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## HOUSE BILL NO. 1347

Offered January 11, 2018

A BILL to amend § 32.1-127 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 2.2-213.6, by adding in Article 1 of Chapter 17 of Title 15.2 a section numbered 15.2-1723.1, by adding in Article 2.1 of Chapter 4 of Title 32.1 a section numbered 32.1-111.15:1, and by adding sections numbered 32.1-279.1 and 52-8.7, relating to reporting of controlled substance overdoses.

Patron—Webert

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 that the Code of Virginia is amended by adding a section numbered 2.2-213.6, by adding in Article 1 of Chapter 17 of Title 15.2 a section numbered 15.2-1723.1, by adding in Article 2.1 of Chapter 4 of Title 32.1 a section numbered 32.1-111.15:1, and by adding sections numbered 32.1-279.1 and 52-8.7 as follows:

**§ 2.2-213.6. Secretary to collect data regarding substance abuse.**

A. The Secretary shall establish a system to collect and analyze data and information about overdoses of controlled substances from the Office of the Chief Medical Examiner, every law-enforcement agency, emergency medical services agency and hospital, and every medical facility to which a person is transported in response to an emergency call for a suspected or actual overdose of a controlled substance in the Commonwealth. The Secretary shall designate a method for making such reports, which may include the Washington/Baltimore High Intensity Drug Trafficking Overdose Detection Mapping Application Program or other similar program. Data and information collected by the Secretary pursuant to this section shall be made available to public health, law-enforcement, and emergency medical service agencies and fire departments and companies in each county and city within 120 hours of receiving such information.

B. Data and information collected pursuant to this section shall include:

1. The date and time, if known, of the overdose;
2. The approximate address of the location at which the overdose occurred or to which law-enforcement or emergency medical services personnel responded regarding such overdose;
3. The sex and age, if known, of the person to whom treatment was provided;
4. The suspected controlled substance involved;
5. Whether an opioid antagonist was administered to the person to whom treatment was provided; and
6. Whether the overdose was fatal.

C. The Secretary shall report quarterly to the Governor regarding information received pursuant to this section. Such report shall be made available to every public health, law-enforcement, and emergency medical services agency in the Commonwealth. Information contained in such report shall be used to maximize the utilization of funding programs for emergency medical services agencies and for the dissemination of available federal, state, and private funds for local substance abuse services.

D. Any person who reports or receives information pursuant to this section in good faith shall not be subject to civil or criminal liability for making or receiving such report.

**§ 15.2-1723.1. Reporting of controlled substance overdoses.**

A. Every local law-enforcement agency shall report each case in which a local law-enforcement officer affiliated with the agency treats and releases or transports a person to a medical facility in response to an emergency call for a suspected or actual overdose of a controlled substance to the Secretary of Health and Human Resources in accordance with the provisions of § 2.2-213.6 within 120 hours of responding to such call.

B. A local law-enforcement officer who reports or receives information pursuant to this section in good faith shall not be subject to civil or criminal liability for making or receiving such report.

**§ 32.1-111.15:1. Reporting of controlled substance overdoses.**

A. Every emergency medical services agency shall report each case in which emergency medical services personnel affiliated with the agency treat and release or transport a person to a medical facility in response to an emergency call for a suspected or actual overdose of a controlled substance to the Secretary of Health and Human Resources in accordance with the provisions of § 2.2-213.6 within 120 hours of responding to such call.

B. Emergency medical services personnel who report or receive information pursuant to this section

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59 *in good faith shall not be subject to civil or criminal liability for making or receiving such report.*

60 **§ 32.1-127. Regulations.**

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

66 B. Such regulations:

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

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

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

82 4. Shall also require that each hospital establish a protocol for organ donation, in compliance with  
83 federal law and the regulations of the Centers for Medicare and Medicaid Services (CMS), particularly  
84 42 C.F.R. § 482.45. Each hospital shall have an agreement with an organ procurement organization  
85 designated in CMS regulations for routine contact, whereby the provider's designated organ procurement  
86 organization certified by CMS (i) is notified in a timely manner of all deaths or imminent deaths of  
87 patients in the hospital and (ii) is authorized to determine the suitability of the decedent or patient for  
88 organ donation and, in the absence of a similar arrangement with any eye bank or tissue bank in  
89 Virginia certified by the Eye Bank Association of America or the American Association of Tissue  
90 Banks, the suitability for tissue and eye donation. The hospital shall also have an agreement with at least  
91 one tissue bank and at least one eye bank to cooperate in the retrieval, processing, preservation, storage,  
92 and distribution of tissues and eyes to ensure that all usable tissues and eyes are obtained from potential  
93 donors and to avoid interference with organ procurement. The protocol shall ensure that the hospital  
94 collaborates with the designated organ procurement organization to inform the family of each potential  
95 donor of the option to donate organs, tissues, or eyes or to decline to donate. The individual making  
96 contact with the family shall have completed a course in the methodology for approaching potential  
97 donor families and requesting organ or tissue donation that (a) is offered or approved by the organ  
98 procurement organization and designed in conjunction with the tissue and eye bank community and (b)  
99 encourages discretion and sensitivity according to the specific circumstances, views, and beliefs of the  
100 relevant family. In addition, the hospital shall work cooperatively with the designated organ procurement  
101 organization in educating the staff responsible for contacting the organ procurement organization's  
102 personnel on donation issues, the proper review of death records to improve identification of potential  
103 donors, and the proper procedures for maintaining potential donors while necessary testing and  
104 placement of potential donated organs, tissues, and eyes takes place. This process shall be followed,  
105 without exception, unless the family of the relevant decedent or patient has expressed opposition to  
106 organ donation, the chief administrative officer of the hospital or his designee knows of such opposition,  
107 and no donor card or other relevant document, such as an advance directive, can be found;

108 5. Shall require that each hospital that provides obstetrical services establish a protocol for admission  
109 or transfer of any pregnant woman who presents herself while in labor;

110 6. Shall also require that each licensed hospital develop and implement a protocol requiring written  
111 discharge plans for identified, substance-abusing, postpartum women and their infants. The protocol shall  
112 require that the discharge plan be discussed with the patient and that appropriate referrals for the mother  
113 and the infant be made and documented. Appropriate referrals may include, but need not be limited to,  
114 treatment services, comprehensive early intervention services for infants and toddlers with disabilities  
115 and their families pursuant to Part H of the Individuals with Disabilities Education Act, 20 U.S.C.  
116 § 1471 et seq., and family-oriented prevention services. The discharge planning process shall involve, to  
117 the extent possible, the father of the infant and any members of the patient's extended family who may  
118 participate in the follow-up care for the mother and the infant. Immediately upon identification, pursuant  
119 to § 54.1-2403.1, of any substance-abusing, postpartum woman, the hospital shall notify, subject to  
120 federal law restrictions, the community services board of the jurisdiction in which the woman resides to

121 appoint a discharge plan manager. The community services board shall implement and manage the  
122 discharge plan;

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

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

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

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

137 11. Shall permit hospital personnel, as designated in medical staff bylaws, rules and regulations, or  
138 hospital policies and procedures, to accept emergency telephone and other verbal orders for medication  
139 or treatment for hospital patients from physicians, and other persons lawfully authorized by state statute  
140 to give patient orders, subject to a requirement that such verbal order be signed, within a reasonable  
141 period of time not to exceed 72 hours as specified in the hospital's medical staff bylaws, rules and  
142 regulations or hospital policies and procedures, by the person giving the order, or, when such person is  
143 not available within the period of time specified, co-signed by another physician or other person  
144 authorized to give the order;

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

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

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

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

161 16. Shall require that each nursing home and certified nursing facility shall, upon the request of the  
162 facility's family council, send notices and information about the family council mutually developed by  
163 the family council and the administration of the nursing home or certified nursing facility, and provided  
164 to the facility for such purpose, to the listed responsible party or a contact person of the resident's  
165 choice up to six times per year. Such notices may be included together with a monthly billing statement  
166 or other regular communication. Notices and information shall also be posted in a designated location  
167 within the nursing home or certified nursing facility. No family member of a resident or other resident  
168 representative shall be restricted from participating in meetings in the facility with the families or  
169 resident representatives of other residents in the facility;

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

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

179 19. Shall require each nursing home to provide a full refund of any unexpended patient funds on  
180 deposit with the facility following the discharge or death of a patient, other than entrance-related fees  
181 paid to a continuing care provider as defined in § 38.2-4900, within 30 days of a written request for

182 such funds by the discharged patient or, in the case of the death of a patient, the person administering  
183 the person's estate in accordance with the Virginia Small Estates Act (§ 64.2-600 et seq.); ~~and~~

184 20. Shall require that each hospital that provides inpatient psychiatric services establish a protocol  
185 that (i) requires, for any refusal to admit a medically stable patient referred to its psychiatric unit, direct  
186 verbal communication between the on-call physician in the psychiatric unit and the referring physician,  
187 if requested by such referring physician, and (ii) prohibits on-call physicians or other hospital staff from  
188 refusing a request for such direct verbal communication by a referring physician; *and*

189 21. *Shall require that each hospital report every case in which a patient is treated for an overdose*  
190 *of a controlled substance to the Secretary of Health and Human Resources in accordance with the*  
191 *provisions of § 2.2-213.6 within 120 hours.*

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

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

203 **§ 32.1-279.1. Reporting of controlled substance overdoses.**

204 *The Chief Medical Examiner shall report each case in which an investigation results in a finding*  
205 *that the cause of death of the deceased person was an overdose of a controlled substance to the*  
206 *Secretary of Health and Human Resources in accordance with the provisions of § 2.2-213.6 within 120*  
207 *hours of such finding.*

208 **§ 52-8.7. Reporting controlled substance overdoses.**

209 A. *The Department of State Police shall report each case in which state law-enforcement personnel*  
210 *treat and release or transport a person to a medical facility in response to an emergency call for a*  
211 *suspected or actual overdose of a controlled substance to the Secretary of Health and Human Resources*  
212 *in accordance with the provisions of § 2.2-213.6 within 120 hours of responding to such call.*

213 B. *State law-enforcement personnel who report or receive information pursuant to this section in*  
214 *good faith shall not be subject to civil or criminal liability for making or receiving such report.*