SB1214S

## SENATE BILL NO. 1214

## AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the Governor on April 7, 1999)

(Patron Prior to Substitute—Senator Martin)

A BILL to amend and reenact § 32.1-17 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 32.1-19.1, relating to duties and qualifications of the Commissioner.

Be it enacted by the General Assembly of Virginia:

1. That the § 32.1-17 of the Code of Virginia is amended and reenacted and the Code of Virginia is amended by adding a section numbered 32.1-19.1 as follows:

§ 32.1-17. Appointment of Commissioner; qualifications; term.

A. There shall be a State Health Commissioner appointed by the Governor, subject to confirmation by each house of the General Assembly. The Commissioner shall be a physician licensed to practice medicine in this Commonwealth and shall be certified by one of the following boards: the American Board of Preventive Medicine, experienced the American Board of Pediatrics, the American Board of Internal Medicine, the American Board of Family Medicine, the American Board of Obstetrics and Gynecology or a recognized board in a primary care specialty as approved by the American Board of Medical Specialties. The Commissioner shall also have substantial experience in public health duties, sanitary science and environmental health, and be otherwise qualified to execute the duties incumbent upon him by law.

B. The Commissioner shall be appointed for a term coincident with that of the Governor and shall serve at the pleasure of the Governor.

§ 32.1-19.1. Reporting of telemedicine initiatives.

The Commissioner shall annually report to the Governor and the General Assembly on the status of telemedicine initiatives by agencies of the Commonwealth. For the purposes of this section, telemedicine shall mean the use of telecommunications technology to deliver health care services and health professions education to sites that are distant from the host site or educator.

The report shall be issued by October 1 of each year and shall include, but not be limited to, (i) a summary of telemedicine initiatives by agencies of the Commonwealth; (ii) an analysis of the cost-effectiveness and medical efficacy of health services provided using telemedicine; (iii) recommendations regarding any improvements needed in current telemedicine initiatives; and (iv) identification of additional opportunities for use of telemedicine to improve access to quality health care and to health professions education for citizens of the Commonwealth.