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HOUSE BILL NO. 2186

Offered January 11, 2017

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A BILL to amend and reenact §§ 16.1-77, 18.2-72, 18.2-73, 18.2-74, 18.2-76, 32.1-127, and 38.2-3451 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 18.2-71.01, relating to performance of abortions.

Patrons—Boysko, Price, Bell, John J., Hope, Kory, Krizek, Levine, Lopez, Plum, Sickles, Simon, Sullivan and Watts

Referred to Committee for Courts of Justice

Be it enacted by the General Assembly of Virginia:

1. That §§ 16.1-77, 18.2-72, 18.2-73, 18.2-74, 18.2-76, 32.1-127, and 38.2-3451 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding a section numbered 18.2-71.01 as follows:

§ 16.1-77. Civil jurisdiction of general district courts.

Except as provided in Article 5 (§ 16.1-122.1 et seq.), each general district court shall have, within the limits of the territory it serves, civil jurisdiction as follows:

(1) Exclusive original jurisdiction of any claim to specific personal property or to any debt, fine or other money, or to damages for breach of contract or for injury done to property, real or personal, or for any injury to the person that would be recoverable by action at law or suit in equity, when the amount of such claim does not exceed \$4,500 exclusive of interest and any attorney's fees contracted for in the instrument, and concurrent jurisdiction with the circuit courts having jurisdiction in such territory of any such claim when the amount thereof exceeds \$4,500 but does not exceed \$25,000, exclusive of interest and any attorney's fees contracted for in the instrument. However, this \$25,000 limit shall not apply with respect to distress warrants under the provisions of § 55-230, cases involving liquidated damages for violations of vehicle weight limits pursuant to § 46.2-1135, nor cases involving forfeiture of a bond pursuant to § 19.2-143.

(2) Jurisdiction to try and decide attachment cases when the amount of the plaintiff's claim does not exceed \$25,000 exclusive of interest and any attorney's fees contracted for in the instrument.

(3) Jurisdiction of actions of unlawful entry or detainer as provided in Article 13 (§ 8.01-124 et seq.) of Chapter 3 of Title 8.01, and in Chapter 13 (§ 55-217 et seq.) of Title 55, and the maximum jurisdictional limits prescribed in subdivision (1) shall not apply to any claim, counter-claim or cross-claim in an unlawful detainer action that includes a claim for damages sustained or rent against any person obligated on the lease or guarantee of such lease.

(4) Except where otherwise specifically provided, all jurisdiction, power and authority over any civil action or proceeding conferred upon any general district court judge or magistrate under or by virtue of any provisions of the Code.

(5) Jurisdiction to try and decide suits in interpleader involving personal or real property where the amount of money or value of the property is not more than the maximum jurisdictional limits of the general district court. However, the maximum jurisdictional limits prescribed in subdivision (1) shall not apply to any claim, counter-claim, or cross-claim in an interpleader action that is limited to the disposition of an earnest money deposit pursuant to a real estate purchase contract. The action shall be brought in accordance with the procedures for interpleader as set forth in § 8.01-364. However, the general district court shall not have any power to issue injunctions. Actions in interpleader may be brought by either the stakeholder or any of the claimants. The initial pleading shall be either by motion for judgment, by warrant in debt, or by other uniform court form established by the Supreme Court of Virginia. The initial pleading shall briefly set forth the circumstances of the claim and shall name as defendant all parties in interest who are not parties plaintiff.

(6) Jurisdiction to try and decide any cases pursuant to § 2.2-3713 of the Virginia Freedom of Information Act (§ 2.2-3700 et seq.) or § 2.2-3809 of the Government Data Collection and Dissemination Practices Act (§ 2.2-3800 et seq.), for writs of mandamus or for injunctions.

(7) Concurrent jurisdiction with the circuit courts having jurisdiction in such territory to adjudicate habitual offenders pursuant to the provisions of Article 9 (§ 46.2-355.1 et seq.) of Chapter 3 of Title 46.2.

~~(8) Jurisdiction to try and decide cases alleging a civil violation described in § 18.2-76.~~

~~(9) Jurisdiction to try and decide any cases pursuant to § 55-79.80:2 of the Condominium Act (§ 55-79.39 et seq.) or § 55-513 of the Property Owners' Association Act (§ 55-508 et seq.).~~

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HB2186

58 (40) (9) Concurrent jurisdiction with the circuit courts to submit matters to arbitration pursuant to
59 Chapter 21 (§ 8.01-577 et seq.) of Title 8.01 where the amount in controversy is within the jurisdictional
60 limits of the general district court. Any party that disagrees with an order by a general district court
61 granting an application to compel arbitration may appeal such decision to the circuit court pursuant to §
62 8.01-581.016.

63 **§ 18.2-71.01. Fundamental right to abortion.**

64 A. A woman has a fundamental right to obtain a lawful abortion. No statute or regulation of the
65 Commonwealth shall be construed to prohibit a woman from obtaining an abortion (i) prior to viability
66 or (ii) at any time if, in the professional judgment of a physician, the abortion is necessary to protect
67 the life or health of the woman.

68 B. Any statute or regulation of the Commonwealth that places a burden on a woman's access to
69 abortion and does not confer any legitimate health benefit is unenforceable.

70 C. A statute or regulation shall be deemed to place a burden on a woman's access to abortion if
71 such statute or regulation (i) forces abortion providers to close, (ii) increases the time it takes a woman
72 to obtain an abortion, (iii) requires a meaningful increase in the distance a woman would have to travel
73 to access an abortion; (iv) requires medically unnecessary visits to health care providers, (v) requires a
74 health care provider to perform a medical service that such provider would not otherwise perform, (vi)
75 increases risk to the woman's life or health, (vii) causes a meaningful increase in the cost of an
76 abortion, (viii) has no purpose other than to stigmatize patients and abortion providers, or (ix) has no
77 purpose or effect other than to decrease or eliminate access to abortion.

78 D. A statute or regulation shall be deemed to confer a legitimate health benefit if such statute or
79 regulation (i) expands women's access to health care services or (ii) on the basis of evidence-based
80 research, increases patient safety.

81 **§ 18.2-72. When abortion lawful during first trimester of pregnancy.**

82 Notwithstanding any of the provisions of § 18.2-71, it shall be lawful for any ~~physician health care~~
83 ~~provider licensed by the Board of Medicine to practice medicine and surgery, or the Board of Nursing~~
84 ~~operating within his scope of practice to terminate or attempt to terminate a human pregnancy or aid or~~
85 ~~assist in the termination of a human pregnancy by performing an abortion or causing a miscarriage on~~
86 ~~any woman during the first trimester of pregnancy.~~

87 **§ 18.2-73. When abortion lawful during second trimester of pregnancy.**

88 Notwithstanding any of the provisions of § 18.2-71 and in addition to the provisions of § 18.2-72, it
89 shall be lawful for any physician licensed by the Board of Medicine to practice medicine and surgery, to
90 terminate or attempt to terminate a human pregnancy or aid or assist in the termination of a human
91 pregnancy by performing an abortion or causing a miscarriage on any woman during the second
92 trimester of pregnancy and prior to the third trimester of pregnancy provided such procedure is
93 performed in a hospital licensed by the State Department of Health or operated by the Department of
94 Behavioral Health and Developmental Services.

95 **§ 18.2-74. When abortion or termination of pregnancy lawful after second trimester of**
96 **pregnancy.**

97 Notwithstanding any of the provisions of § 18.2-71 and in addition to the provisions of §§ 18.2-72
98 and 18.2-73, it shall be lawful for any physician licensed by the Board of Medicine to practice medicine
99 and surgery to terminate or attempt to terminate a human pregnancy or aid or assist in the termination
100 of a human pregnancy by performing an abortion or causing a miscarriage on any woman in a stage of
101 pregnancy subsequent to the second trimester provided the following conditions are met:

102 (a) Said operation is performed in a hospital licensed by the Virginia State Department of Health or
103 operated by the Department of Behavioral Health and Developmental Services.

104 (b) The physician ~~and two consulting physicians certify~~ *certifies* and so ~~enter~~ *enters* in the hospital
105 record of the woman, that in ~~their~~ *his* medical opinion, based upon ~~their~~ *his* best clinical judgment, the
106 continuation of the pregnancy is likely to result in the death of the woman or ~~substantially and~~
107 ~~irremediably~~ impair the mental or physical health of the woman.

108 (c) Measures for life support for the product of such abortion or miscarriage ~~must~~ *shall* be available
109 and utilized if there is any clearly visible evidence of viability.

110 **§ 18.2-76. Informed written consent required.**

111 A. Before performing any abortion or inducing any miscarriage or terminating a pregnancy as
112 provided in § 18.2-72, 18.2-73, or 18.2-74, the ~~physician health care provider~~ shall obtain the informed
113 written consent of the pregnant woman. However, if the woman has been adjudicated incapacitated by
114 any court of competent jurisdiction or if the ~~physician health care provider~~ knows or has good reason to
115 believe that such woman is incapacitated as adjudicated by a court of competent jurisdiction, then only
116 after permission is given in writing by a parent, guardian, committee, or other person standing in loco
117 parentis to the woman, may the ~~physician health care provider~~ perform the abortion or otherwise
118 terminate the pregnancy.

119 B. At least 24 hours before the performance of an abortion, a qualified medical professional trained

in sonography and working under the supervision of a physician licensed in the Commonwealth shall perform fetal transabdominal ultrasound imaging on the patient undergoing the abortion for the purpose of determining gestational age. If the pregnant woman lives at least 100 miles from the facility where the abortion is to be performed, the fetal ultrasound imaging shall be performed at least two hours before the abortion. The ultrasound image shall contain the dimensions of the fetus and accurately portray the presence of external members and internal organs of the fetus, if present or viewable. Determination of gestational age shall be based upon measurement of the fetus in a manner consistent with standard medical practice in the community for determining gestational age. When only the gestational sac is visible during ultrasound imaging, gestational age may be based upon measurement of the gestational sac. If gestational age cannot be determined by a transabdominal ultrasound, then the patient undergoing the abortion shall be verbally offered other ultrasound imaging to determine gestational age, which she may refuse. A print of the ultrasound image shall be made to document the measurements that have been taken to determine the gestational age of the fetus.

The provisions of this subsection shall not apply if the woman seeking an abortion is the victim of rape or incest, if the incident was reported to law-enforcement authorities. Nothing herein shall preclude the physician from using any ultrasound imaging that he considers to be medically appropriate pursuant to the standard medical practice in the community.

C. The qualified medical professional performing fetal ultrasound imaging pursuant to subsection B shall verbally offer the woman an opportunity to view the ultrasound image, receive a printed copy of the ultrasound image and hear the fetal heart tones pursuant to standard medical practice in the community, and shall obtain from the woman written certification that this opportunity was offered and whether or not it was accepted and, if applicable, verification that the pregnant woman lives at least 100 miles from the facility where the abortion is to be performed. A printed copy of the ultrasound image shall be maintained in the woman's medical record at the facility where the abortion is to be performed for the longer of (i) seven years or (ii) the extent required by applicable federal or state law.

D. For purposes of this section:

"Informed written consent" means the knowing and voluntary written consent to abortion by a pregnant woman of any age, without undue inducement or any element of force, fraud, deceit, duress, or other form of constraint or coercion by the physician who is to perform the abortion or his agent. The basic information to effect such consent, as required by this subsection, shall be provided by telephone or in person to the woman at least 24 hours before the abortion by the physician who is to perform the abortion, by a referring physician, or by a licensed professional or practical nurse working under the direct supervision of either the physician who is to perform the abortion or the referring physician; however, the information in subdivision 5 may be provided instead by a licensed health-care professional working under the direct supervision of either the physician who is to perform the abortion or the referring physician. This basic information shall include:

1. A full, reasonable and comprehensible medical explanation of the nature, benefits, and risks of and alternatives to the proposed procedures or protocols to be followed in her particular case;

2. An instruction that the woman may withdraw her consent at any time prior to the performance of the procedure;

3. An offer for the woman to speak with the physician who is to perform the abortion so that he may answer any questions that the woman may have and provide further information concerning the procedures and protocols;

4. A statement of the probable gestational age of the fetus at the time the abortion is to be performed and that fetal ultrasound imaging shall be performed prior to the abortion to confirm the gestational age; and

5. An offer to review the printed materials described in subsection F. If the woman chooses to review such materials, they shall be provided to her in a respectful and understandable manner, without prejudice and intended to give the woman the opportunity to make an informed choice and shall be provided to her at least 24 hours before the abortion or mailed to her at least 72 hours before the abortion by first-class mail or, if the woman requests, by certified mail, restricted delivery. This offer for the woman to review the material shall advise her of the following: (i) the Department of Health publishes printed materials that describe the unborn child and list agencies that offer alternatives to abortion; (ii) medical assistance benefits may be available for prenatal care, childbirth and neonatal care, and that more detailed information on the availability of such assistance is contained in the printed materials published by the Department; (iii) the father of the unborn child is liable to assist in the support of her child, even in instances where he has offered to pay for the abortion, that assistance in the collection of such support is available, and that more detailed information on the availability of such assistance is contained in the printed materials published by the Department; (iv) she has the right to review the materials printed by the Department and that copies will be provided to her free of charge if she chooses to review them; and (v) a statewide list of public and private agencies and services that

181 provide ultrasound imaging and auscultation of fetal heart tone services free of charge. Where the
182 woman has advised that the pregnancy is the result of a rape, the information in clause (iii) may be
183 omitted.

184 The information required by this subsection may be provided by telephone or in person.

185 E. The physician need not obtain the informed written consent of the woman when the abortion is to
186 be performed pursuant to a medical emergency or spontaneous miscarriage. "Medical emergency" means
187 any condition which, on the basis of the physician's good faith clinical judgment, so complicates the
188 medical condition of a pregnant woman as to necessitate the immediate abortion of her pregnancy to
189 avert her death or for which a delay will create a serious risk of substantial and irreversible impairment
190 of a major bodily function.

191 F. On or before October 1, 2001, the Department of Health shall publish, in English and in each
192 language which is the primary language of two percent or more of the population of the
193 Commonwealth, the following printed materials in such a way as to ensure that the information is easily
194 comprehensible:

195 1. Geographically indexed materials designed to inform the woman of public and private agencies
196 and services available to assist a woman through pregnancy, upon childbirth and while the child is
197 dependent, including, but not limited to, information on services relating to (i) adoption as a positive
198 alternative, (ii) information relative to counseling services, benefits, financial assistance, medical care
199 and contact persons or groups, (iii) paternity establishment and child support enforcement, (iv) child
200 development, (v) child rearing and stress management, (vi) pediatric and maternal health care, and (vii)
201 public and private agencies and services that provide ultrasound imaging and auscultation of fetal heart
202 tone services free of charge. The materials shall include a comprehensive list of the names and
203 telephone numbers of the agencies, or, at the option of the Department of Health, printed materials
204 including a toll-free, 24-hour-a-day telephone number which may be called to obtain, orally, such a list
205 and description of agencies in the locality of the caller and of the services they offer;

206 2. Materials designed to inform the woman of the probable anatomical and physiological
207 characteristics of the human fetus at two-week gestational increments from the time when a woman can
208 be known to be pregnant to full term, including any relevant information on the possibility of the fetus's
209 survival and pictures or drawings representing the development of the human fetus at two-week
210 gestational increments. Such pictures or drawings shall contain the dimensions of the fetus and shall be
211 realistic and appropriate for the stage of pregnancy depicted. The materials shall be objective,
212 nonjudgmental and designed to convey only accurate scientific information about the human fetus at the
213 various gestational ages; and

214 3. Materials containing objective information describing the methods of abortion procedures
215 commonly employed, the medical risks commonly associated with each such procedure, the possible
216 detrimental psychological effects of abortion, and the medical risks commonly associated with carrying a
217 child to term.

218 The Department of Health shall make these materials available at each local health department and,
219 upon request, to any person or entity, in reasonable numbers and without cost to the requesting party.

220 G. Any physician who fails to comply with the provisions of this section shall be subject to a \$2,500
221 civil penalty.

222 § 32.1-127. Regulations.

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

228 B. Such regulations:

229 1. Shall include minimum standards for (i) the construction and maintenance of hospitals, nursing
230 homes and certified nursing facilities to ensure the environmental protection and the life safety of its
231 patients; and employees; and the public; (ii) the operation, staffing and equipping of hospitals, nursing
232 homes and certified nursing facilities; (iii) qualifications and training of staff of hospitals, nursing homes
233 and certified nursing facilities, except those professionals licensed or certified by the Department of
234 Health Professions; (iv) conditions under which a hospital or nursing home may provide medical and
235 nursing services to patients in their places of residence; and (v) policies related to infection prevention,
236 disaster preparedness, and facility security of hospitals, nursing homes, and certified nursing facilities.
237 For purposes of this paragraph, facilities in which five or more first trimester abortions per month are
238 performed shall be classified as a category of "hospital";

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

242 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 Centers for Medicare and Medicaid Services (CMS), particularly 42 C.F.R. § 482.45. Each hospital shall have an agreement with an organ procurement organization designated in CMS regulations for routine contact, whereby the provider's designated organ procurement organization certified by CMS (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 (a) is offered or approved by the organ procurement organization and designed in conjunction with the tissue and eye bank community and (b) 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 or transfer of any pregnant woman who presents herself while in labor;

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

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

8. Shall require that each licensed hospital establish a protocol relating to the rights and responsibilities of patients which shall include a process reasonably designed to inform patients of such rights and responsibilities. Such rights and responsibilities of patients, a copy of which shall be given to patients on admission, shall be consistent with applicable federal law and regulations of the Centers for Medicare and Medicaid Services;

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

10. Shall require that each nursing home and certified nursing facility train all employees who are mandated to report adult abuse, neglect, or exploitation pursuant to § 63.2-1606 on such reporting procedures and the consequences for failing to make a required report;

11. Shall permit hospital personnel, as designated in medical staff bylaws, rules and regulations, or hospital policies and procedures, to accept emergency telephone and other verbal orders for medication or treatment for hospital patients from physicians, and other persons lawfully authorized by state statute to give patient orders, subject to a requirement that such verbal order be signed, within a reasonable period of time not to exceed 72 hours as specified in the hospital's medical staff bylaws, rules and

304 regulations or hospital policies and procedures, by the person giving the order, or, when such person is
305 not available within the period of time specified, co-signed by another physician or other person
306 authorized to give the order;

307 12. Shall require, unless the vaccination is medically contraindicated or the resident declines the offer
308 of the vaccination, that each certified nursing facility and nursing home provide or arrange for the
309 administration to its residents of (i) an annual vaccination against influenza and (ii) a pneumococcal
310 vaccination, in accordance with the most recent recommendations of the Advisory Committee on
311 Immunization Practices of the Centers for Disease Control and Prevention;

312 13. Shall require that each nursing home and certified nursing facility register with the Department of
313 State Police to receive notice of the registration or reregistration of any sex offender within the same or
314 a contiguous zip code area in which the home or facility is located, pursuant to § 9.1-914;

315 14. Shall require that each nursing home and certified nursing facility ascertain, prior to admission,
316 whether a potential patient is a registered sex offender, if the home or facility anticipates the potential
317 patient will have a length of stay greater than three days or in fact stays longer than three days;

318 15. Shall require that each licensed hospital include in its visitation policy a provision allowing each
319 adult patient to receive visits from any individual from whom the patient desires to receive visits,
320 subject to other restrictions contained in the visitation policy including, but not limited to, those related
321 to the patient's medical condition and the number of visitors permitted in the patient's room
322 simultaneously;

323 16. Shall require that each nursing home and certified nursing facility shall, upon the request of the
324 facility's family council, send notices and information about the family council mutually developed by
325 the family council and the administration of the nursing home or certified nursing facility, and provided
326 to the facility for such purpose, to the listed responsible party or a contact person of the resident's
327 choice up to six times per year. Such notices may be included together with a monthly billing statement
328 or other regular communication. Notices and information shall also be posted in a designated location
329 within the nursing home or certified nursing facility;

330 17. Shall require that each nursing home and certified nursing facility maintain liability insurance
331 coverage in a minimum amount of \$1 million, and professional liability coverage in an amount at least
332 equal to the recovery limit set forth in § 8.01-581.15, to compensate patients or individuals for injuries
333 and losses resulting from the negligent or criminal acts of the facility. Failure to maintain such
334 minimum insurance shall result in revocation of the facility's license;

335 18. Shall require each hospital that provides obstetrical services to establish policies to follow when a
336 stillbirth, as defined in § 32.1-69.1, occurs that meet the guidelines pertaining to counseling patients and
337 their families and other aspects of managing stillbirths as may be specified by the Board in its
338 regulations; and

339 19. Shall require each nursing home to provide a full refund of any unexpended patient funds on
340 deposit with the facility following the discharge or death of a patient, other than entrance-related fees
341 paid to a continuing care provider as defined in § 38.2-4900, within 30 days of a written request for
342 such funds by the discharged patient or, in the case of the death of a patient, the person administering
343 the person's estate in accordance with the Virginia Small Estates Act (§ 64.2-600 et seq.).

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

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

355 **§ 38.2-3451. Essential health benefits.**

356 A. Notwithstanding any provision of § 38.2-3431 or any other section of this title to the contrary, a
357 health carrier offering a health benefit plan providing individual or small group health insurance
358 coverage shall provide that such coverage includes the essential health benefits as required by § 1302(a)
359 of the PPACA. The essential health benefits package may also include associated cost-sharing
360 requirements or limitations. ~~No qualified health insurance plan that is sold or offered for sale through an~~
361 ~~exchange established or operating in the Commonwealth shall provide coverage for abortions, regardless~~
362 ~~of whether such coverage is provided through the plan or is offered as a separate optional rider thereto,~~
363 ~~provided that such limitation shall not apply to an abortion performed (i) when the life of the mother is~~
364 ~~endangered by a physical disorder, physical illness, or physical injury, including a life-endangering~~
365 ~~physical condition caused by or arising from the pregnancy itself, or (ii) when the pregnancy is the~~

366 result of an alleged act of rape or incest.

367 B. The provisions of subsection A regarding the inclusion of the PPACA-required minimum essential
368 pediatric oral health benefits shall be deemed to be satisfied for health benefit plans made available in
369 the small group market or individual market in the Commonwealth outside an exchange, as defined in
370 § 38.2-3455, issued for policy or plan years beginning on or after January 1, 2015, that do not include
371 the PPACA-required minimum essential pediatric oral health benefits if the health carrier has obtained
372 reasonable assurance that such pediatric oral health benefits are provided to the purchaser of the health
373 benefit plan. The health carrier shall be deemed to have obtained reasonable assurance that such
374 pediatric oral health benefits are provided to the purchaser of the health benefit plan if:

375 1. At least one qualified dental plan, as defined in § 38.2-3455, (i) offers the minimum essential
376 pediatric oral health benefits that are required under the PPACA and (ii) is available for purchase by the
377 small group or individual purchaser; and

378 2. The health carrier prominently discloses, in a form approved by the Commission, at the time that
379 it offers the health benefit plan that the plan does not provide the PPACA-required minimum essential
380 pediatric oral health benefits.