 159,009	\$ 175,161	\$ 334,170	\$ 334,170	
37	Restore Inflation for Home Health and Outpatient Rehabilitation in FY 2018	\$ -	\$ 221,623	\$ 221,623		\$ -	\$ 221,623	\$ 221,623	\$ 221,623	
38	Pediatric Mental Health Collaborative	\$ 50,000	\$ -	\$ 50,000		\$ -	\$ -	\$ -	\$ -	
39	Remove Administrative Costs Reflecting Reversal of Medicaid Expansion	\$ (11,759,798)	\$ (15,173,158)	\$ (26,932,956)		\$ (30,314,491)	\$ (31,019,287)	\$ (61,333,778)	\$ (61,333,778)	
40	Capture Savings from Suspension of 2017 ACA Insurance Tax	\$ -	\$ (25,956,371)	\$ (25,956,371)		\$ -	\$ (25,956,371)	\$ (25,956,371)	\$ (25,956,371)	
41	Reverse Federal Action on Overtime for Consumer-Directed Attendants	\$ (8,385,666)	\$ (10,538,077)	\$ (18,923,743)		\$ (8,385,666)	\$ (10,538,077)	\$ (18,923,743)	\$ (18,923,743)	
42	Eliminate Reserve Waiver Slots	\$ (1,886,913)	\$ (1,886,913)	\$ (3,773,826)		\$ (1,886,913)	\$ (1,886,913)	\$ (3,773,826)	\$ (3,773,826)	
43	Reduce Funding for Administrative Contracts	\$ (1,600,000)	\$ (1,600,000)	\$ (3,200,000)		\$ (1,600,000)	\$ (1,600,000)	\$ (3,200,000)	\$ (3,200,000)	
44	Adjust Funding for Medicaid Centralized Processing Unit to Reflect Workload	\$ (1,000,000)	\$ (1,000,000)	\$ (2,000,000)		\$ (3,000,000)	\$ (3,000,000)	\$ (6,000,000)	\$ (6,000,000)	
45	Capture Hospital Rebasing Savings from Involuntary Mental Commitments	\$ (452,277)	\$ (522,046)	\$ (974,323)		\$ -	\$ -	\$ -	\$ -	
46	Eliminate On-going Call Center Costs for Insurance Notifications	\$ (340,900)	\$ (340,900)	\$ (681,800)		\$ (1,059,100)	\$ (1,059,100)	\$ (2,118,200)	\$ (2,118,200)	
47	Eliminate Unnecessary Funding for Medicaid Support of Connect Virginia	\$ (250,000)	\$ (250,000)	\$ (500,000)		\$ (1,050,000)	\$ (1,050,000)	\$ (2,100,000)	\$ (2,100,000)	
48	Capture Hospital Rebasing Savings from FAMIS program	\$ (117,750)	\$ (133,925)	\$ (251,675)		\$ (863,504)	\$ (982,118)	\$ (1,845,622)	\$ (1,845,622)	

Subcommittee on Health and Human Resources

Recommended Amendments to SB 29 and SB 30, as Introduced
2016 General Assembly

Line	Description	SB 29				SB 29							
		GF FY 2016	GF FY 2017	GF FY 2018	GF Biennium	NGF FY 2016	NGF FY 2017	NGF FY 2018	NGF Biennium				
49	Capture Hospital Rebasing Savings from Medicaid CHIP Program	\$	(106,922)	\$	(123,901)	\$	(230,823)	\$	(784,092)	\$	(908,606)	\$	(1,692,698)
50	Adjust appropriation for Applied Behavioral Analysis (ABA) Services	\$	(47,216)	\$	-	\$	(47,216)	\$	47,216	\$	-	\$	47,216
51	Modify Inflation Calculation Affecting Future Nursing Facility Rates						Language						
52	Emergency Department Care Coordination Workgroup						Language						
53	Add Specificity to Substance Use Disorder Language						Language						
54	Delivery System Reform Incentive Program Implementation						Language						
55	Add Specificity to ID/DD Waiver Redesign Language						Language						
56	Equalize Private Duty and Skilled Nursing Rates in Medicaid						Language						
57	Develop a Medicaid Asset Recovery Program						Language						
58	Modify Waiver Authority and Reporting						Language						
59	Improvements to Medicaid Forecasting Process						Language						
60	Improve Public Access to Medicaid Data						Language						
61	Specify Appropriation for Medicaid Enterprise System in Language						Language						
62	Develop a Comprehensive Brain Injury Strategic Plan						Language						
63	Technical: Move Applied Behavioral Analysis Language to Correct Item						Language						
64													
65	Department of Behavioral Health and Developmental Services												
66	Restore CSB Funding Reflecting Reversal of Medicaid Expansion	\$	12,143,442	\$	29,144,262	\$	41,287,704	\$	-	\$	-	\$	-
67	Fund Three Programs for Assertive Community Treatment (PACT) Teams	\$	2,850,000	\$	2,850,000	\$	5,700,000	\$	-	\$	-	\$	-
68	Increase Funding for Child Psychiatry and Crisis Response	\$	2,500,000	\$	2,500,000	\$	5,000,000	\$	-	\$	-	\$	-
69	Permanent Supportive Housing	\$	2,142,900	\$	2,142,900	\$	4,285,800	\$	-	\$	-	\$	-
70	Increase Salaries of Security Officers at the VCBR to Reduce Turnover	\$	411,263	\$	822,525	\$	1,233,788	\$	-	\$	-	\$	-
71	Continue Funding for Alternate Transportation for TDOs in Southwest VA	\$	895,000	\$	-	\$	895,000	\$	-	\$	-	\$	-
72	Create a Veterans Docket in the City of Chesapeake	\$	185,000	\$	185,000	\$	370,000	\$	-	\$	-	\$	-
73	Fund Efforts to Recertify Hancock Geriatric Facility	\$	300,000	\$	-	\$	300,000	\$	-	\$	-	\$	-
74	Evaluate Options for Continued Operation of Central Virginia Training Center	\$	150,000	\$	-	\$	150,000	\$	-	\$	-	\$	-
75	Move Appropriation for Sterilization Payments to Caboose Bill (SB29)	\$	800,000	\$	-	\$	-	\$	-	\$	-	\$	-
76	Appropriate Behavioral Health Trust Fund	\$	-	\$	-	\$	-	\$	4,000,000	\$	-	\$	4,000,000
77	Eliminate New Funding for Special Hospitalization Costs	\$	(992,538)	\$	(992,538)	\$	(1,985,076)	\$	-	\$	-	\$	-
78	Reduce New DOJ-Related Administrative Positions	\$	(512,200)	\$	(891,675)	\$	(1,403,875)	\$	-	\$	-	\$	-
79	Fund Transition Costs from One-Time Trust Fund Monies	\$	(636,000)	\$	(480,000)	\$	(1,116,000)	\$	636,000	\$	480,000	\$	1,116,000
80	Capture Unused Funds at Piedmont and Catawba Provided in 2015 Session	\$	(500,000)	\$	(500,000)	\$	(1,000,000)	\$	-	\$	-	\$	-
81	Eliminate New Positions for Individual and Family Supports Program	\$	(366,160)	\$	(488,213)	\$	(854,373)	\$	-	\$	-	\$	-
82	Move Appropriation for Sterilization Payments to FY 2016	\$	(400,000)	\$	(400,000)	\$	(800,000)	\$	-	\$	-	\$	-
83	Eliminate Base Funding for Prince William ARC	\$	(250,000)	\$	(250,000)	\$	(500,000)	\$	-	\$	-	\$	-
84	Eliminate Catawba Closure Language and Require Study	\$	(500,000)	\$	-	\$	(500,000)	\$	-	\$	-	\$	-
85	Technical: Transfer Special Hospitalization Funds Within Agency to VCBR	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
86	Technical: Transfer Funds for Mental Health Backfill to Proper Item	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
87	Technical: Transfer Funds for Admin. Costs of Forensic Housing Program	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
88	Report on Mobile Crisis Intervention Services						Language						
89	Allocate Discharge Assistance Funding for Western State Hospital						Language						
90	Public Private Partnership for Central VA Training Center (SB29 and SB30)		Language				Language						
91	Eliminate Brain Injury Report						Language						
92	Eliminate Acquired Brain Injury as Part of Waiver Redesign						Language						
93	Report on Children's Mental Health Workforce						Language						
94	Report on Outpatient Mental Health Services						Language						
95	Report on Options to Reduce Census Growth at VCBR						Language						
96	Modify Appropriation Transfer Authority to VCBR						Language						

Subcommittee on Health and Human Resources

Recommended Amendments to SB 29 and SB 30, as Introduced
2016 General Assembly

Line	Description	SB 29 GF FY 2016	GF FY 2017	GF FY 2018	GF Biennium	SB 29 NGF FY 2016	NGF FY 2017	NGF FY 2018	NGF Biennium
97	Report on Potential Use of Inmates for Vacant Building Demolition				Language				
98	Intellectual and Developmental Disabilities Study Group				Language				
99	Modify Prince William ARC Language for Transportation Use (SB 29)	Language			-				
100									
101	Department for Aging and Rehabilitative Services								
102	Increase Support for Brain Injury Programs		\$ 500,000	\$ 500,000	\$ 1,000,000	\$ -	\$ -	\$ -	\$ -
103	Increase Funding for Long-Term Employment Support Services		\$ 500,000	\$ 500,000	\$ 1,000,000	\$ -	\$ -	\$ -	\$ -
104	Fund Transition Services at Centers for Independent Living		\$ 425,000	\$ 425,000	\$ 850,000	\$ -	\$ -	\$ -	\$ -
105	Provide Bridge Funding for Eastern Virginia Care Transitions Partnership	\$ 250,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
106	Reduce Funding for New Public Guardianships		\$ -	\$ (511,000)	\$ (511,000)	\$ -	\$ -	\$ -	\$ -
107	Eliminate Funding for New Adult Services Case Management System		\$ (50,000)	\$ (440,000)	\$ (490,000)	\$ -	\$ -	\$ -	\$ -
108	Eliminate Administrative Funds for Chronic Disease Self-Management Program		\$ (100,000)	\$ (100,000)	\$ (200,000)	\$ -	\$ -	\$ -	\$ -
109	Eliminate New Position for Public Guardianship Program		\$ (75,804)	\$ (75,804)	\$ (151,608)	\$ -	\$ -	\$ -	\$ -
110	Report on Interdisciplinary Memory Assessment Clinics				Language				
111						\$ -	\$ -	\$ -	\$ -
112	Wilson Workforce and Rehabilitation Center								
113	Fund One-Time Costs for a Manufacturing Skills Training Program	\$ 100,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
114									
115	Department of Social Services								
116	Provide an Enhanced Auxiliary Grant Rate Differential for Certain Facilities		\$ 883,200	\$ 883,200	\$ 1,766,400	\$ -	\$ -	\$ -	\$ -
117	Increase Support for Children's Advocacy Centers		\$ 569,000	\$ 569,000	\$ 1,138,000	\$ -	\$ -	\$ -	\$ -
118	SB 433: Kinship Guardianship Assistance Program		\$ 45,119	\$ 45,119	\$ 90,238	\$ -	\$ -	\$ -	\$ -
119	SB 775: Medicaid Eligibility Verification and Application		\$ 50,000	\$ -	\$ 50,000	\$ 450,000	\$ -	\$ -	\$ 450,000
120	Remove Administrative Costs Reflecting Reversal of Medicaid Expansion		\$ (1,402,388)	\$ (2,179,438)	\$ (3,581,826)	\$ (4,097,172)	\$ (6,367,376)	\$ (10,464,548)	
121	Eliminate Positions Related to Eligibility Modernization		\$ -	\$ (350,825)	\$ (350,825)	\$ -	\$ (504,843)	\$ (504,843)	
122	Increase TANF Benefit 2.5%		\$ -	\$ -	\$ -	\$ 2,215,665	\$ 2,437,332	\$ 4,652,997	
123	Increase TANF Funds for Workforce Training at Community Colleges		\$ -	\$ -	\$ -	\$ 2,000,000	\$ 2,000,000	\$ 4,000,000	
124	Increase TANF Funds for Community Action Agencies		\$ -	\$ -	\$ -	\$ 1,500,000	\$ 1,500,000	\$ 3,000,000	
125	Reduce TANF Funding for Healthy Families		\$ -	\$ -	\$ -	\$ (2,000,000)	\$ (2,000,000)	\$ (4,000,000)	
126	Decrease Appropriation for TANF Child Care Subsidies and Adjust Language		\$ -	\$ -	\$ -	\$ (5,000,000)	\$ (5,000,000)	\$ (10,000,000)	
127	Safe Families Pilot Program (SB 29 and SB 30)	Language			Language				
128	Kinship Care Reporting				Language				
129	TANF Caseload and Expenditure Report				Language				
130	Eliminate Report on Adoptions				Language				
131									
132	Department for the Blind and Vision Impaired								
133	Fund Independent Living Services		\$ 200,000	\$ 200,000	\$ 400,000	\$ -	\$ -	\$ -	\$ -
134									
135	TOTALS: HHR Budget Plan	\$ 1,150,000	\$ 63,635,910	\$ 78,736,493	\$ 142,372,403	\$ (22,455)	\$ (707,132,346)	\$ (2,314,232,521)	\$ (3,021,364,867)
136									
137	Part 4: General Provisions								
138	Reinstate Language Related to Abortion				Language				

Health and Human Resources

Secretary of Health and Human Resources

Language

Language:

Page 232, line 8, before "1." insert "A".

Page 232, after line 32, insert:

"B. The Secretary of Health and Human Resources, in consultation with the Secretary of Public Safety and the Secretary of Administration, shall convene a workgroup including but not limited to the Department of Medical Assistance Services, Department of Social Services, Department of Health, Department of Behavioral Health and Developmental Services, Department of Corrections, Department of Juvenile Justice, the Compensation Board and the Department of Human Resources Management and other relevant state agencies to review the current cost and protocols for purchasing high-cost medications for the populations served by these agencies. After conducting the review, the workgroup shall develop recommendations to improve the effectiveness of purchasing high-cost medications in order to improve the care and treatment of individuals served by these agencies. The workgroup shall prepare a final report for consideration by the Governor and the chairmen of the House Appropriations and Senate Finance Committees no later than October 15, 2016."

Explanation:

(This amendment directs the Secretary of Health and Human Resources to convene a workgroup to review cost and protocols for purchasing high-cost medications across state government.)

Health and Human Resources

Department of Health

Language

Language:

Page 241, after line 41, insert:

"The Virginia Department of Health shall convene a workgroup of relevant stakeholders to evaluate policies and programs that would improve birth outcomes and reduce infant mortality. Specifically, the workgroup shall evaluate the most effective models for improving birth outcomes, reducing teen pregnancy, reducing unintended pregnancies, and improving the spacing between births. The workgroup shall make recommendations to the Chairmen of the House Appropriations and Senate Finance Committees by November 15, 2016."

Explanation:

See LIS State Budget Website for Complete Set of Adopted Amendments When Posted

(This amendment requires the Department of Health to convene a workgroup of stakeholders to recommend policies and programs that would improve birth outcomes and reduce infant mortality.)

		Item 295 #1s	
Health and Human Resources	FY16-17	FY17-18	
Department of Health	(\$3,000,000)	(\$6,000,000)	NGF

Language:

Page 241, line 42, strike "\$255,828,388" and insert "\$252,828,388".
 Page 241, line 42, strike "\$258,828,388" and insert "\$252,828,388".
 Page 243, strike lines 22 through 30.

Explanation:

(This amendment eliminates \$3.0 million the first year and \$6.0 million the second year from the Temporary Assistance for Needy Families (TANF) block grant for a pilot program to provide reproductive education and expanded access to Long-Acting Reversible Contraception (LARC).)

		Item 296 #1s	
Health and Human Resources	FY16-17	FY17-18	
Department of Health	\$0	\$100,000	GF

Language:

Page 243, line 32, strike "\$20,754,761" and insert "\$20,854,761".
 Page 247, line 8, strike "16,280" and insert "116,280".

Explanation:

(This amendment adds \$100,000 from the general fund the second year for the Virginia Dental Health Foundation Mission of Mercy (M.O.M.) dental project. The introduced budget provided this amount of funding in the first year, however, did not provide any additional funding in the second year for the project. The M.O.M. dental project provides no cost dental services in underserved areas of the Commonwealth through the use of volunteer dentist and hygienists. The project has treated more than 59,000 patients with dental care valued at \$38.3 million since 2000.)

		Item 306 #4s	
Health and Human Resources	FY16-17	FY17-18	

Department of Medical Assistance Services	\$0	(\$25,956,371)	GF
	\$0	(\$25,956,371)	NGF

Language:

Page 250, line 34, strike "\$11,552,255,000" and insert "\$11,500,342,258".

Explanation:

(This amendment reduces funding for the Medicaid program to reflect the suspension of the Affordable Care Act's tax on medical insurance companies. The excise tax began in 2014 and is allocated based on market share. The federal Consolidated Appropriations Act, 2016 (Pub. L. 114-113), was signed into law on December 18, 2015. This act suspended the tax for one year. The tax impacts Virginia because the contracted managed care companies that serve Medicaid clients are subject to the tax, which is passed on to the state Medicaid program in the monthly rates paid to the companies.)

Item 306 #5s

Health and Human Resources	FY16-17	FY17-18	
Department of Medical Assistance Services	(\$8,385,666)	(\$10,538,077)	GF
	(\$8,385,666)	(\$10,538,077)	NGF

Language:

Page 250, line 34, strike "\$9,740,405,698" and insert "\$9,723,634,366".
 Page 250, line 34, strike "\$11,552,255,000" and insert "\$11,531,178,846".
 Page 274, line 26, after "shall" strike the remainder of the line and insert:
 "limit the hours a single attendant works to no more than 40 hours per week".
 Page 274, line 27, strike "hours for a single attendant who works more than 40 hours per week".

Explanation:

(This amendment eliminates \$8.4 million the first year and \$10.5 million the second year from the general fund by not allowing personal care attendants to work overtime in the consumer-directed program in Medicaid. Recent federal court action resulted in reinstatement of the federal overtime requirement for these workers. The introduced budget proposes to limit the overtime of these attendants to 16 hours per week. Separate budget actions provide a two percent increase in personal care rates in FY 2017 and another one percent in FY 2018.)

Item 306 #7s

Health and Human Resources	FY16-17	FY17-18	
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Department of Medical Assistance	(\$1,886,913)	(\$1,886,913)	GF
Services	(\$1,886,913)	(\$1,886,913)	NGF

Language:

Page 250, line 34, strike "\$9,740,405,698" and insert "\$9,736,631,872".
 Page 250, line 34, strike "\$11,552,255,000" and insert "\$11,548,481,174".
 Page 272, strike lines 43 through 51.

Explanation:

(This amendment eliminates \$1.9 million each year from the general fund with a corresponding reduction in federal funds for 100 reserve waiver slots.)

Item 306 #8s

Health and Human Resources	FY16-17	FY17-18	
Department of Medical Assistance	\$15,004,581	\$17,251,350	GF
Services	\$15,284,023	\$17,564,239	NGF

Language:

Page 250, line 34, strike "\$9,740,405,698" and insert "\$9,770,694,302".
 Page 250, line 34, strike "\$11,552,255,000" and insert "\$11,587,070,589".
 Page 272, line 53, strike "FY 2017 and".
 Page 273, line 4, after "2009." strike "The department" and insert:
 "The department shall have authority to promulgate regulations to implement these changes within 280 days or less from the enactment of this Act."
 Page 273, strike lines 5 through 6.

Explanation:

(This amendment restores funding to provide inflation for hospitals in FY 2017. Hospital inflation is eliminated in the introduced budget in both years on the rationale that a Medicaid Expansion would financially benefit hospitals to a greater extent than hospital inflation. However, withholding inflation only further erodes the rate methodology, reducing the percentage of costs Medicaid pays hospitals.)

Item 306 #14s

Health and Human Resources

Department of Medical Assistance Services	Language
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Language:

Page 271, line 3, after "rates", insert:
 "in the first year, but shall not be substituted for published inflation factors in any subsequent

scheduled rebasing of nursing facility rates."

Explanation:

(This amendment modifies language in the introduced budget to clarify that the deferral of an inflation adjustment for nursing facility rates in fiscal year 2016 was not intended to affect any future rebasing of nursing facility rates. The Department of Medical Assistance Services has interpreted the language as a perpetual deferral and this language corrects that interpretation. The deferral of the fiscal year 2016 inflation adjustment continues to affect the first year, but the second year, under a scheduled rebasing, rates would not be affected by the 2016 deferral.)

Item 306 #15s

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 274, after line 33, insert:

"SSSS. The Department of Medical Assistance Services shall not expend any nongeneral fund appropriation for an approved Delivery System Reform Incentive Program (DSRIP) §1115 waiver unless the General Assembly appropriates the funding in the 2017 Session. The department shall notify the Chairmen of the House Appropriations and Senate Finance Committees within 15 days of any final negotiated waiver agreement with the Centers for Medicare and Medicaid Services.)

Explanation:

(This amendment provides that if a Delivery System Reform Incentive Program is approved for Virginia, the General Assembly shall an opportunity to consider the program in the 2017 Session.)

Item 306 #20s

Health and Human Resources

FY16-17

FY17-18

Department of Medical Assistance Services

\$0
\$0

\$12,713,641 GF
\$12,713,641 NGF

Language:

Page 250, line 34, strike "\$11,552,255,000" and insert "\$11,577,682,282".

Page 273, strike lines 7 through 11.

Explanation:

(This amendment eliminates languages deferring an inflation adjustment for nursing facilities in fiscal year 2018.)

		Item 310 #2s
Health and Human Resources	FY16-17	FY17-18
Department of Medical Assistance Services	\$50,000	\$0 GF

Language:

Page 275, line 24, strike "\$261,770,341" and insert "\$261,820,341".

Page 276, line 42, strike "I." and insert "I.1."

Page 276, line 42, strike the first "\$100,000" and insert "\$150,000".

Page 276, line 44, after "delivery." insert:

"2. The Virginia Center for Healthcare Innovation shall establish the Virginia Pediatric Mental Health Collaborative with the Virginia Chapter, American Academy of Pediatrics, Voices for Virginia's Children, the Psychiatric Society of Virginia, Virginia Commonwealth University and University of Virginia's Departments of Psychiatry, the Virginia Academy of Family Physicians, the Departments of Medical Assistance Services and Behavioral Health and Developmental Services, the Virginia Association of Community Services Boards and other relevant stakeholders to establish the Virginia Pediatric Mental Health Collaborative. The goal of the Collaborative is to improve the integration of mental health in primary pediatric care for children in the Commonwealth.

3. By October 1, 2016, the Collaborative shall survey existing collaborative efforts between pediatricians, family physicians, and the children's mental health system and create a plan to implement pilot programs creating child mental health access projects through which a mental health consultation team is available by telephone to respond promptly to pediatricians who need assistance with managing their patients' mental health needs. The consultation team would provide clinical consultation to enhance pediatricians' abilities to evaluate, treat, co-manage and refer children with mental health problems.

4. During this planning grant, the Center shall be assisted when necessary by the Departments of Medical Assistance Services and Behavioral Health and Developmental Services, with technical assistance provided by Children's National Health System, a co-founder of the DC Collaborative for Mental Health in Pediatric Primary Care."

Explanation:

(This amendment sets up a pediatric mental health collaborative. Language sets out the collaborative members and specifics surrounding the goals and objectives of the collaborative as well as the plan for pilot programs.)

Item 310 #4s

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 276, after line 54, insert:

"K.1. The Department of Medical Assistance Services, in collaboration with the Department of Social Services, shall require Medicaid eligibility workers to search for unreported assets at the time of initial eligibility determination and renewal, using all currently available sources of electronic data, including local real estate property databases, the Department of Motor Vehicles, and Virginia's asset verification system, for all Medicaid applicants and recipients whose assets are subject to an asset limit under Medicaid eligibility requirements.

2. The Department of Medical Assistance Services, in collaboration with the Department of Social Services, shall develop a plan for a robust Medicaid estate recovery program in the Commonwealth. The department shall evaluate all public and private resources and data sources available to proactively identify assets, including but not limited to real estate and financial assets, including those identified during the eligibility determination process and those that may not have been reported, of Medicaid recipients and all methods available to initiate recovery from estates for which the value of the assets is likely to exceed the cost of recovery. The department shall also include the cost of initiating and operating such a program with options that include developing an in-house program or contracting with a third party vendor to perform some or all of the identification and recovery. The study shall examine both the cost benefit and legal implications of the various options and also evaluate and propose changes, as may be needed, to the Code of Virginia that may assist in maximizing the recovery of assets of deceased Medicaid beneficiaries.

3. The department shall submit its findings and recommendations for developing a robust estate recovery program to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 2016."

Explanation:

(This amendment requires the Department of Medical Assistance Services to develop a plan for a more robust Medicaid estate recovery program and requires that eligibility workers search for unreported assets with currently available data. This amendment is based on recommendations from the JLARC review of Medicaid eligibility determination.)

	Item 310 #6s	
Health and Human Resources	FY16-17	FY17-18
Department of Medical Assistance Services	(\$340,900)	(\$340,900) GF
	(\$1,059,100)	(\$1,059,100) NGF

Language:

Page 275, line 24, strike "\$261,770,341" and insert "\$260,370,341".

Page 275, line 24, strike "\$276,866,129" and insert "\$275,466,129".

Explanation:

(This amendment removes funding proposed in the introduced budget for the on-going costs of the CoverVirginia call center related to an expected increase in call volume from Medicaid enrollees receiving notifications on insurance. The Affordable Care Act requires that individuals be notified by insurers of their insurance status during the year. Beginning in 2016, state Medicaid programs are required to send out these notices. Call volumes for this issue are not really known at this point, so the funding is being removed until additional information on the real impact is determined.)

Item 310 #9s

Health and Human Resources

Department of Medical Assistance Services

Language

Language:

Page 275, strike lines 34 through 42 and insert:

"A.1. By November 1 of each year, the Department of Planning and Budget, in cooperation with the Department of Medical Assistance Services, shall prepare and submit a forecast of Medicaid expenditures, upon which the Governor's budget recommendations will be based, for the current and subsequent two years to the Chairmen of the House Appropriations and Senate Finance Committees.

2. The forecast shall be based upon current state and federal laws and regulations. The forecast shall only include the continuation of previously approved budget reductions if the budget language or regulations specifically directed such reductions are permanent. Rebasement estimates for hospitals and nursing homes shall be included in the forecast based on existing law and regulations and any previous inflation increase withheld in a prior fiscal year shall be excluded from the rebasing calculation only if language in the appropriation act directing such action specifically excludes it from future rebasings. The forecast shall also include estimates of any projected increase or decrease in managed care costs. The Department of Planning and Budget shall certify in the official forecast that the managed care rate assumptions used in the forecast are based on actuarial principles.

2. The Department of Planning and Budget and the Department of Medical Assistance Services shall convene a meeting on or before October 20 of each year with the appropriate staff from the House Appropriations and Senate Finance Committees to review the assumptions used in the Medicaid forecast prior to finalizing the official forecast estimates.

B. The Department of Medical Assistance Services shall submit expenditure reports of the Medicaid program by service as compared to the official Medicaid forecast, adjusted to reflect budget actions from each General Assembly Session. The report shall be submitted to the Department of Planning and Budget and the Chairmen of the House Appropriations and

Senate Finance Committees. These reports shall be submitted on a quarterly basis and are due 30 days after the close of each quarter."

Explanation:

(This amendment establishes greater detail and clarity on the Medicaid forecasting process. These changes will improve transparency and ensure integrity of the process. The Medicaid program is a significant driver of state spending and therefore any estimates of program spending are essential to the state budget process.)

Item 313 #4s

Health and Human Resources

Department of Behavioral Health and Developmental Services

Language

Language:

Page 281, after line 26, insert:

"T.1. The Department of Behavioral Health and Developmental Services shall request and accept for consideration proposals, in accordance with Chapter 22.1 of the Code of Virginia, from private entities to operate and manage the Central Virginia Training Center with a primary focus on the newer facilities, and other buildings as necessary, in order to continue to serve those residents that choose to stay and receive care at the facility. In the department's request for proposals, the department shall include all relevant information, including financial information, capital assets, operational details or other information private entities may request to properly develop proposals. The proposals shall include the leasing of state property and buildings. All proposals received shall be submitted to the Public-Private Partnership Advisory Commission.

2. The department shall identify any operational, financial and legal impacts associated with the private operation of the Training Center along with the leasing of such property and report such findings to the Chairmen of the House Appropriations and Senate Finance Committees by September 1, 2016.

U. Any capital funds from bond proceeds for the construction of group homes or intermediate care facilities for the intellectually or developmentally disabled that is planned to transition individuals currently residing in the Central Virginia Training Center shall be suspended until July 1, 2017."

Explanation:

(This amendment requires the Department of Behavioral Health and Developmental Services to request proposals related to the operation of the newer buildings at Central Virginia Training Center (CVTC) for the continued care of those residents that choose to remain. CVTC is currently slated to close in 2020, however, significant investments in the facility in recent years, along with a strong interest to stay at CVTC by the majority of residents, necessitates that the Commonwealth explore all additional options for the facility.)

Item 313 #5s

Health and Human Resources

FY16-17

FY17-18

Department of Behavioral Health and Developmental Services

\$185,000

\$185,000 GF

Language:

Page 278, line 14, strike "\$79,468,375" and insert "\$79,653,375".

Page 278, line 14, strike "\$79,458,942" and insert "\$79,643,942".

Page 281, after line 26, insert:

"T. Out of this appropriation, \$185,000 the first year and \$185,000 the second year from the general fund shall be provided to the City of Chesapeake to support the establishment and operation of a special veterans and behavioral health problem solving docket pilot program."

Explanation:

(This amendment provides \$185,000 each year from the general fund to create and support a pilot program for a special court docket related to veterans with behavioral health issues. A special court docket would allow a judge to hear cases of veterans with behavioral health issues that have come into contact with the criminal justice system. Such a docket would allow the court to determine if other services or interventions are available to help veterans suffering with mental illness access treatment in order to help them achieve stability and avoid future interactions with the justice system.)

Item 313 #7s

Health and Human Resources

Department of Behavioral Health and Developmental Services

Language

Language:

Page 281, after line 26, insert:

"T. The Department of Behavioral Health and Developmental Services shall work with the Department of Corrections to evaluate the feasibility and cost-effectiveness of using inmate labor to assist in the demolition of vacant buildings on department property. The department shall develop a plan that includes an inventory of all vacant buildings on all properties owned by the department and an estimated cost of demolition using inmate labor. The department shall report its findings to the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2016."

Explanation:

(This amendment requires the Department of Behavioral Health and Developmental Services to work with the Department of Corrections to determine if it is feasible and cost-effective to

use inmates in assisting with demolition of older vacant buildings on department properties.)

	Item 313 #9s	
Health and Human Resources	FY16-17	FY17-18
Department of Behavioral Health and Developmental Services	(\$400,000)	(\$400,000) GF

Language:

Page 278, line 14, strike "\$79,468,375" and insert "\$79,068,375".

Page 278, line 14, strike "\$79,458,942" and insert "\$79,058,942".

Page 281, line 4, after "R.1" strike the remainder of the line".

Page 281, line 5, strike "the general fund is included" and insert:

"Any remaining balance from the previous fiscal year carried forward in FY 2017 shall be used".

Explanation:

(This amendment removes the \$400,000 general fund each year from SB 30 to coincide with a separate action in SB 29 that increases the funding for sterilization payments by \$800,000 in FY 2016. The initial \$400,000 provided in FY 2016 has been expended and there are additional applications pending. This action will allow those payments to occur sooner.)

	Item 315 #5s	
Health and Human Resources	FY16-17	FY17-18
Grants to Localities	(\$636,000)	(\$480,000) GF
	\$636,000	\$480,000 NGF

Language:

Page 285, line 9, strike "480,000" and insert "636,000".

Page 285, line 9, strike "636,000" and insert "480,000".

Page 285, line 10, after "the" strike "general fund" and insert "Behavioral Health and Developmental Services Trust Fund".

Explanation:

(This amendment replaces general fund with \$636,000 the first year and \$480,000 the second year from the Behavioral Health and Developmental Services Trust Fund for transition costs of individuals leaving training centers into the community. Transition costs are one-time costs that are a good use of one-time monies in the trust fund. Currently, the fund has \$2.8 million available.)

Item 319 #3s

Health and Human Resources

FY16-17

FY17-18

Mental Health Treatment Centers

(\$500,000)

\$0 GF

Language:

Page 285, line 44, strike "\$234,305,479" and insert "\$233,805,479".

Page 286, strike lines 14 through 29 and insert:

"C.1. Out of this appropriation, \$500,000 the first year from the general fund is provided for a study of psychiatric treatment options for geriatric individuals in the Commonwealth. The Department of Behavioral Health and Developmental Services shall issue a request for proposals (RFP) to hire a contractor to study the most appropriate models of care for the geriatric population with mental illness. The department shall include staff from the House Appropriations and Senate Finance Committees to review the RFP prior to issuance and as part of the RFP review team for proposals received. The study shall (i) include an assessment of the level of care of patients currently being served at state geriatric facilities, (ii) review existing community based services and capacity in the regions served by the facilities, (iii) evaluate community-based service models that reflect national best practices and standards for integrated services, and the cost of implementing such models, (iv) review bed capacity requirements and availability of private sector bed space within the regions served by the state geriatric hospitals, (v) review the Extraordinary Barriers List and others clinically ready for discharge and provide options to overcome the barriers, and (vi) provide options for generating first and third party reimbursement for any identified community based service needs.

2. The department shall submit the results of the study to the Governor and Chairmen of the House Appropriations and Senate Finance Committees by December 15, 2016.

3. The Department of Planning and Budget shall unallot these funds on July 1, 2016, and shall not allot these funds until documentation is provided showing the contract award amount."

Explanation:

(This amendment eliminates language and associated funding in the introduced budget directing the Department of Behavioral Health and Developmental Services to begin the detailed planning process to close Catawba Hospital. In addition, the amendment directs that \$500,000 general fund be used to hire a consultant to determine the most appropriate model of care for the geriatric population with mental illness.)

Item 332 #1s

Health and Human Resources

Department for Aging and Rehabilitative Services

Language

Language:

Page 291, after line 18, insert:

"P. The Department for Aging and Rehabilitative Services shall report on its progress toward implementing the "Interdisciplinary Memory Assessment Clinics with Dementia Care Management" (IMACDCM) as described in the Dementia State Plan. The report shall include the outcomes of the federal "Family Access to Memory Impairment and Loss Information, Engagement and Supports" (ADSSP grant), the "Dementia Specialized Supportive Services Project" (ADI-SSS grant) and any other relevant data with recommendations for further implementation of IMACDCM. The department shall consult with relevant stakeholders in preparing the report. The department shall provide the report to the Chairmen of the House Appropriations and Senate Finance Committees on December 1, 2016."

Explanation:

(This amendment requires the Department for Aging and Rehabilitative Services to report on its progress towards implementing the "Interdisciplinary Memory Assessment Clinics with Dementia Care Management" as described in the Dementia State Plan.)

		Item 332 #2s
Health and Human Resources	FY16-17	FY17-18
Department for Aging and Rehabilitative Services	\$425,000	\$425,000 GF

Language:

- Page 289, line 23, strike "\$105,863,335" and insert "\$106,288,335".
- Page 289, line 23, strike "\$105,863,335" and insert "\$106,288,335".
- Page 290, line 24, strike the first "\$4,482,021" and insert "\$4,907,021".
- Page 290, line 32, strike the second "\$4,482,021" and insert "\$4,907,021".

Explanation:

(This amendment provides \$425,000 each year from the general fund to provide each Center for Independent Living with an annual funding increase of \$25,000 to meet expanded requirements for transition services. Transition services are required to (i) facilitate the transition of people with significant disabilities from nursing homes and other institutions to home and community-based residences with supports and services, (ii) provide assistance to people with significant disabilities who are at risk of institutional placements so they may remain in the community, and (iii) facilitate the transition of youth with significant disabilities who are eligible for individualized education programs in the federal Individuals with Disabilities Education Act and who have completed their secondary education or

otherwise left school to post-secondary life.)

Item 343 #2s

Health and Human Resources

Department of Social Services

Language

Language:

Page 299, after line 10, insert:

"G.1. Local department of social services shall report data collected on children in facilitated kinship care arrangements to the Virginia Department of Social Services on a quarterly basis. The Virginia Department of Social Services shall maintain the aggregate data by locality and make such data available to the public. Data reported must include, but is not limited to: the age, gender, race and ethnicity of the child; the nature of the child's relationship to the kinship caregiver; the family's history of involvement with child protective services; what if any services were provided to the family before the child moved into the home of the kinship caregiver; and where the child is residing and who has legal custody of the child at the time of the local board's final contact with the family. If available, the following data must also be provided: the duration of the kinship arrangement, whether any court order was entered to support the kinship arrangement, whether the child or parent has a disability and, if so, what that disability is, and what, if any, services were provided to the child or kinship caregivers after the child moved into the home.

2. The Virginia Department of Social Services shall develop informational brochures explaining how relative caregivers and parents can seek legal advice through the legal aid system and the Virginia State Bar lawyer referral service. The Virginia Department of Social Services shall provide sufficient amounts of these informational brochures to local social services agencies to allow them to provide the brochures to parents and relatives whenever they facilitate a kinship care arrangement. Whenever a local social services agency facilitates a kinship care arrangement it shall provide this brochure to both the parent consenting to the kinship care arrangement and the relative caregiver."

Explanation:

(This amendment requires data collection and reporting requirements for local departments of social services regarding kinship care arrangements. The language directs local departments of social services to collect and report the information to the state Department of Social Services and for that information to be made public.)

Item 345 #1s

Health and Human Resources

Department of Social Services

FY16-17

\$883,200

FY17-18

\$883,200 GF

Language:

Page 299, line 53, strike "\$39,061,169" and insert "\$39,944,369".

Page 299, line 53, strike "\$39,061,169" and insert "\$39,944,369".

Page 300, after line 30, insert:

"4. Effective July 1, 2016, the Department of Social Services shall add a payment rate differential of \$1,000 per month per Auxiliary Grant resident to the maximum rate for each licensed assisted living facility that has a three year history of serving a resident population for which (i) more than 75 percent of the resident days were provided to persons with a mental health diagnosis and/or an intellectual disability, (ii) more than 95 percent of the resident days were funded in part under the Auxiliary Grants program; (iii) funding from local governments was needed to cover its operating expenses, and (iv) a capital grant from the Department of Housing and Urban Development limited admissions only to qualified indigent persons."

Explanation:

(This amendment provides \$883,200 each year from the general fund for a \$1,000 per month per recipient rate differential in the Auxiliary Grant for assisted living facilities that meet certain criteria. The criteria for the differential includes having a three year history where: (i) 75 percent of the bed days were provided to individuals with mental illness or an intellectual disability; (ii) 95 percent of the residents had an Auxiliary Grant; (iii) funding from local governments were needed to help cover expenses; and (iv) a capital grant from the U.S. Department of Housing and Urban Development limited admissions only to qualified indigent persons.)

		Item 362 #1s
Health and Human Resources	FY16-17	FY17-18
Virginia Rehabilitation Center for the Blind and Vision Impaired	\$200,000	\$200,000 GF

Language:

Page 310, line 48, strike "\$1,312,535" and insert "\$1,512,535".

Page 310, line 48, strike "\$1,312,636" and insert "\$1,512,636".

Page 311, line 8, strike "the unexpended balances in this Act" and insert "this appropriation".

Explanation:

(This amendment appropriates funding to support training services for approximately 25 blind, deafblind, and vision impaired individuals at the Virginia Rehabilitation Center for the Blind and Visually Impaired. The budget bill designates \$200,000 each year from unexpended balances; this amendment appropriates the general fund in the appropriate Item and adjusts the budget language accordingly.)

Item 4-5.04 #1s

Special Conditions and Restrictions on Expenditures

Goods and Services

Language

Language:

Page 480, after line 24, insert:

"1. MEDICAL SERVICES: No expenditures from general or nongeneral fund sources may be made out of any appropriation by the General Assembly to any organizations for providing abortion services, except as otherwise required by federal law or Chapters 644 and 645, 1982 Acts of Assembly."

Explanation:

(This amendment prohibits any funding in the budget from being used for abortion services unless otherwise required by federal or state law. The introduced budget did not include this language, which is currently in the 2015 Appropriation Act.)
