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HOUSE BILL NO. 2360

Offered January 21, 1999

A *BILL to amend and reenact §§ 32.1-325, 32.1-326.2, 54.1-2603, and 54.1-3606 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 22.1-274.02, relating to school division participation in medical assistance services.*

Patrons—Bloxom, Darner, Puller, Tata and Tate

Referred to Committee on Education

Be it enacted by the General Assembly of Virginia:

1. That §§ 32.1-325, 32.1-326.2, 54.1-2603, and 54.1-3606 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding a section numbered 22.1-274.02 as follows:

§ 22.1-274.02. Certain memorandum of agreement required.

A. The Superintendent of Public Instruction or his designee and the Director of the Department of Medical Assistance Services or his designee shall develop and execute a memorandum of agreement relating to community health centers and special education health services that are delivered by school divisions to public school students. This memorandum of agreement shall be revised on a periodic basis; however, the agreement shall, at a minimum, be revised and executed within six months of the inauguration of a new governor in order to maintain policy integrity.

B. The memorandum of agreement shall include, but need not be limited to, (i) requirements for regular and consistent communications and consultations between the two departments and with school division personnel and officials and school board representatives; (ii) a specific and concise description and history of the federal Individuals with Disabilities Education Act, a summary of school division responsibilities pursuant to the Individuals with Disabilities Education Act, and a summary of any corresponding state law which influences the scope of these responsibilities; (iii) a specific and concise summary of the then-current Department of Medical Assistance Services regulations regarding the community health centers and the special education health services programs; (iv) assignment of the specific responsibilities of the two state departments for the operation of the community health services and special education health services programs; (v) a schedule of issues to be resolved through the regular and consistent communications process, including, but not limited to, ways to ameliorate the impact of managed care on school division participation in medical assistance and mechanisms to integrate or coordinate managed care and other programs administered by the Department of Medical Assistance Services with the community health centers and special education health services programs; (vi) a process for the evaluation of the services which may be delivered by school divisions participating in Medicaid; and (vii) a plan and schedule to reduce the administrative and paperwork burden of Medicaid participation on school divisions in Virginia.

C. The Board of Education shall cooperate with the Board of Medical Assistance Services in developing a form to be included in the individualized education plan (IEP) that shall be accepted by the Department of Medical Assistance as the plan of care (POC) and in collecting the data necessary to establish separate and specific Medicaid rates for the IEP meetings and other services delivered by school divisions to students.

The Board shall also assist in all necessary ways in the development, by the Board of Medical Assistance Services, of mechanisms to reduce the burden on the school divisions of determining eligibility and obtaining physicians' orders and parental consent to services. Such mechanisms shall include, but need not be limited to, the insertion of a clause in the application forms for medical assistance services and any other programs administered by the Department of Medical Assistance Services providing for parental consent to release, in compliance with the federal Family Education Rights and Privacy Act (FERPA), 20 U.S.C. 1232g, any minor's record for the purpose of delivery and billing by community health centers and special education health services programs pursuant to the Medicaid program and other programs operated by the Department of Medical Assistance Services. The Department of Medical Assistance Services shall state, in writing, the effect of such clause. School divisions shall, in the implementation of such clause, disclose to the parents, specifically and clearly, this consent mechanism. Such consent shall be maintained by either the Department of Medical Assistance Services or the Department of Education in accordance with the then-current memorandum of agreement.

§ 32.1-325. Board to submit plan for medical assistance services to Secretary of Health and Human Services pursuant to federal law; administration of plan; contracts with health care providers.

INTRODUCED

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60 A. The Board, subject to the approval of the Governor, is authorized to prepare, amend from time to
61 time and submit to the Secretary of the United States Department of Health and Human Services a state
62 plan for medical assistance services pursuant to Title XIX of the United States Social Security Act and
63 any amendments thereto. The Board shall include in such plan:

64 1. A provision for payment of medical assistance on behalf of individuals, up to the age of
65 twenty-one, placed in foster homes or private institutions by private, nonprofit agencies licensed as
66 child-placing agencies by the Department of Social Services or placed through state and local subsidized
67 adoptions to the extent permitted under federal statute;

68 2. A provision for determining eligibility for benefits for medically needy individuals which
69 disregards from countable resources an amount not in excess of \$2,500 for the individual and an amount
70 not in excess of \$2,500 for his spouse when such resources have been set aside to meet the burial
71 expenses of the individual or his spouse. The amount disregarded shall be reduced by (i) the face value
72 of life insurance on the life of an individual owned by the individual or his spouse if the cash surrender
73 value of such policies has been excluded from countable resources and (ii) the amount of any other
74 revocable or irrevocable trust, contract, or other arrangement specifically designated for the purpose of
75 meeting the individual's or his spouse's burial expenses;

76 3. A requirement that, in determining eligibility, a home shall be disregarded. For those medically
77 needy persons whose eligibility for medical assistance is required by federal law to be dependent on the
78 budget methodology for Aid to Families with Dependent Children, a home means the house and lot used
79 as the principal residence and all contiguous property. For all other persons, a home shall mean the
80 house and lot used as the principal residence, as well as all contiguous property, as long as the value of
81 the land, exclusive of the lot occupied by the house, does not exceed \$5,000. In any case in which the
82 definition of home as provided here is more restrictive than that provided in the state plan for medical
83 assistance in Virginia as it was in effect on January 1, 1972, then a home means the house and lot used
84 as the principal residence and all contiguous property essential to the operation of the home regardless
85 of value;

86 4. A provision for payment of medical assistance on behalf of individuals up to the age of
87 twenty-one, who are Medicaid eligible, for medically necessary stays in acute care facilities in excess of
88 twenty-one days per admission;

89 5. A provision for deducting from an institutionalized recipient's income an amount for the
90 maintenance of the individual's spouse at home;

91 6. A provision for payment of medical assistance on behalf of pregnant women which provides for
92 payment for inpatient postpartum treatment in accordance with the medical criteria, outlined in the most
93 current version of or an official update to the "Guidelines for Perinatal Care" prepared by the American
94 Academy of Pediatrics and the American College of Obstetricians and Gynecologists or the "Standards
95 for Obstetric-Gynecologic Services" prepared by the American College of Obstetricians and
96 Gynecologists. Payment shall be made for any postpartum home visit or visits for the mothers and the
97 children which are within the time periods recommended by the attending physicians in accordance with
98 and as indicated by such Guidelines or Standards. For the purposes of this subdivision, such Guidelines
99 or Standards shall include any changes thereto within six months of the publication of such Guidelines
100 or Standards or any official amendment thereto;

101 7. A provision for payment of medical assistance for high-dose chemotherapy and bone marrow
102 transplants on behalf of individuals over the age of twenty-one who have been diagnosed with
103 lymphoma or breast cancer and have been determined by the treating health care provider to have a
104 performance status sufficient to proceed with such high-dose chemotherapy and bone marrow transplant.
105 Appeals of these cases shall be handled in accordance with the Department's expedited appeals process;

106 8. A provision identifying entities approved by the Board to receive applications and to determine
107 eligibility for medical assistance;

108 9. A provision for breast reconstructive surgery following the medically necessary removal of a
109 breast for any medical reason. Breast reductions shall be covered, if prior authorization has been
110 obtained, for all medically necessary indications. Such procedures shall be considered noncosmetic;

111 10. A provision for payment of medical assistance for annual pap smears;

112 11. A provision for payment of medical assistance services for prostheses following the medically
113 necessary complete or partial removal of a breast for any medical reason;

114 12. A provision for payment of medical assistance which provides for payment for forty-eight hours
115 of inpatient treatment for a patient following a radical or modified radical mastectomy and twenty-four
116 hours of inpatient care following a total mastectomy or a partial mastectomy with lymph node dissection
117 for treatment of disease or trauma of the breast. Nothing in this subdivision shall be construed as
118 requiring the provision of inpatient coverage where the attending physician in consultation with the
119 patient determines that a shorter period of hospital stay is appropriate;

120 13. A requirement that certificates of medical necessity for durable medical equipment and any
121 supporting verifiable documentation shall be signed, dated, and returned by the physician and in the

122 durable medical equipment provider's possession within sixty days from the time the ordered durable
123 medical equipment and supplies are first furnished by the durable medical equipment provider;

124 14. A provision for payment of medical assistance to (i) persons age fifty and over and (ii) persons
125 age forty and over who are at high risk for prostate cancer, according to the most recent published
126 guidelines of the American Cancer Society, for one PSA test in a twelve-month period and digital rectal
127 examinations, all in accordance with American Cancer Society guidelines. For the purpose of this
128 subdivision, "PSA testing" means the analysis of a blood sample to determine the level of prostate
129 specific antigen; and

130 15. A provision for payment of medical assistance for low-dose screening mammograms for
131 determining the presence of occult breast cancer. Such coverage shall make available one screening
132 mammogram to persons age thirty-five through thirty-nine, one such mammogram biennially to persons
133 age forty through forty-nine, and one such mammogram annually to persons age fifty and over. The
134 term "mammogram" means an X-ray examination of the breast using equipment dedicated specifically
135 for mammography, including but not limited to the X-ray tube, filter, compression device, screens, film
136 and cassettes, with an average radiation exposure of less than one rad mid-breast, two views of each
137 breast.

138 16. *A provision for payment of medical assistance services delivered to students with disabilities who*
139 *are eligible for both medical assistance and special education when such services are provided by*
140 *school divisions pursuant to the special education health services programs or when such services are*
141 *delivered to students eligible for medical assistance pursuant to a community health services program*
142 *operated by a school division; such provision shall establish a school division participating in Medicaid*
143 *through the community health centers and special education health services programs as a separate and*
144 *stand-alone category of provider, with appropriate rates and professional credentials for providing*
145 *medical assistance services within school divisions solely to students.*

146 In preparing the plan, the Board shall work cooperatively with the State Board of Health to ensure
147 that quality patient care is provided and that the health, safety, security, rights and welfare of patients
148 are ensured. The Board shall also initiate such cost containment or other measures as are set forth in the
149 appropriations act. The Board may make, adopt, promulgate and enforce such regulations as may be
150 necessary to carry out the provisions of this chapter.

151 Before the Board acts on a regulation to be published in the Virginia Register of Regulations
152 pursuant to § 9-6.14:7.1, the Board shall examine the potential fiscal impact of such regulation on local
153 boards of social services. For regulations with potential fiscal impact, the Board shall share copies of the
154 fiscal impact analysis with local boards of social services prior to submission to the Registrar. The fiscal
155 impact analysis shall include the projected costs/savings to the local boards of social services to
156 implement or comply with such regulation and, where applicable, sources of potential funds to
157 implement or comply with such regulation.

158 The Board's regulations shall incorporate sanctions and remedies for certified nursing facilities
159 established by state law, in accordance with 42 C.F.R. § 488.400 et seq. "Enforcement of Compliance
160 for Long-Term Care Facilities With Deficiencies."

161 In order to enable the Commonwealth to continue to receive federal grants or reimbursement for
162 medical assistance or related services, the Board, subject to the approval of the Governor, may adopt,
163 regardless of any other provision of this chapter, such amendments to the state plan for medical
164 assistance services as may be necessary to conform such plan with amendments to the United States
165 Social Security Act or other relevant federal law and their implementing regulations or constructions of
166 these laws and regulations by courts of competent jurisdiction or the United States Secretary of Health
167 and Human Services.

168 In the event conforming amendments to the state plan for medical assistance services are adopted, the
169 Board shall not be required to comply with the requirements of Article 2 (§ 9-6.14:7.1 et seq.) of
170 Chapter 1.1:1 of Title 9. However, the Board shall, pursuant to the requirements of § 9-6.14:4.1, (i)
171 notify the Registrar of Regulations that such amendment is necessary to meet the requirements of federal
172 law or regulations or because of the order of any state or federal court, or (ii) certify to the Governor
173 that the regulations are necessitated by an emergency situation. Any such amendments which are in
174 conflict with the Code of Virginia shall only remain in effect until July 1 following adjournment of the
175 next regular session of the General Assembly unless enacted into law.

176 B. The Director of Medical Assistance Services is authorized to administer such state plan and to
177 receive and expend federal funds therefor in accordance with applicable federal and state laws and
178 regulations; and to enter into all contracts necessary or incidental to the performance of the Department's
179 duties and the execution of its powers as provided by law.

180 C. The Director of Medical Assistance Services is authorized to enter into agreements and contracts
181 with medical care facilities, physicians, dentists and other health care providers where necessary to carry
182 out the provisions of such state plan. Any such agreement or contract shall terminate upon conviction of

183 the provider of a felony. In the event such conviction is reversed upon appeal, the provider may apply
184 to the Director of Medical Assistance Services for a new agreement or contract. Such provider may also
185 apply to the Director for reconsideration of the agreement or contract termination if the conviction is not
186 appealed, or if it is not reversed upon appeal.

187 The Director may refuse to enter into or renew an agreement or contract with any provider which
188 has been convicted of a felony. In addition, the Director may refuse to enter into or renew an agreement
189 or contract with a provider who is or has been a principal in a professional or other corporation when
190 such corporation has been convicted of a felony.

191 In any case in which a Medicaid agreement or contract is denied to a provider on the basis of his
192 interest in a convicted professional or other corporation, the Director shall, upon request, conduct a
193 hearing in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) regarding the provider's
194 participation in the conduct resulting in the conviction.

195 The Director's decision upon reconsideration shall be consistent with federal and state laws. The
196 Director may consider the nature and extent of any adverse impact the agreement or contract denial or
197 termination may have on the medical care provided to Virginia Medicaid recipients.

198 When the services provided for by such plan are services which a clinical psychologist or a clinical
199 social worker or licensed professional counselor or clinical nurse specialist is licensed to render in
200 Virginia, the Director shall contract with any duly licensed clinical psychologist or licensed clinical
201 social worker or licensed professional counselor or licensed clinical nurse specialist who makes
202 application to be a provider of such services, and thereafter shall pay for covered services as provided in
203 the state plan. The Board shall promulgate regulations which reimburse licensed clinical psychologists,
204 licensed clinical social workers, licensed professional counselors and licensed clinical nurse specialists at
205 rates based upon reasonable criteria, including the professional credentials required for licensure.

206 D. The Board shall prepare and submit to the Secretary of the United States Department of Health
207 and Human Services such amendments to the state plan for medical assistance as may be permitted by
208 federal law to establish a program of family assistance whereby children over the age of eighteen years
209 shall make reasonable contributions, as determined by regulations of the Board, toward the cost of
210 providing medical assistance under the plan to their parents.

211 E. The Department shall include in its provider networks and all of its health maintenance
212 organization contracts a provision for the payment of medical assistance on behalf of individuals up to
213 the age of twenty-one who have special needs and who are Medicaid eligible, including individuals who
214 have been victims of child abuse and neglect, for medically necessary assessment and treatment services,
215 when such services are delivered by a provider which specializes solely in the diagnosis and treatment
216 of child abuse and neglect, or a provider with comparable expertise, as determined by the Director.

217 F. The Director is authorized to negotiate and enter into agreements for services rendered to eligible
218 recipients with special needs. The Board shall promulgate regulations regarding these special needs
219 patients, to include persons with AIDS, ventilator-dependent patients, and other recipients with special
220 needs as defined by the Board.

221 Except as provided in subsection I of § 11-45, the provisions of the Virginia Public Procurement Act
222 (§ 11-35 et seq.) shall not apply to the activities of the Director authorized by this subsection.
223 Agreements made pursuant to this subsection shall comply with federal law and regulation.

224 § 32.1-326.2. Community health centers; special education health services for children with
225 disabilities; memorandum of agreement between the Department of Education and the Department of
226 Medical Assistance Services.

227 A. The Department of Medical Assistance Services, in cooperation with the Department of Education,
228 shall, consistent with the biennium budget cycle, examine and ~~may~~ revise *the regulations relating to the*
229 *funding and components of the pilot school/community health centers and special education health*
230 *services programs.*

231 Any revisions shall be designed to maximize access to health care for poor children, and to improve
232 the funding by making use of every possible, cost-effective means, Medicaid reimbursement or *other*
233 *program administered by the Department of Medical Assistance, including, but not limited to, the State*
234 *Children's Health Insurance Plan pursuant to Title XXI of the United States Social Security Act, as*
235 *approved by the federal Health Care Financing Administration at the time.* Any revisions shall be based
236 *on the flexibility allowed to the states in the provision of services, focused on prevention avoidance of*
237 *large costs for acute or medical care and increasing children's access to health care, and may* shall
238 include, but *need* not be limited to:

239 1. Funding sources and means of distribution for the state match which will clearly demonstrate that
240 local governments are not funding the state match for ~~these~~ *the community health centers or special*
241 *education health services operated by school divisions.*

242 2. The benefits and ~~drawbacks~~ of allowing school divisions to provide services to disabled students
243 as Medicaid providers.

244 3. The appropriate credentials of the providers of care in the ~~school~~ *community health centers and*

special education health services programs; e.g., including licensure by the Board of Education and compliance with federal requirements or, when the relevant professional is not licensed by the Board of Education, the licensure required to practice such profession by a the appropriate health regulatory board within the Department of Health Professions.

4. Utilization of a form which can be incorporated into the individualized education plan, and, when signed by a physician or other appropriate practitioner, be accepted as the plan of care authorizing services.

5. Delivery of medically necessary services, such as ~~rehabilitation~~, outreach administrative services, speech therapy, physical therapy, occupational therapy, and psychiatric and psychological evaluations and therapy, including such services when delivered by school psychologists licensed by the Board of Education; transportation; and skilled nursing services, such as case management or care coordination, health assessments, screening activities, nursing appraisals, nursing assessments, medication assessment, medication monitoring, medication administration, immunizations, student health instruction, and emergency care.

6. Payment for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, with proper medical oversight, in consultation with the students' primary care physicians.

7. The role of the Medallion and, Medallion II, Options or other managed care programs in regard to the school health centers and flexibility for school divisions regarding any required referrals.

In revising the community health centers and special education health services for students with disabilities programs, the Department shall take due consideration of the important role of school divisions in conducting outreach for its various programs.

Any funds necessary to support revisions to the school/community health center projects or special education health services programs shall be included in the budget estimates for the departments, as appropriate.

B. The Director of the Department of Medical Assistance Services or his designee and the Superintendent of Public Instruction or his designee shall develop and execute a memorandum of agreement relating to special education health services for children with disabilities. This memorandum of agreement shall be revised on a periodic basis; however, the agreement shall, at a minimum, be revised and executed within six months of the inauguration of a new governor in order to maintain policy integrity.

C. The agreement shall include, but need not be limited to, (i) requirements for regular and consistent communications and consultations between the two departments and with school division personnel and officials and school board representatives; (ii) a specific and concise description and history of the federal Individuals with Disabilities Education Act, a summary of school division responsibilities pursuant to the Individuals with Disabilities Education Act, and a summary of any corresponding state law which influences the scope of these responsibilities; (iii) a specific and concise summary of the then-current Department of Medical Assistance Services regulations regarding the community health centers and the special education health services programs; (iv) assignment of specific responsibilities of the two departments for the operation of the community health services and special education health services programs; (v) a schedule of issues to be resolved through the regular and consistent communications process, including, but not limited to, ways to ameliorate the impact of managed care on school division participation in medical assistance and mechanisms to integrate or coordinate managed care and other programs administered by the Department of Medical Assistance Services with the community health centers and special education health services; (vi) a process for the evaluation of the services which may be delivered by school division participating in Medicaid; and (vii) a plan and schedule to reduce the administrative and paperwork burden of Medicaid participation on school divisions in Virginia.

D. The Board shall develop, with the cooperation of the Board of Education, mechanisms to reduce the burden on the school divisions of determining eligibility and obtaining physicians' orders and parental consent to services; such mechanisms shall include a clause which shall be inserted in the application forms for medical assistance services and any other programs administered by the Department of Medical Assistance Services providing for parental consent to release, in compliance with the federal Family Education Rights and Privacy Act (FERPA), 20 U.S.C. 1232g, any minor's record for the purpose of delivery and billing by community health centers and special education health services programs pursuant to the Medicaid program. The Department of Medical Assistance Services shall state, in writing, the effect of such clause. School divisions shall, in the implementation of such clause, disclose to the parents, specifically and clearly, this consent mechanism. Such consent shall be maintained by either the Department of Medical Assistance Services or the Department of Education in accordance with the then-current memorandum of agreement.

E. The Board of Medical Assistance Services shall also (i) include, in its regulations which provide for reimbursement of mental health services, e.g., 12 VAC 30-80-30, a requirement that mental health

306 services shall include community mental health services, services of a licensed clinical psychologist,
307 services of a licensed school psychologist, and mental health services provided by a physician as well as
308 licensed clinical social workers and licensed professional counselors; however, this provision shall not
309 authorize any school psychologist licensed by the Board of Education or deemed to be licensed for
310 purposes of medical assistance services by the Board of Psychology to practice outside the school
311 setting unless such school psychologist is also licensed through the usual process utilized by the Board
312 of Psychology within the Department of Health Professions; (ii) revise the limitations on services
313 established pursuant to 12 VAC 30-50-200, any other relevant regulations, and Virginia's plan for
314 medical assistance services, for physical therapy, occupational therapy, and speech, hearing, and
315 language disorders when rendered to children who are eligible for special education services by school
316 divisions when the Individualized Education Plan (IEP) establishes the need for services beyond the
317 limitations in effect on January 1, 1999; (iii) cooperate with the Board of Education in developing a
318 form to be included in the IEP that shall be accepted by the Department of Medical Assistance as the
319 plan of care when signed by a professional nurse, nurse practitioner or physician; (iv) cooperate with
320 the Board of Education in collecting the data necessary to establish separate and specific rates for the
321 IEP services delivered by school divisions to students with disabilities who are eligible for special
322 education; (v) analyze the data necessary for such rates and establish new rates for reimbursement of
323 IEP meetings based on such data; (vi) evaluate the policy relating to implementation of the IEP and
324 reimbursement for the meeting(s) to establish the IEP to ameliorate the impact of delays between Spring
325 meetings and Fall school openings and, therefore, implementation of IEPs; and (vii) implement a
326 separate and distinct provider category for school divisions delivering services to children with
327 disabilities who are eligible for special education or delivering services to children eligible for medical
328 assistance through community health centers by revising its regulations and the Virginia state plan for
329 medical assistance services and submitting such revised plan to the Health Care Financing
330 Administration.

331 E. Services delivered by school divisions as participating providers in the Medicaid program or any
332 other program operated by the Department of Medical Assistance Services shall not include any family
333 planning, pregnancy or abortion services.

334 § 54.1-2603. License required.

335 In order to practice audiology or speech pathology, it shall be necessary to hold a valid license.

336 Notwithstanding the provisions of subdivision 2 of § 54.1-2601 or any Board regulation, the Board of
337 Audiology and Speech-Language Pathology shall license, as school speech-language pathologists,
338 persons licensed as speech-language pathologists by the Board of Education. The Board of Audiology
339 and Speech-Language Pathology shall issue licenses to such speech-language pathologists, upon
340 presentation of a valid license from the Board of Education. The Board's regulations shall provide for
341 licensure of school speech-language pathologists using the same credentials and criteria for such
342 licensure promulgated by the Board of Education.

343 Persons holding such dual licenses shall practice solely in public school divisions; holding a license
344 as a school speech-language pathologist pursuant to this section shall not authorize such persons to
345 practice outside the school setting or in any setting other than the public schools of the Commonwealth,
346 unless such individuals are licensed by the Board of Audiology and Speech Pathology to offer to the
347 public the services defined in § 54.1-2600.

348 The Board shall issue persons holding dual licenses from the Board of Education and from the
349 Board of Audiology and Speech Pathology a license which notes the limitations on practice set forth in
350 this section.

351 § 54.1-3606. License required. In order to engage in the practice of applied psychology, school
352 psychology, or clinical psychology, it shall be necessary to hold a license.

353 Notwithstanding the provisions of subdivision 4 of § 54.1-3601 or any Board regulation, the Board of
354 shall license, as school psychologists, persons licensed as school psychologists by the Board of
355 Education. The Board of Psychology shall issue licenses to such school psychologists, upon presentation
356 of a valid license from the Board of Education. The Board's regulations shall provide for licensure of
357 school psychologists, using the same credentials and criteria for such licensure promulgated by the
358 Board of Education.

359 Persons holding such dual licenses shall practice solely in public school divisions; holding a license
360 as a school psychologist pursuant to this section shall not authorize such persons to practice outside the
361 school setting or in any setting other than the public schools of the Commonwealth, unless such
362 individuals are licensed by the Board of Psychology to offer to the public the services defined in
363 § 54.1-3600.

364 The Board shall issue persons holding dual licenses from the Board of Education and from the
365 Board of Psychology a license which notes the limitations on practice set forth in this section.

366 2. That the Boards of Education and Medical Assistance Services shall promulgate all necessary
367 regulations to implement the provisions of this act within 280 days of its enactment.

368 3. That the Departments of Education and Medical Assistance Services shall report on or before
369 December 1 of each year to the chairmen of the Senate Committees on Education and Health and
370 Finance, and the House Committees on Education, Health, Welfare and Institutions, Finance, and
371 Appropriations on the status of the community health services and special education health
372 services programs and any issues which may arise. Such report may be delivered in writing or
373 orally, upon the agreement of the relevant chairmen.

INTRODUCED

HB2360