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## SENATE BILL NO. 750

AMENDMENT IN THE NATURE OF A SUBSTITUTE  
(Proposed by the Senate Committee on Education and Health  
on January 31, 2013)

(Patron Prior to Substitute—Senator Stanley)

*A BILL to amend and reenact §§ 32.1-127, 63.2-1805, and 63.2-1808 of the Code of Virginia, relating to nursing homes, certified nursing facilities, and assisted living facilities; liability insurance coverage minimum requirements.*

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

**1. That §§ 32.1-127, 63.2-1805, and 63.2-1808 of the Code of Virginia are amended and reenacted as follows:**

**§ 32.1-127. Regulations.**

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

B. Such regulations:

1. Shall include minimum standards for (i) the construction and maintenance of hospitals, nursing homes and certified nursing facilities to assure the environmental protection and the life safety of its patients, employees, and the public; (ii) the operation, staffing and equipping of hospitals, nursing homes and certified nursing facilities; (iii) qualifications and training of staff of hospitals, nursing homes and certified nursing facilities, except those professionals licensed or certified by the Department of Health Professions; (iv) conditions under which a hospital or nursing home may provide medical and nursing services to patients in their places of residence; and (v) policies related to infection prevention, disaster preparedness, and facility security of hospitals, nursing homes, and certified nursing facilities. For purposes of this paragraph, facilities in which ~~5~~ five or more first trimester abortions per month are performed shall be classified as a category of "hospital";

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

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 & 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;

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

62 6. Shall also require that each licensed hospital develop and implement a protocol requiring written  
63 discharge plans for identified, substance-abusing, postpartum women and their infants. The protocol shall  
64 require that the discharge plan be discussed with the patient and that appropriate referrals for the mother  
65 and the infant be made and documented. Appropriate referrals may include, but need not be limited to,  
66 treatment services, comprehensive early intervention services for infants and toddlers with disabilities  
67 and their families pursuant to Part H of the Individuals with Disabilities Education Act, 20 U.S.C.  
68 § 1471 et seq., and family-oriented prevention services. The discharge planning process shall involve, to  
69 the extent possible, the father of the infant and any members of the patient's extended family who may  
70 participate in the follow-up care for the mother and the infant. Immediately upon identification, pursuant  
71 to § 54.1-2403.1, of any substance-abusing, postpartum woman, the hospital shall notify, subject to  
72 federal law restrictions, the community services board of the jurisdiction in which the woman resides to  
73 appoint a discharge plan manager. The community services board shall implement and manage the  
74 discharge plan;

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

77 8. Shall require that each licensed hospital establish a protocol relating to the rights and  
78 responsibilities of patients which shall include a process reasonably designed to inform patients of such  
79 rights and responsibilities. Such rights and responsibilities of patients, a copy of which shall be given to  
80 patients on admission, shall be based on Joint Commission on Accreditation of Healthcare Organizations'  
81 standards;

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

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

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

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

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

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

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

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

120 17. Shall require that each nursing home and certified nursing facility maintain liability insurance  
121 coverage in a minimum amount of \$1 million, and professional liability coverage in an amount at least

equal to the recovery limit set forth in § 8.01-581.15, to compensate patients or individuals for injuries and losses resulting from the negligent or criminal acts of the facility. Failure to maintain such minimum insurance shall result in revocation of the facility's license.

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

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

**§ 63.2-1805. Admissions and discharge; mandatory minimum liability insurance.**

A. The Board shall adopt regulations:

1. Governing admissions to assisted living facilities;

2. Requiring that each assisted living facility prepare and provide a statement, in a format prescribed by the Department, to any prospective resident and his legal representative, if any, prior to admission and upon request, that discloses information, fully and accurately in plain language, about the (i) services; (ii) fees, including clear information about what services are included in the base fee and any fees for additional services; (iii) admission, transfer, and discharge criteria, including criteria for transfer to another level of care within the same facility or complex; (iv) general number and qualifications of staff on each shift; (v) range, frequency, and number of activities provided for residents; and (vi) ownership structure of the facility;

3. Establishing a process to ensure that each resident admitted or retained in an assisted living facility receives appropriate services and periodic independent reassessments and reassessments when there is a significant change in the resident's condition in order to determine whether a resident's needs can continue to be met by the facility and whether continued placement in the facility is in the best interests of the resident;

4. Governing appropriate discharge planning for residents whose care needs can no longer be met by the facility;

5. Addressing the involuntary discharge of residents;

6. Requiring that residents are informed of their rights pursuant to § 63.2-1808 at the time of admission;

7. Establishing a process to ensure that any resident temporarily detained in a facility pursuant to §§ 37.2-809 through 37.2-813 is accepted back in the assisted living facility if the resident is not involuntarily admitted pursuant to §§ 37.2-814 through 37.2-819; and

8. Requiring that each assisted living 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;

9. Requiring that each assisted living facility prepare and provide a statement, in a format prescribed by the Board, to any resident or prospective resident and his legal representative, if any, prior to admission and upon request, that discloses whether the assisted living facility maintains liability insurance in force to compensate residents or other individuals for injuries and losses from the negligent acts of the facility, provided that no facility shall state that liability insurance is in place unless such insurance provides a minimum amount of coverage as established by the Board; and

10. Establishing the minimum amount of liability insurance coverage to be maintained by an assisted living facility for purposes of disclosure in accordance with subdivision 9.

B. If there are observed behaviors or patterns of behavior indicative of mental illness, intellectual disability, substance abuse, or behavioral disorders, as documented in the uniform assessment instrument completed pursuant to § 63.2-1804, the facility administrator or designated staff member shall ensure that an evaluation of the individual is or has been conducted by a qualified professional as defined in regulations. If the evaluation indicates a need for mental health, developmental, substance abuse, or behavioral disorder services, the facility shall provide (i) a notification of the resident's need for such services to the authorized contact person of record when available and (ii) a notification of the resident's need for such services to the community services board or behavioral health authority established pursuant to Title 37.2 that serves the city or county in which the facility is located, or other appropriate licensed provider. The Department shall not take adverse action against a facility that has demonstrated and documented a continual good faith effort to meet the requirements of this subsection.

C. The Department shall not order the removal of a resident from an assisted living facility if (i) the

183 resident, the resident's family, the resident's physician, and the facility consent to the resident's continued  
184 stay in the assisted living facility and (ii) the facility is capable of providing, obtaining, or arranging for  
185 the provision of necessary services for the resident, including, but not limited to, home health care  
186 and/or hospice care.

187 D. Notwithstanding the provisions of subsection C, assisted living facilities shall not admit or retain  
188 an individual with any of the following conditions or care needs:

189 1. Ventilator dependency.

190 2. Dermal ulcers III and IV, except those stage III ulcers that are determined by an independent  
191 physician to be healing.

192 3. Intravenous therapy or injections directly into the vein except for intermittent intravenous therapy  
193 managed by a health care professional licensed in Virginia or as permitted in subsection E.

194 4. Airborne infectious disease in a communicable state that requires isolation of the individual or  
195 requires special precautions by the caretaker to prevent transmission of the disease, including diseases  
196 such as tuberculosis and excluding infections such as the common cold.

197 5. Psychotropic medications without appropriate diagnosis and treatment plans.

198 6. Nasogastric tubes.

199 7. Gastric tubes except when the individual is capable of independently feeding himself and caring  
200 for the tube or as permitted in subsection E.

201 8. An imminent physical threat or danger to self or others is presented by the individual.

202 9. Continuous licensed nursing care (seven-days-a-week, 24-hours-a-day) is required by the  
203 individual.

204 10. Placement is no longer appropriate as certified by the individual's physician.

205 11. Maximum physical assistance is required by the individual as documented by the uniform  
206 assessment instrument and the individual meets Medicaid nursing facility level-of-care criteria as defined  
207 in the State Plan for Medical Assistance, unless the individual's independent physician determines  
208 otherwise. Maximum physical assistance means that an individual has a rating of total dependence in  
209 four or more of the seven activities of daily living as documented on the uniform assessment instrument.

210 12. The assisted living facility determines that it cannot meet the individual's physical or mental  
211 health care needs.

212 13. Other medical and functional care needs that the Board determines cannot be met properly in an  
213 assisted living facility.

214 E. Except for auxiliary grant recipients, at the request of the resident in an assisted living facility and  
215 when his independent physician determines that it is appropriate, (i) care for the conditions or care needs  
216 defined in subdivisions D 3 and D 7 may be provided to the resident by a licensed physician, a licensed  
217 nurse or a nurse holding a multistate licensure privilege under a physician's treatment plan, or a home  
218 care organization licensed in Virginia or (ii) care for the conditions or care needs defined in subdivision  
219 D 7 may also be provided to the resident by facility staff if the care is delivered in accordance with the  
220 regulations of the Board of Nursing for delegation by a registered nurse Part VIII (18 VAC 90-20-420 et  
221 seq.) of 18 VAC 90-20.

222 The Board shall adopt regulations to implement the provisions of this subsection.

223 F. In adopting regulations pursuant to subsections A, B, C, D, and E the Board shall consult with the  
224 Departments of Health and Behavioral Health and Developmental Services.

225 **§ 63.2-1808. Rights and responsibilities of residents of assisted living facilities; certification of**  
226 **licensure.**

227 A. Any resident of an assisted living facility has the rights and responsibilities enumerated in this  
228 section. The operator or administrator of an assisted living facility shall establish written policies and  
229 procedures to ensure that, at the minimum, each person who becomes a resident of the assisted living  
230 facility:

231 1. Is fully informed, prior to or at the time of admission and during the resident's stay, of his rights  
232 and of all rules and expectations governing the resident's conduct, responsibilities, and the terms of the  
233 admission agreement; evidence of this shall be the resident's written acknowledgment of having been so  
234 informed, which shall be filed in his record;

235 2. Is fully informed, prior to or at the time of admission and during the resident's stay, of services  
236 available in the facility and of any related charges; this shall be reflected by the resident's signature on a  
237 current resident's agreement retained in the resident's file;

238 3. Unless a committee or conservator has been appointed, is free to manage his personal finances and  
239 funds regardless of source; is entitled to access to personal account statements reflecting financial  
240 transactions made on his behalf by the facility; and is given at least a quarterly accounting of financial  
241 transactions made on his behalf when a written delegation of responsibility to manage his financial  
242 affairs is made to the facility for any period of time in conformance with state law;

243 4. Is afforded confidential treatment of his personal affairs and records and may approve or refuse  
244 their release to any individual outside the facility except as otherwise provided in law and except in case

of his transfer to another care-giving facility;

5. Is transferred or discharged only when provided with a statement of reasons, or for nonpayment for his stay, and is given reasonable advance notice; upon notice of discharge or upon giving reasonable advance notice of his desire to move, shall be afforded reasonable assistance to ensure an orderly transfer or discharge; such actions shall be documented in his record;

6. In the event a medical condition should arise while he is residing in the facility, is afforded the opportunity to participate in the planning of his program of care and medical treatment at the facility and the right to refuse treatment;

7. Is not required to perform services for the facility except as voluntarily contracted pursuant to a voluntary agreement for services that states the terms of consideration or remuneration and is documented in writing and retained in his record;

8. Is free to select health care services from reasonably available resources;

9. Is free to refuse to participate in human subject experimentation or to be party to research in which his identity may be ascertained;

10. Is free from mental, emotional, physical, sexual, and economic abuse or exploitation; is free from forced isolation, threats or other degrading or demeaning acts against him; and his known needs are not neglected or ignored by personnel of the facility;

11. Is treated with courtesy, respect, and consideration as a person of worth, sensitivity, and dignity;

12. Is encouraged, and informed of appropriate means as necessary, throughout the period of stay to exercise his rights as a resident and as a citizen; to this end, he is free to voice grievances and recommend changes in policies and services, free of coercion, discrimination, threats or reprisal;

13. Is permitted to retain and use his personal clothing and possessions as space permits unless to do so would infringe upon rights of other residents;

14. Is encouraged to function at his highest mental, emotional, physical and social potential;

15. Is free of physical or mechanical restraint except in the following situations and with appropriate safeguards:

a. As necessary for the facility to respond to unmanageable behavior in an emergency situation, which threatens the immediate safety of the resident or others;

b. As medically necessary, as authorized in writing by a physician, to provide physical support to a weakened resident;

16. Is free of prescription drugs except where medically necessary, specifically prescribed, and supervised by the attending physician, physician assistant, or nurse practitioner;

17. Is accorded respect for ordinary privacy in every aspect of daily living, including but not limited to the following:

a. In the care of his personal needs except as assistance may be needed;

b. In any medical examination or health-related consultations the resident may have at the facility;

c. In communications, in writing or by telephone;

d. During visitations with other persons;

e. In the resident's room or portion thereof; residents shall be permitted to have guests or other residents in their rooms unless to do so would infringe upon the rights of other residents; staff may not enter a resident's room without making their presence known except in an emergency or in accordance with safety oversight requirements included in regulations of the Board;

f. In visits with his spouse; if both are residents of the facility they are permitted but not required to share a room unless otherwise provided in the residents' agreements;

18. Is permitted to meet with and participate in activities of social, religious, and community groups at his discretion unless medically contraindicated as documented by his physician, physician assistant, or nurse practitioner in his medical record; ~~and~~

19. Is fully informed, as evidenced by the written acknowledgment of the resident or his legal representative, prior to or at the time of admission and during his stay, that he should exercise whatever due diligence he deems necessary with respect to information on any sex offenders registered pursuant to Chapter 9 (§ 9.1-900 et. seq.) of Title 9.1, including how to obtain such information. Upon request, the assisted living facility shall assist the resident, prospective resident, or the legal representative of the resident or prospective resident in accessing this information and provide the resident, prospective resident, or the legal representative of the resident or prospective resident with printed copies of the requested information; *and*

20. *Is informed, in writing, prior to admission, and upon request, of whether the assisted living facility maintains the minimum liability coverage, as established by the Board pursuant to subdivision A 10 of § 63.2-1805.*

B. If the resident is unable to fully understand and exercise the rights and responsibilities contained in this section, the facility shall require that a responsible individual, of the resident's choice when possible, designated in writing in the resident's record, be made aware of each item in this section and

306 the decisions that affect the resident or relate to specific items in this section; a resident shall be  
307 assumed capable of understanding and exercising these rights unless a physician determines otherwise  
308 and documents the reasons for such determination in the resident's record.

309 C. The rights and responsibilities of residents shall be printed in at least 12-point type and posted  
310 conspicuously in a public place in all assisted living facilities. The facility shall also post the name and  
311 telephone number of the regional licensing supervisor of the Department, the Adult Protective Services'  
312 toll-free telephone number, as well as the toll-free telephone number for the Virginia Long-Term Care  
313 Ombudsman Program, any sub-state ombudsman program serving the area, and the toll-free number of  
314 the Virginia Office for Protection and Advocacy.

315 D. The facility shall make its policies and procedures for implementing this section available and  
316 accessible to residents, relatives, agencies, and the general public.

317 E. The provisions of this section shall not be construed to restrict or abridge any right that any  
318 resident has under law.

319 F. Each facility shall provide appropriate staff training to implement each resident's rights included in  
320 this section.

321 G. The Board shall adopt regulations as necessary to carry out the full intent of this section.

322 H. It shall be the responsibility of the Commissioner to ensure that the provisions of this section are  
323 observed and implemented by assisted living facilities as a condition to the issuance, renewal, or  
324 continuation of the license required by this article.