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1   **SENATE BILL NO. 915**

2   Offered January 19, 2018

3   *A BILL to amend the Code of Virginia by adding in Chapter 10 of Title 32.1 an article numbered 5,*

4   *consisting of a section numbered 32.1-331.18, relating to the Priority Needs Access Program.*

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                        Patron—Dunnavant

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7   Referred to Committee on Education and Health

8   ———————

9   **Be it enacted by the General Assembly of Virginia:**

10   **1. That the Code of Virginia is amended by adding in Chapter 10 of Title 32.1 an article**

11   **numbered 5, consisting of a section numbered 32.1-331.18, as follows:**

12   *Article 5.*

13   *Annual Hospital Assessment.*

14   *§ 32.1-331.18. Annual hospital assessment.*

15   *A. As used in this article:*

16   *"Net patient revenue" means the amount reported in the most recent Virginia Health Information*

17   *"Hospital Detail Report" as of December 15 of each year.*

18   *"Private acute care hospital" means any hospital other than a public hospital, freestanding*

19   *psychiatric or rehabilitation hospital, children's hospital, long-term acute care hospital, long-stay*

20   *hospital, or critical access hospital.*

21   *B. Every private acute care hospital in the Commonwealth shall be subject to an annual assessment*

22   *to be paid to the Department of Medical Assistance Services in an amount equal to .83 percent of net*

23   *patient revenue beginning on July 1, 2018, and 1.61 percent of net patient revenue beginning July 1,*

24   *2019. Payment of such assessment shall be made in four quarterly payments, with each quarterly*

25   *payment equaling 25 percent of the total amount of the annual assessment imposed. Quarterly payments*

26   *shall be made to the Department of Medical Assistance Services by the first day of the quarter for*

27   *which the payment is due. Any private acute care hospital that fails to pay a quarterly payment within*

28   *30 days of the date on which such payment is due shall be subject to a penalty equal to five percent of*

29   *the amount of the quarterly payment owed. Any unpaid quarterly payment shall be a debt due to the*

30   *Commonwealth and shall be subject to the Virginia Debt Collection Act (§ 2.2-4800 et seq.). All*

31   *amounts collected pursuant to this section shall be deposited in the Virginia Health Care Fund. The*

32   *Department of Medical Assistance Services shall account for funds collected pursuant to this section*

33   *separately from other funds in the Virginia Health Care Fund.*

34   *C. The Department of Medical Assistance Services shall report to the Director of the Department of*

35   *Planning and Budget and the Chairmen of the House Committee on Appropriations and Senate*

36   *Committee on Finance, by September 1 of each year, for the most recent fiscal year: (i) the total*

37   *amount of revenue collected pursuant to this section, (ii) expenditures made for the purposes of this*

38   *section, and (iii) the year-end assessment balance in the Virginia Health Care Fund.*

39   **2. That the Department of Medical Assistance Services (Department) shall amend the Medicaid**

40   **demonstration project (Project Number 11-W-00297/3) to (i) increase the income eligibility for**

41   **adults with serious mental illness from 100 to 138 percent of the federal poverty level; (ii) include**

42   **in the benefit package inpatient hospital and emergency room services; (iii) expand program**

43   **eligibility to individuals with a diagnosis of mental illness, substance use disorder, or a**

44   **life-threatening or complex chronic medical condition; and (iv) include the entire population of the**

45   **demonstration project in the Commonwealth Coordinated Care Plus managed care program. The**

46   **Department shall have authority to implement necessary changes upon federal approval and prior**

47   **to the completion of any regulatory process undertaken in order to effect such changes. Such**

48   **demonstration program shall be known as the Priority Needs Access Program.**

49   **3. That the provisions of the first enactment of this act shall not become effective until all**

50   **necessary approvals from the Centers for Medicare and Medicaid Services have been received.**

51   **4. That the first quarterly payment of the assessment imposed pursuant to this act shall be paid**

52   **by July 1, 2018, or the first day of the next quarter following the date on which this act becomes**

53   **effective.**