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HOUSE BILL NO. 677

Offered January 9, 2002

Prefiled January 9, 2002

A BILL to amend and reenact § 32.1-127 of the Code of Virginia, relating to the Board of Health; staffing standards.

Patrons—Watts and Saxman

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:**1. That § 32.1-127 of the Code of Virginia is amended and reenacted as follows:****§ 32.1-127. Regulations.**

A. The regulations promulgated by the Board to carry out the provisions of this article shall be in substantial conformity to the standards of health, hygiene, sanitation, construction and safety as established and recognized by medical and health care professionals and by specialists in matters of public health and safety, including health and safety standards established under provisions of Title XVIII and Title XIX of the Social Security Act, and to the provisions of Article 2 (§ 32.1-138 et seq.) of this chapter.

B. Such regulations:

1. Shall include minimum standards for (i) the construction and maintenance of hospitals, nursing homes and certified nursing facilities to assure the environmental protection and the life safety of its patients and employees and the public; (ii) the operation, staffing and equipping of hospitals, nursing homes and certified nursing facilities; (iii) qualifications and training of staff of hospitals, nursing homes and certified nursing facilities, except those professionals licensed or certified by the Department of Health Professions; and (iv) conditions under which a hospital or nursing home may provide medical and nursing services to patients in their places of residence;

2. Shall provide that at least one physician who is licensed to practice medicine in this Commonwealth shall be on call at all times, though not necessarily physically present on the premises, at each hospital which operates or holds itself out as operating an emergency service;

3. May classify hospitals and nursing homes by type of specialty or service and may provide for licensing hospitals and nursing homes by bed capacity and by type of specialty or service;

4. Shall also require that each hospital establish a protocol for organ donation, in compliance with federal law and the regulations of the Health Care Financing Administration (HCFA), particularly 42 C.F.R. § 482.45. Each hospital shall have an agreement with an organ procurement organization designated in HCFA regulations for routine contact, whereby the provider's designated organ procurement organization certified by HCFA (i) is notified in a timely manner of all deaths or imminent deaths of patients in the hospital and (ii) is authorized to determine the suitability of the decedent or patient for organ donation and, in the absence of a similar arrangement with any eye bank or tissue bank in Virginia certified by the Eye Bank Association of America or the American Association of Tissue Banks, the suitability for tissue and eye donation. The hospital shall also have an agreement with at least one tissue bank and at least one eye bank to cooperate in the retrieval, processing, preservation, storage, and distribution of tissues and eyes to ensure that all usable tissues and eyes are obtained from potential donors and to avoid interference with organ procurement. The protocol shall ensure that the hospital collaborates with the designated organ procurement organization to inform the family of each potential donor of the option to donate organs, tissues, or eyes or to decline to donate. The individual making contact with the family shall have completed a course in the methodology for approaching potential donor families and requesting organ or tissue donation that (i) is offered or approved by the organ procurement organization and designed in conjunction with the tissue and eye bank community and (ii) encourages discretion and sensitivity according to the specific circumstances, views, and beliefs of the relevant family. In addition, the hospital shall work cooperatively with the designated organ procurement organization in educating the staff responsible for contacting the organ procurement organization's personnel on donation issues, the proper review of death records to improve identification of potential donors, and the proper procedures for maintaining potential donors while necessary testing and placement of potential donated organs, tissues, and eyes takes place. This process shall be followed, without exception, unless the family of the relevant decedent or patient has expressed opposition to organ donation, the chief administrative officer of the hospital or his designee knows of such opposition, and no donor card or other relevant document, such as an advance directive, can be found;

5. Shall require that each hospital that provides obstetrical services establish a protocol for admission

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59 or transfer of any pregnant woman who presents herself while in labor;

60 6. Shall also require that each licensed hospital develop and implement a protocol requiring written
61 discharge plans for identified, substance-abusing, postpartum women and their infants. The protocol shall
62 require that the discharge plan be discussed with the patient and that appropriate referrals for the mother
63 and the infant be made and documented. Appropriate referrals may include, but need not be limited to,
64 treatment services, comprehensive early intervention services for infants and toddlers with disabilities
65 and their families pursuant to Part H of the Individuals with Disabilities Education Act, 20 U.S.C.
66 § 1471 et seq., and family-oriented prevention services. The discharge planning process shall involve, to
67 the extent possible, the father of the infant and any members of the patient's extended family who may
68 participate in the follow-up care for the mother and the infant. Immediately upon identification, pursuant
69 to § 54.1-2403.1, of any substance-abusing, postpartum woman, the hospital shall notify, subject to
70 federal law restrictions, the community services board of the jurisdiction in which the woman resides to
71 appoint a discharge plan manager. The community services board shall implement and manage the
72 discharge plan;

73 7. Shall require that each nursing home and certified nursing facility fully disclose to the applicant
74 for admission the home's or facility's admissions policies, including any preferences given;

75 8. Shall require that each licensed hospital establish a protocol relating to the rights and
76 responsibilities of patients which shall include a process reasonably designed to inform patients of such
77 rights and responsibilities. Such rights and responsibilities of patients, a copy of which shall be given to
78 patients on admission, shall be based on Joint Commission on Accreditation of Healthcare Organizations'
79 standards;

80 9. Shall establish standards and maintain a process for designation of levels or categories of care in
81 neonatal services according to an applicable national or state-developed evaluation system. Such
82 standards may be differentiated for various levels or categories of care and may include, but need not be
83 limited to, requirements for staffing credentials, staff/patient ratios, equipment, and medical protocols;

84 10. Shall require that each nursing home and certified nursing facility train all employees who are
85 mandated to report adult abuse, neglect, or exploitation pursuant to § 63.1-55.3 on such reporting
86 procedures and the consequences for failing to make a required report; and

87 11. Shall permit hospital personnel, as designated in medical staff bylaws, rules and regulations, or
88 hospital policies and procedures, to accept emergency telephone and other verbal orders for medication
89 or treatment for hospital patients from physicians, and other persons lawfully authorized by state statute
90 to give patient orders, subject to a requirement that such verbal order be signed, within a reasonable
91 period of time not to exceed seventy-two hours as specified in the hospital's medical staff bylaws, rules
92 and regulations or hospital policies and procedures, by the person giving the order, or, when such person
93 is not available within the period of time specified, co-signed by another physician or other person
94 authorized to give the order.

95 12. *Shall establish staffing standards in nursing homes that will provide an average of three and*
96 *one-half hours of direct care services per resident per twenty-four-hour period. The Board shall adopt*
97 *regulations defining direct care services and procedures for quarterly reporting.*

98 C. Upon obtaining the appropriate license, if applicable, licensed hospitals, nursing homes, and
99 certified nursing facilities may operate adult day care centers.

100 D. All facilities licensed by the Board pursuant to this article which provide treatment or care for
101 hemophiliacs and, in the course of such treatment, stock clotting factors, shall maintain records of all lot
102 numbers or other unique identifiers for such clotting factors in order that, in the event the lot is found to
103 be contaminated with an infectious agent, those hemophiliacs who have received units of this
104 contaminated clotting factor may be apprised of this contamination. Facilities which have identified a lot
105 which is known to be contaminated shall notify the recipient's attending physician and request that he
106 notify the recipient of the contamination. If the physician is unavailable, the facility shall notify by mail,
107 return receipt requested, each recipient who received treatment from a known contaminated lot at the
108 individual's last known address.