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**Title 10. Finance and Financial Institutions**

10 VAC 5-40-40 Added 20:14 VA.R. 1713 3/1/04

**Title 12. Health**

12 VAC 30-40-235 Added 20:19 VA.R. 2060 8/1/04
12 VAC 30-50-140 Amended 20:19 VA.R. 2062 7/1/04
12 VAC 30-50-150 Amended 20:19 VA.R. 2063 7/1/04
12 VAC 30-50-180 Amended 20:19 VA.R. 2064 7/1/04
12 VAC 30-50-210 Added 20:19 VA.R. 2075 5/11/04-1/3/05
12 VAC 30-60-40 Amended 20:19 VA.R. 2067 7/1/04
12 VAC 30-60-320 Amended 20:19 VA.R. 2067 7/1/04
12 VAC 30-70-271 Amended 20:19 VA.R. 2068 7/1/04
12 VAC 30-80-20 Amended 20:19 VA.R. 2068 7/1/04
12 VAC 30-80-30 Amended 20:19 VA.R. 2064 7/1/04
12 VAC 30-80-200 Amended 20:19 VA.R. 2071 7/1/04
12 VAC 30-90-264 Amended 20:19 VA.R. 2067 7/1/04
12 VAC 30-90-271 Amended 20:19 VA.R. 2067 7/1/04
12 VAC 30-130-620 Amended 20:19 VA.R. 2061 8/1/04
12 VAC 30-130-1000 Added 20:19 VA.R. 2077 5/11/04-1/3/05
12 VAC 30-141-500 Added 20:17 VA.R. 1974 6/1/04-5/31/05

**Title 14. Insurance**

14 VAC 5-90-60 Error 20:17 VA.R. 1984 3/24/04
14 VAC 5-90-70 Error 20:17 VA.R. 1984 3/24/04
14 VAC 5-90-130 Error 20:17 VA.R. 1984 3/24/04
14 VAC 5-90-170 Error 20:17 VA.R. 1984 3/24/04
14 VAC 5-321-10 through 14 VAC 5-321-60 Added 20:16 VA.R. 1906-1909 7/1/04

**Title 16. Labor and Employment**

16 VAC 25-85-1910.139 Repealed 20:19 VA.R. 2071 7/1/04
16 VAC 25-90-1910.401 Amended 20:19 VA.R. 2073 7/1/04

**Title 18. Professional and Occupational Licensing**

18 VAC 41-40-10 through 18 VAC 41-40-260 Added 20:19 VA.R. 2074 7/1/04
18 VAC 62-20-10 through 18 VAC 62-20-180 Added 20:12 VA.R. 1515-1518 2/2/04-2/1/05
18 VAC 85-20-22 Amended 20:20 VA.R. 2165 7/1/04
18 VAC 85-20 (Forms) Amended 20:20 VA.R. 2165 7/1/04
18 VAC 90-20-30 Amended 20:20 VA.R. 2166 7/1/04
18 VAC 110-20-720 Amended 20:18 VA.R. 2021 7/1/04
18 VAC 120-10-100 Error 20:13 VA.R. 1644 7/1/04
18 VAC 145-30-10 through 18 VAC 145-30-160 Added 20:20 VA.R. 2167-2170 7/1/04
18 VAC 145-30 (Forms) Amended 20:20 VA.R. 2170 7/1/04
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NOTICES OF INTENDED REGULATORY ACTION

Symbol Key
† Indicates entries since last publication of the Virginia Register

TITLE 12. HEALTH

STATE BOARD OF HEALTH

† Notice of Intended Regulatory Action
Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Board of Health intends to consider promulgating regulations entitled 12 VAC 5-125, Regulations for Bedding and Upholstered Furniture Inspection Program. The purpose of the proposed action is to carry out the provisions of Chapter 1003 of the 2003 Acts of Assembly (HB 2810) by implementing policies and procedures for the inspection of bedding and upholstered furniture.

The agency does not intend to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: § 32.1-12 of the Code of Virginia and Article 7 (§ 32.1-212 et seq.) of Chapter 6 of Title 32.1 of the Code of Virginia.

Public comments may be submitted until July 28, 2004.

Contact: Richard Niedermayer, Administrator, Office of Epidemiology, Department of Health, 1500 E. Main St., Richmond, VA 23219, telephone (804) 786-6029, FAX (804) 786-1076 or e-mail richard.niedermayer@vdh.virginia.gov.

VA.R. Doc. No. R04-166; Filed June 1, 2004, 2:08 p.m.

TITLE 13. HOUSING

BOARD OF HOUSING AND COMMUNITY DEVELOPMENT

† Notice of Intended Regulatory Action
Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Housing and Community Development intends to consider amending regulations entitled 13 VAC 5-21, Virginia Certification Standards. The purpose of the proposed action is to update the regulation to correlate with the department's building and fire regulations, which are being updated to reference the latest editions of nationally recognized codes and standards. Since the national codes are so comprehensive in their scope, the agency will accept comment on all provisions of the regulation to ensure its compatibility with the national codes.

The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: § 36-137 of the Code of Virginia.

Public comments may be submitted until July 28, 2004.

Contact: Steve Calhoun, Regulatory Coordinator, Department of Housing and Community Development, 501 N. 2nd St., Richmond, VA 23219, telephone (804) 371-7015, FAX (804) 371-7090 or e-mail steve.calhoun@dhcd.virginia.gov.


† Notice of Intended Regulatory Action
Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Housing and Community Development intends to consider amending regulations entitled 13 VAC 5-31, Virginia Amusement Device Regulations. The purpose of the proposed action is to update the regulation to incorporate the latest editions of nationally recognized amusement device standards. Since the national standards are so comprehensive in their scope, the agency will accept comment on all provisions of the regulation to ensure its compatibility with the national standards.
The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: § 36-98.3 of the Code of Virginia.
Public comments may be submitted until July 28, 2004.
Contact: Steve Calhoun, Regulatory Coordinator, Department of Housing and Community Development, 501 N. 2nd St., Richmond, VA 23219, telephone (804) 371-7015, FAX (804) 371-7090 or e-mail steve.calhoun@dhcd.virginia.gov.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Housing and Community Development intends to consider amending regulations entitled 13 VAC 5-51, Virginia Statewide Fire Prevention Code. The purpose of the proposed action is to update the regulation to incorporate the latest edition of the nationally recognized model fire code. Since the national standards are so comprehensive in their scope, the agency will accept comment on all provisions of the regulation to ensure its compatibility with the model code.

The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Public comments may be submitted until July 28, 2004.
Contact: Steve Calhoun, Regulatory Coordinator, Department of Housing and Community Development, 501 N. 2nd St., Richmond, VA 23219, telephone (804) 371-7015, FAX (804) 371-7090 or e-mail steve.calhoun@dhcd.virginia.gov.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Housing and Community Development intends to consider amending regulations entitled 13 VAC 5-62, Virginia Statewide Building Code, and promulgating regulations entitled 13 VAC 5-63, Virginia Uniform Statewide Building Code. The purpose of the proposed action is to update the regulation by repealing 13 VAC 5-62, Virginia Statewide Building Code and promulgating 13 VAC 5-63, Virginia Uniform Statewide Building Code to incorporate the latest editions of nationally recognized model building codes and standards produced by the International Code Council (ICC). As the ICC has now produced a rehabilitation code, it is necessary to reformat the existing regulation (13 VAC 5-62) extensively to incorporate the new rehabilitation code format. Therefore, the existing regulation is being repealed and the reformatted regulation is a newly promulgated regulation. However, the only purpose of the proposed action is to incorporate the latest editions of the ICC codes.

The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: § 36-98 of the Code of Virginia.
Public comments may be submitted until July 28, 2004.
Contact: Steve Calhoun, Regulatory Coordinator, Department of Housing and Community Development, 501 N. 2nd St., Richmond, VA 23219, telephone (804) 371-7015, FAX (804) 371-7090 or e-mail steve.calhoun@dhcd.virginia.gov.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Housing and Community Development intends to consider promulgating regulations entitled 13 VAC 5-91, Virginia Industrialized Building Safety Regulations. The purpose of the proposed action is to update the regulation to incorporate the latest editions of nationally recognized model building codes and standards. Since the national standards are so comprehensive in their scope, the agency will accept comment on all provisions of the regulation to ensure its compatibility with the latest model codes.

The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.

Statutory Authority: § 36-73 of the Code of Virginia.
Public comments may be submitted until July 28, 2004.
Contact: Steve Calhoun, Regulatory Coordinator, Department of Housing and Community Development, 501 N. 2nd St., Richmond, VA 23219, telephone (804) 371-7015, FAX (804) 371-7090 or e-mail steve.calhoun@dhcd.virginia.gov.

† Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Commonwealth Transportation Board intends to consider promulgating regulations entitled 24 VAC 30-121, Roadside Management Program Regulations. The purpose of the proposed action is to comply with the provisions of Chapter 679 of the 2004 Acts of Assembly (§ 33.1-223.2:9 of the Code of Virginia, effective July 1, 2004). The proposed regulation establishes a comprehensive roadside management program. This program will include, but not be limited to, opportunities for participation by individuals, communities, and local governments and shall address items to include safety, landscape materials, services, funding, recognition, and appropriate signing. During the development of the regulation, VDOT may also address new program initiatives, as well as current programs.
or items not currently addressed in law, such as program participation by businesses, civic groups, or others.

Following the conclusion of the NOIRA stage, VDOT plans to promulgate this regulation by using the fast-track rulemaking process pursuant to § 2.2-4012.1 of the Administrative Process Act. Using this method, a proposed regulation may become effective about 75 days after its publication in the Virginia Register, unless objected to by 10 or more persons, or any member of the applicable standing committee of either house of the General Assembly or of the Joint Commission on Administrative Rules. If objected to, VDOT intends to proceed with this rulemaking under the normal APA (Article 2) promulgation process.

Although not required by the fast-track process, VDOT will hold a public hearing on Monday, July 26, 2004, in the Old Highway Building auditorium at 1221 East Broad Street in Richmond from 1 p.m. to 4 p.m. to collect additional comment prior to completing the proposed regulation. VDOT will also collect input from stakeholders (including an advisory committee comprised of individuals knowledgeable about tourism, landscaping, as well as local government issues) during the preparation of the regulation and will evaluate any issues raised prior to adoption of the final regulation. These issues could be related to the technical points listed above, or other unanticipated issues could arise during the promulgation process.

The agency intends to hold a public hearing on the proposed regulation after publication in the Virginia Register.


Public comments may be submitted until July 28, 2004.

Contact: James R. Barrett, Program Administrator Specialist, Department of Transportation, Asset Management Division, 1401 E. Broad St., 19th Floor, Richmond, VA 23219, telephone (804) 371-6801, FAX (804) 786-7987 or e-mail James.Barrett@VirginiaDOT.org.
PROPOSED REGULATIONS

For information concerning Proposed Regulations, see Information Page.

Symbol Key
Roman type indicates existing text of regulations. Italic type indicates proposed new text.
Language which has been stricken indicates proposed text for deletion.

TITLe 12. HEALTH

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Title of Regulation: 12 VAC 30-120. Waivered Services:


Public Hearing Date: N/A -- Public comments may be submitted until August 27, 2004.

(See Calendar of Events section for additional information)

Agency Contact: Alissa Nashwinter, Health Care Services Division, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 225-4714, FAX (804) 786-1680 or e-mail alissa.nashwinter@dmas.virginia.gov.

Basis: Section 32.1-325 of the Code of Virginia grants to the Board of Medical Assistance Services the authority to administer the Plan for Medical Assistance. Section 32.1-324 of the Code of Virginia authorizes the Director of the Department of Medical Assistance Services (DMAS) to administer and amend the Plan for Medical Assistance according to the board’s requirements. The Medicaid authority was established by § 1902(a) of the Social Security Act, 42 USC § 1396a, which provides the governing authority for DMAS to administer the state’s Medicaid program.

Purpose: This regulatory action is expected to have a positive impact on the health, safety and welfare of Virginia citizens. The changes set forth in this proposed regulation enhance the ability of Medallion enrollees to make health care choices, specifically with regard to enrollment and disenrollment. These changes also provide medical service enhancements for MEDALLION clients by lowering the maximum number of patients each PCP can serve, and by creating greater sanctions for PCPs that provide substandard service or infringe on enrollee rights.

Substance:

MEDALLION clients (12 VAC 30-120-280) - 42 CFR 438.56 specifies “for cause” reasons why enrollees can change their PCP. These new criteria are reflected in 12 VAC 30-120-280 F regarding good cause for disenrollment. Reasons that qualify as “for cause” for a PCP change will now include lack of access to providers, moving out of the service area, and lack of coverage for the services sought by the enrollee. Additionally, these regulations provide that enrollees may now change their PCP without cause at any time during the 90 days following their initial enrollment. In addition, several enrollee groups were added to the exclusion list in 12 VAC 30-120-280 to reflect those groups listed in the MEDALLION waiver.

Providers of service (12 VAC 30-120-290) - DMAS amended the list of PCPs that may provide MEDALLION services to include Federally Qualified Health Centers (FQHC).

Services exempted from MEDALLION referral requirements (12 VAC 30-120-310) - Amendments to this section add seven medical services to the list of services that are exempted from MEDALLION referral requirements. These services are school health services provided pursuant to IDEA, treatment of sexually transmitted diseases, targeted case management services, transportation services, pharmacy services, substance abuse treatment for pregnant women, mental health/mental retardation community rehabilitation services, dental services and family planning.

PCP payments (12 VAC 30-120-320) - To be consistent with MEDALLION waiver requirements, this amendment lowers the maximum number of MEDALLION clients a PCP can serve from 2,000 to 1,500. It also adds a service limit of 10,000 enrolled recipients for certain local health department clinics, federally qualified health centers, rural health centers and other DMAS-approved clinics.

PCP sanctions (12 VAC 30-120-350) - Changes to this subsection add the infractions for which a PCP may be sanctioned and add certain civil money penalties that may be imposed.

Issues: No disadvantages to the public or Commonwealth have been identified in connection with this regulation. The agency projects no negative issues involved in implementing this regulatory change.

Department of Planning and Budget's Economic Impact Analysis: The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 2.2-4007 H of the Administrative Process Act and Executive Order Number 21 (02). Section 2.2-4007 H requires that such economic impact analyses include, but need not be limited to, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB’s best estimate of these economic impacts.

Summary of the Proposed Regulation: Substantive proposed changes add sanctions for violation, breach, or nonperformance of provider terms and addendum, pursuant to Item 325 R of the 2003 Appropriation Act, to conform to the federal law changes contained in the 1997 Balanced Budget Act. The proposed changes also reduce the maximum...
number of clients a primary care physician may serve from 2,000 to 1,500 and establish that clinics may not serve more than 10,000 recipients. The remaining changes are clarifications of the rules that are already in effect.

Estimated Economic Impact. These regulations contain rules for the Medallion managed care program. Under this program, a primary care physician coordinates or provides services according to the needs of the recipient. Currently, about 81,000 Medicaid recipients receive services from approximately 1,600 primary care physicians under these rules. The total Medicaid reimbursement to primary care providers under the Medallion program was approximately $2.4 million in management fees and $38.5 million for services provided to recipients in fiscal year 2003.

Several proposed changes are related to the amendments to the federal Balanced Budget Act of 1997, which required states to incorporate into their Medicaid regulations a number of new provisions. While states did not have any discretion with respect to many of these changes, a few allowed states some flexibility. Mandated changes with no state discretion have been incorporated in these regulations through an exempt regulatory action. This action incorporates several additional changes with respect to primary care physician penalties for noncompliance for which the Commonwealth has discretion to implement sanctions. The 2003 Appropriation Act, Item 325 R, provided authority to DMAS to adopt emergency regulations. Emergency regulations have been in effect since December 2003.

The proposed changes will establish several sanctions for violation of contract terms as explained in the table below.

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<td>Failure to provide medically necessary services,</td>
<td>Up to $25,000 for each determination</td>
</tr>
<tr>
<td>misrepresentations or false statements, marketing violations</td>
<td></td>
</tr>
<tr>
<td>Discrimination or misrepresentation, or false statements to the</td>
<td>Up to $100,000 for each determination</td>
</tr>
<tr>
<td>Commonwealth</td>
<td></td>
</tr>
<tr>
<td>Discriminatory practice preventing enrollment</td>
<td>Up to $15,000 for each recipient, not to exceed $100,000 overall limit</td>
</tr>
<tr>
<td>Imposing unauthorized cost-sharing measures</td>
<td>A maximum of $25,000 or double the amount of excess charges, whichever</td>
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<td></td>
<td>is greater</td>
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The proposed sanctions will provide DMAS an interim mechanism to pursue the violations listed in the table. Currently, such violations are addressed through the Department of Health Professionals licensing rules, or through the Attorney General’s Office, but no intermediate direct mechanism exists for DMAS to pursue violations. The proposed sanctions are expected to discourage violations, strengthen compliance, and consequently improve the quality of services and the welfare of recipients. However, there is no available data on the number of cases where a sanction may be imposed for a violation.

The proposed changes also reduce the maximum number of clients a primary care physician may serve from 2,000 to 1,500 and establish that federally qualified health centers, rural health centers, and certain health departments may not serve more than 10,000 recipients. According to DMAS, none of the primary care physicians or clinics is likely to serve more clients than the proposed levels. Thus, the changes with respect to client limits are not expected to create any significant economic effects.

The remaining changes are clarifications of the current rules. A number of these changes clarify which individuals are excluded from participating in the Medallion program. The excluded individuals include: (i) individuals in an intermediate care facility for the mentally retarded, or in a long-stay hospital; (ii) individuals participating in home and community-based federal waiver programs, individuals enrolled in the Family Planning Waiver, or enrolled in the Family Access to Medical Insurance Security Plan; (iii) individuals enrolled in Client Medical Management; (iv) individuals enrolled in residential treatment or treatment foster care; (v) individuals whose eligibility period is retroactive only; and (vi) individuals who receive hospice services. Some other clarifications include (a) that federally qualified health centers, rural health centers and certain local health departments may provide primary care physician services; and (b) that school health services, treatment of sexually transmitted diseases, targeted case management, transportation, pharmacy, substance abuse treatment for pregnant women, and mental health/mental retardation community rehabilitation services are exempt from referral requirements. All of the changes under this category are clarifications of the current rules and are not expected to result in any significant economic effects other than reducing communication costs that may otherwise be incurred to resolve confusions that may be caused by the current language.

Businesses and entities affected. Currently, about 1,600 primary care physicians are providing services to approximately 81,000 Medicaid recipients.

Localities particularly affected. The proposed regulations apply throughout the Commonwealth.

Projected impact on employment. If found in violation, primary care physicians under the Medallion program may now face monetary penalties. Such cases could result in closure of a physician office and cause layoffs.

Effects on the use and value of private property. If a monetary penalty is imposed on a noncompliant primary care physician, a reduction in profits and consequently a reduction in the value of his business would be expected.

Agency’s Response to the Department of Planning and Budget's Economic Impact Analysis:

The Department of Medical Assistance Services has reviewed the economic impact analysis prepared by the Department of Planning and Budget regarding the regulations concerning 12 VAC 30-120, Waivered Services (MEDALLION). The agency raises no issues with this analysis.

Summary:

Volume 20, Issue 21 Monday, June 28, 2004

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The proposed amendments (i) add several enrollee groups to the list of individuals excluded from participation or continued enrollment in MEDALLION; (ii) add federally qualified health centers, rural health clinics and certain local health departments to the list of MEDALLION providers that may serve as primary care providers; (iii) expand the list of medical services exempted from MEDALLION referral requirements; (iv) reduce the maximum number of MEDALLION clients that an individual primary care provider can serve from 2,000 to 1,500 and provide that no more than 10,000 MEDALLION clients may be served by clinics enrolled as Medicaid providers; and (v) expand the list of infractions for which a primary care provider may be sanctioned and add certain civil monetary penalties that may be imposed.


The following words and terms, when used in this part, shall have the following meaning unless the context clearly indicates otherwise:

"ABD" means aged, blind and disabled recipients of public assistance programs as defined by the Virginia Department of Social Services.

"Action" means a termination, suspension, or reduction of Medicaid eligibility or covered services, including the type or level of service; the reduction, suspension, or termination of a previously authorized service; or the denial, in whole or in part, of payment for a service.

"AFDC" means Aid to Families with Dependent Children, which is a public assistance program administered by the Department of Social Services providing financial assistance to needy citizens; this program was replaced by the Temporary Assistance to Needy Families (TANF) program. Medicaid utilizes AFDC rules in determining Medicaid eligibility for families and children.

"AFDC related" means those recipients eligible for assistance as an extension of the AFDC program, such as pregnant women and indigent children under specific ages. It shall not include foster care or spend-down medically needy clients.

"Ancillary services" means those services accorded to a client that are intended to support the diagnosis and treatment of that client. These services include, but are not necessarily limited to, laboratory, pharmacy, radiology, physical therapy, and occupational therapy.

"Appeal" means a request for review of an action; all enrollee appeals are subject to the regulations set forth in 12 VAC 30-110.

"Area of residence" means the recipient's address in the Medicaid eligibility file.

"Care Coordination" means the function performed by the MEDALLION primary care provider in controlling and managing assigned clients through appropriate levels of medical care.

"Client" or "clients," "recipient," "enrollee," or "participant" means an individual or individuals having current Medicaid eligibility who shall be authorized to participate as a member or members of MEDALLION.

"Comparison group" means the group of Medicaid recipients whose utilization and costs will be compared against similar groups of MEDALLION clients.

"Covered services" means Medicaid services as defined in the State Plan for Medical Assistance.

"Covering provider" means a provider designated by the primary care provider to render health care services in the temporary absence of the primary provider.

"DMAS" means the Department of Medical Assistance Services.

"Eligible person" means any person eligible for Virginia Medicaid in accordance with the State Plan for Medical Assistance under Title XIX of the Social Security Act.

"Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

"Emergency services" means covered inpatient and outpatient services that are furnished by a provider that is qualified to furnish these services under this title and (ii) needed to evaluate or stabilize an emergency medical condition.

"Enrollee" is a Medicaid recipient who is currently enrolled with a PCP in a given managed care program.

"Enrollment broker" means an independent contractor that enrolls recipients in MEDALLION and is responsible for the coordination and documentation of a toll-free recipient service helpline. The responsibilities of the enrollment broker shall include, but not be limited to, recipient education, recipient enrollment, and tracking and resolving recipient complaints, and may include recipient marketing and outreach.

"EPSDT" means the Early and Periodic Screening, Diagnosis, and Treatment program.

"Exclusion from MEDALLION" means not permitting a Medicaid recipient to initially enroll in MEDALLION or removing an enrollee from the MEDALLION program on a temporary or permanent basis.

"External Quality Review Organization (EQRO)" is an organization that meets the competence and independence requirements set forth in 42 CFR 438.354 and performs external quality reviews, other EQR-related activities as set forth 42 CFR 438.358, or both.
"Foster care" is a program in which a child receives either foster care assistance under Title IV-E of the Social Security Act or state and local foster care assistance.

"Gatekeeper" means the function performed by the MEDALLION primary care provider in controlling and managing assigned clients through appropriate levels of medical care.

"General practitioner" means a licensed physician who provides routine medical treatment, diagnosis, and advice to maintain a client's health and welfare.

"Grievance" is an expression of dissatisfaction about any matter other than an action, as "action" is defined in this section. The term is also used to refer to the overall system that includes grievances and appeals and access to the state fair hearing process. Examples of subjects for grievances include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships, such as rudeness of a provider or employee, or the failure to respect the enrollee's rights.

"Health care professional" means a provider who has appropriate clinical training in treating an enrollee's condition or disease, and as further defined in 42 CFR 438.2.

"Post-stabilization care services" means covered services related to an emergency medical condition that are provided after an enrollee is stabilized in order to maintain the stabilized condition or to improve or resolve the enrollee's condition.

"Potential enrollee" means a Medicaid recipient who is subject to mandatory enrollment or may voluntarily elect to enroll in a given managed care program, but is not yet assigned to a specific primary care provider.

"Primary care case management" or "PCCM" means a system under which a primary care case manager contracts with the Commonwealth to furnish case management services (which include the location, coordination, and monitoring of primary health care services) to those Medicaid recipients assigned to him.

"Primary care provider" or "PCP" means that MEDALLION provider responsible for the coordination of all medical care provided to a MEDALLION client and shall be recognized by DMAS as a Medicaid provider.

"School health services" means those physical therapy, occupational therapy, speech therapy, nursing, school health assistant, psychiatric and psychological services rendered to children who qualify for these services under the federal Individuals with Disabilities Education Act (20 USC § 1471 et seq.) by (i) employees of the school divisions or (ii) providers that subcontract with school divisions, as described in 12 VAC 30-50-229.1.

"Site" means, for purposes of this part, the geographical areas that best represent the health care delivery systems in the Commonwealth. In certain areas (sites), there may be two or more identifiable health care delivery systems.

"Specialty" or "specialist services" means those services, treatments, or diagnostic tests intended to provide the patient with a higher level of medical care or a more definitive level of diagnosis than that routinely provided by the primary care provider.

"Spend-down" means the process of reducing countable income by deducting incurred medical expenses for medically needy individuals, as determined in the State Plan for Medical Assistance.

"State" means the Commonwealth of Virginia.

"TANF" means Temporary Assistance to Needy Families and is a public assistance program administered by the Department of Social Services providing financial assistance to needy citizens.

12 VAC 30-120-280. MEDALLION clients.

A. DMAS shall determine enrollment in MEDALLION. Enrollment in MEDALLION is not a guarantee of continuing eligibility for services and benefits under the Virginia Medical Assistance Services Program. Clients of MEDALLION shall be individuals receiving Medicaid as ABD, AFDC or AFDC-related categorically needy and medically needy (except those becoming eligible through spend-down) and except for foster care children, whether or not receiving cash assistance grants.

B. Exclusions.

1. The following individuals shall be excluded from participating in MEDALLION, or excluded from continued enrollment if any of the following apply:

   a. Individuals who are inpatients in state mental hospitals and skilled nursing facilities, or reside in an Intermediate Care Facility for the Mentally Retarded (ICF/MR) or a long-stay hospital;

   b. Individuals who are receiving personal care services enrolled in § 1915c home and community-based waivers, the family planning waiver, or the Family Access to Medical Insurance Security Plan (FAMIS);

   c. Individuals who are participating in foster care or subsidized adoption programs, who are members of spend-down cases, or who are refugees or who receive client medical management services;

   d. Individuals receiving Medicare;

   e. Individuals who are enrolled in DMAS-authorized residential treatment or treatment foster care programs; and

   f. Individuals whose coverage is retroactive only.

2. A client may be excluded from participating in MEDALLION if any of the following apply:

   a. Client is not accepted to the caseload of any participating PCP.

   b. Client whose enrollment in the caseload of assigned PCP has been terminated and other PCPs have declined to enroll the client.

   c. Individual receives hospice services in accordance with DMAS criteria.
C. Client enrollment process.

1. All ABD, AFDC or AFDC-related recipients excepting those meeting one of the exclusions of subsection B of this section shall be enrolled in MEDALLION.

2. Newly eligible individuals shall not participate in MEDALLION until completion of the Medicaid enrollment process. This shall include initial enrollment in the Medicaid program at the time of eligibility determination by Department of Social Services staff, or any subsequent reenrollment in the Medicaid program that may occur.

3. Clients shall receive an interim Medicaid card from DMAS, and shall be provided authorized medical care in accordance with current procedures after eligibility requirements are met. During the preassignment period and registration as MEDALLION clients, recipients shall be provided Medicaid-covered services via the fee-for-service delivery mechanism administered by DMAS.

4. Once clients are fully registered as MEDALLION clients, they will receive MEDALLION identification material in addition to the Medicaid card.

D. PCP selection. Clients shall be given the opportunity to select the PCP of their choice.

1. Clients shall notify DMAS of their PCP selection within 30 days of receiving their MEDALLION enrollment notification letter. If notification is not received by DMAS within that timeframe, DMAS shall select a PCP for the client.

2. The selected PCP shall be a MEDALLION enrolled provider.

3. The PCP will provide 24-hour, seven day/week access, which shall include as a minimum a 24-hour, seven day/week telephone number to be provided on each client's MEDALLION identifier.

4. DMAS shall review client requests in choosing a specific PCP for appropriateness and to ensure client accessibility to all required medical services.

5. Individuals who lose then regain eligibility for MEDALLION within 60 days will be reassigned to their previous PCP without going through the preassignment and selection process.

E. Mandatory assignment of PCP. Assignments shall be made for those clients not selecting a PCP as described in subsection D of this section. The selection process shall be as follows:

1. Clients shall be assigned to MEDALLION providers on a random basis. Age, gender, and any special medical needs shall be considered in assigning a provider with an appropriate specialty. Any prior patient-provider relationships shall be maintained if appropriate. Families will be grouped and assigned to the same provider when possible. The MEDALLION program enrolls clients with a primary care provider (PCP) who acts as a health care manager, provides primary and preventive care, and authorizes most specialty services. The client is required to select a PCP from a list of available PCPs in his service area. If the client does not select a PCP, the client defaults to the department's pre-assignment option. Clients can access any program provider for specialty services if they obtain the necessary authorization from their PCP.

2. Each site having two or more separately identifiable provider groups shall be divided into separate regions for client assignment. Clients shall initially be assigned to a PCP according to the region in which they reside. Should insufficient PCPs exist within the client's specific region, clients shall be assigned a PCP in an adjacent region.

3. Each PCP shall be assigned a client, or family group if appropriate, until the maximum number of clients the PCP has elected to serve or the PCP/client limit has been reached, or until there are no more clients suitable for assignment to that PCP, or all clients have been assigned.

F. Changing PCPs. MEDALLION clients will have the initial 90 calendar days following the effective date of enrollment with a MEDALLION PCP to change PCPs without cause. After the initial 90-day assignment period, the recipient will remain with the PCP for at least 12 months unless cause to change PCPs is shown pursuant to subdivision 1 or 2 of this subsection. After 12 months the recipient will have the option to select another PCP. Recipients will be given at least 60 days notice prior to the end of this enrollment period (and all future enrollment periods) during which time recipients can select another PCP. Open enrollment periods will occur annually.

1. Requests for change of PCP "for cause" are not subject to the six-12-month limitation, but shall be reviewed and approved by DMAS staff on an individual basis. Examples of changing providers "for cause" may include but shall not be necessarily limited to:

   a. Client has a special medical need which cannot be met in his service area or by his PCP.

   b. Client has a pre-existing relationship with a Medicaid provider rendering care for a special medical need.

   c. Mutual decision by both client and provider to sever the relationship.

   d. Provider or client moves to a new residence, causing transportation difficulties for the client.

   e. Provider cannot establish a rapport with the client.

   f. Performance or nonperformance of service to the recipient by a provider that is deemed by the department's external quality review organizations to be below the generally accepted community practice of health care. This may include poor quality care.

   g. Other reasons as determined by DMAS through written policy directives.

2. The existing PCP shall continue to retain the client in the caseload, and provide services to the client until a new PCP is assigned or selected.

3. PCPs may elect to release MEDALLION clients from their caseloads for cause with review and approval by DMAS on a case-by-case basis. In such circumstances, subdivision F 2 of this section shall apply.
G. MEDALLION identification material. Each client enrolled shall receive a MEDALLION identifier, which shall be distinct from the Medicaid card in appearance or shall contain information in magnetic or other form which allows identification of the client as a member of the MEDALLION program.

1. The front of the identifier shall include the client’s name, Medicaid case identification number, birthdate, sex, PCP’s name, address, 24-hour access telephone number, and the effective time period covered by the identifier.

2. The MEDALLION Hot Line 800 number will be listed on the identifier.

H. Prior authorization.

1. Clients shall contact their assigned PCP or designated covering provider to obtain authorization prior to seeking nonemergency care.

2. Emergency services and family planning services shall be provided without delay or prior authorization. However, the emergency nature of the treatment shall be documented by the provider providing treatment and should be reported to the PCP after treatment is provided. Clients should inform the PCP of any emergency treatment received.

I. Enrollee rights.

1. Each primary care provider must comply with any and all applicable federal and state laws and regulations regarding enrollee rights including, but not limited to, the applicable sections of 42 CFR 438.100 et seq., Title VI of the Civil Rights Act of 1964, and other applicable laws regarding privacy and confidentiality, and ensure that their staff and affiliated providers take those rights into account when furnishing services to enrollees.

2. Each enrollee shall be free to exercise his rights, and the exercise of those rights shall not adversely affect the way the primary care provider or DMAS treats the enrollee.

12 VAC 30-120-290. Providers of services.

Providers who may enroll to provide MEDALLION services include, but are not limited to, physicians of the following primary care specialties: general practice, family practice, internal medicine, and pediatrics. Federally qualified health centers, rural health clinics, and certain local health departments may also serve as primary care providers. Exceptions may be as follows:

1. Providers specializing in obstetric/gynecologic care may enroll as MEDALLION providers if selected by clients as PCPs but only if the providers agree to provide or refer clients for primary care.

2. Physicians with subspecialties may enroll as MEDALLION providers if selected by clients as PCPs but only if the providers agree to provide or refer clients for primary care.

3. Other specialty physicians may enroll as PCPs under extraordinary, client-specific circumstances when DMAS determines with the provider’s and recipient’s concurrence that the assignment would be in the client’s best interests.

Such circumstances may include, but are not limited to, the usual-and-customary practice of general medicine by a board-certified specialist, maintenance of a pre-existing patient-physician relationship, or support of the special medical needs of the client.

4. DMAS shall review applications from physicians and other health care professionals to determine appropriateness of their participating as a MEDALLION PCP.

5. The PCP must have admitting privileges at a local hospital or must make arrangements acceptable to DMAS for admissions by a physician who does have admitting privileges.

12 VAC 30-120-310. Services exempted from MEDALLION referral requirements.

A. The following services shall be exempt from the supervision and referral requirements of MEDALLION:

1. Obstetrical and gynecological services (pregnancy and pregnancy related);

2. Psychiatric and psychological services, to include but not be limited to mental health, mental retardation services;

3. Family planning services;

4. Routine newborn services when billed under the mother’s Medicaid number;

5. Annual or routine vision examinations (under age 21);

6. Dental services (under age 21);

7. Emergency services;

8. EPSDT well-child exams (health departments only and under age 21); and

9. Immunizations (health departments only).

10. All school health services provided pursuant to the Individuals with Disabilities Education Act (IDEA);

11. Services for the treatment of sexually transmitted diseases;

12. Targeted case management services;

13. Transportation services;

14. Pharmacy services;

15. Substance abuse treatment for pregnant women; and

16. Mental health/mental retardation community rehabilitation services.

B. While reimbursement for these services does not require the referral from or authorization by the PCP, the PCP must continue to track and document them to ensure continuity of care.

12 VAC 30-120-320. PCP payments.

A. DMAS shall pay for services rendered to MEDALLION clients through the existing fee-for-service methodology and a case management fee.
Proposed Regulations

B. MEDALLION providers shall receive a monthly case management fee of $3.00 per client.

C. Individual PCPs may serve a maximum of 2,000 MEDALLION clients. Groups or clinics may serve a maximum of 2,000 MEDALLION clients per authorized PCP in the group or clinic.

D. Clinics enrolled as Medicaid providers are limited to no more than 10,000 enrolled recipients per clinic. Exceptions to this will be considered on a case-by-case basis predicated upon client needs.

12 VAC 30-120-350. PCP remedies for violation, breach, or nonperformance of provider agreement terms and addendum sanctions.

A. The sanctions, as described in §1932(e)(1) of the Social Security Act (the Act) and listed in subsection B of this section, may be imposed by DMAS if the PCP:

1. Fails substantially to provide medically necessary services that the PCP is required to provide, under law or under its contract with DMAS, to an enrollee covered under the contract;

2. Imposes on enrollees premiums or charges that are in excess of the premiums or charges permitted under the Medicaid program;

3. Acts to discriminate among enrollees on the basis of their health status or need for health care services;

4. Misrepresents or falsifies information furnished to the Commonwealth;

5. Misrepresents or falsifies information furnished to an enrollee, potential enrollee, or health care provider;

6. Has distributed directly or indirectly, through any agent or independent contractor, marketing materials that have not been approved by DMAS or that contain false or materially misleading information; or

7. Has violated any of the other applicable requirements of §1932 or §1905(t)(3) of the Act and any implementing regulations.

B. Section 1932(e)(2) of the Act provides for the Commonwealth to impose the following civil money penalties and other sanctions:

1. A maximum of $25,000 for each determination of failure to provide services, misrepresentations or false statements to enrollees, potential enrollees, or health care providers, or marketing violations;

2. A maximum of $100,000 for each determination of discrimination or misrepresentation or false statements to the Commonwealth;

3. A maximum of $15,000 for each recipient the Commonwealth determines was not enrolled because of a discriminatory practice (subject to a $100,000 overall limit); and

4. Up to $25,000 or double the amount of the excess charges (whichever is greater) for charging premiums or charges in excess of the amounts permitted under the Medicaid program. DMAS shall deduct the excess amount charged from the penalty and return it to the affected enrollees.

A. 5. Termination. Either the PCP or DMAS may terminate the PCP’s enrollment in the MEDALLION program at any time if either party determines that the other party has failed to perform any of its functions or duties under the addendum to the provider agreement (hereafter referred to as the addendum) between the department DMAS and the PCP. In such event, the party exercising this option shall notify the other party in writing of the intent to terminate the addendum and shall give the other party 30 days to correct the identified violation, breach or nonperformance of the addendum. If such violation, breach or nonperformance of the addendum is not satisfactorily addressed within this time period, the exercising party must notify the other party in writing of its intent to terminate the addendum at least 60 days prior to the proposed termination date. The termination date shall always be the last day of the month in which the 60th day falls. The addendum may be terminated by DMAS sooner than the time periods for notice specified in this subsection if DMAS determines that a recipient’s health or welfare is jeopardized by continued enrollment under the care of the PCP. After DMAS notifies a PCP that it intends to terminate the contract, DMAS will give the entity’s enrollees written notice of the state’s intent to terminate the contract and will allow enrollees to disenroll immediately without cause.

B. 6. Suspension of new enrollment, including default enrollment.

1. a. Whenever DMAS determines that the PCP is out of compliance with the addendum, it may suspend the PCP’s right to enroll new recipients. DMAS, when exercising this option, shall notify the PCP in writing of its intent to suspend new enrollment at least 30 days prior to the beginning of the suspension period. The suspension period may be for any length of time specified by DMAS, or may be indefinite. The suspension period may extend up to any expiration date of the addendum.

2. b. DMAS may also suspend new enrollment or disenroll recipients in anticipation of the PCP not being able to comply with federal or state laws at its current enrollment level. Such suspension shall not be subject to the 30-day notification requirement. DMAS may notify recipients of their PCP’s noncompliance and provide an opportunity to enroll with another PCP.

C. 7. Withholding of management or other payments and recovery of damage costs. DMAS may withhold portions of management or other fees or otherwise recover damages from the PCP as follows:

1. a. Whenever DMAS determines that the PCP has failed to perform an administrative function required under this contract, the department DMAS may withhold a portion of management or other fees to compensate for the damages which this failure has entailed. For the purposes of this section, "administrative function" is
Proposed Regulations


Public Hearing Date: N/A -- Public comments may be submitted until August 27, 2004. (See Calendar of Events section for additional information)

Agency Contact: Tammy Driscoll, Health Care Services Division, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 786-7956, FAX (804) 786-1680, or e-mail Tammy.Driscoll@dmas.virginia.gov.

Basis: Section 32.1-325 of the Code of Virginia grants to the Board of Medical Assistance Services the authority to administer the Plan for Medical Assistance. Section 32.1-324 of the Code of Virginia authorizes the Director of the Department of Medical Assistance Services (DMAS) to administer and amend the Plan for Medical Assistance according to the board’s requirements. The Medicaid authority was established by § 1902 (a) of the Social Security Act, 42 USC § 1396a, which provides the governing authority for DMAS to administer the state’s Medicaid program.

Purpose: This regulatory action is expected to have a positive impact on the health, safety and welfare of Virginia citizens. The changes set forth in this proposed regulation enhance the ability of Medallion II enrollees to make health care choices, specifically with regard to enrollment and disenrollment. These changes also provide improved access to appeal and grievance procedures in cases where a recipient is aggrieved by an MCO or agency decision.

Substance:

Definitions (12 VAC 30-120-360) - The definitions of "health care plan" and "school-based services" are both updated with newer language that reflects both the language of the federal Balanced Budget Act of 1997 (BBA) and more current usage in the health care industry. The definition of "managed care organization" is amended to bring it in line with current requirements under the BBA and changes in Department of Health regulations.

Medallion II enrollees (12 VAC 30-120-370) - Changes are being made to this section with regard to exclusions from the Medallion II program. These changes encompass both clarifications of certain exclusions and the addition of new exclusions. In addition, the section covering disenrollment is amended to require DMAS to provide written responses to good cause requests for disenrollment by Medallion II clients.

Managed Care Organization (MCO) responsibilities (12 VAC 30-120-380) - Formerly, MCOs were not permitted to charge copayments to their Medallion II clients. This regulatory change adds language permitting MCOs to impose cost-sharing obligations on Medallion II clients. If an MCO chooses to impose such costs, it must adhere to the copayment schedules set forth in 12 VAC 30-20-150 and 12 VAC 30-20-160.

Grievances and Appeals (12 VAC 30-120-420) - Several procedural changes are being made in this section. Language is added requiring enrollees to follow up on an oral request for appeal in writing and within 10 business days, unless it is for an expedited appeal. The requirement that MCOs provide DMAS copies of all requests for appeals and appeal decisions is being deleted. Finally, the timeframe of 14 days for MCOs to issue appeal decisions is being changed to 30 days to conform to other standard appeal timeframes in DMAS regulations.

Issues: No disadvantages to the public have been identified in connection with this regulation. The agency projects no negative issues involved in implementing this regulatory change.

Department of Planning and Budget’s Economic Impact Analysis: The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 2.2-4007 H of the Administrative Process Act and Executive Order Number 21 (O2). Section 2.2-4007 H requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB’s best estimate of these economic impacts.

No disadvantages to the public have been identified in connection with this regulation. The agency projects no negative issues involved in implementing this regulatory change.

No disadvantages to the public have been identified in connection with this regulation. The agency projects no negative issues involved in implementing this regulatory change.
Summary of the proposed regulation. One of the main proposed changes is providing regulatory authority to the Department of Medical Assistance Services to establish copays for the Medallion II managed care recipients. Other substantive changes are adding several provisions, pursuant to Item 325 R of the 2003 Appropriation Act, to conform to the federal law changes contained in the 1997 Balanced Budget Act. The remaining changes are clarifications of the rules that are already in effect.

Estimated economic impact. These regulations contain rules for the Medallion II managed care program. Currently, seven managed care organizations provide services to about 263,000 Medicaid recipients under these rules. The total Medicaid reimbursement to managed care organizations for the Medallion II program was approximately $766 million in fiscal year 2003.

Cost Sharing. One of the significant proposed changes is providing regulatory authority to the Department of Medical Assistance Services (DMAS) to allow managed care organizations to impose the same cost-sharing obligations on enrollees as set forth for the fee-for-service population. Current regulations prohibit managed care organizations to charge copays to categorically needy enrollees. The cost-sharing schedule that may be imposed on managed care recipients under the proposed regulations is provided below.

Cost Sharing Schedule:

<table>
<thead>
<tr>
<th>Service</th>
<th>Deductible</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital</td>
<td>$100</td>
<td>$0</td>
</tr>
<tr>
<td>Outpatient Hospital Clinic</td>
<td>$0</td>
<td>$3</td>
</tr>
<tr>
<td>Clinic Visit</td>
<td>$0</td>
<td>$1</td>
</tr>
<tr>
<td>Physician Office Visit</td>
<td>$0</td>
<td>$1</td>
</tr>
<tr>
<td>Eye Examination</td>
<td>$0</td>
<td>$1</td>
</tr>
<tr>
<td>Generic Prescriptions</td>
<td>$0</td>
<td>$1</td>
</tr>
<tr>
<td>Brand Name Prescriptions</td>
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<td>$3</td>
</tr>
<tr>
<td>Home Health Visit</td>
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<td>$3</td>
</tr>
<tr>
<td>Other Physician Services</td>
<td>$0</td>
<td>$3</td>
</tr>
<tr>
<td>Rehabilitation Therapy Services</td>
<td>$0</td>
<td>$3</td>
</tr>
</tbody>
</table>

Source: 12 VAC 30-20-150 and 12 VAC 30-20-160.

Currently, DMAS sets capitation rates for managed care enrollees as if managed care organizations actually collected copays. This is so because the managed care capitation rates are calculated based on the DMAS' portion of fee-for-service payments, which does not include copays that may or may not be collected by the providers. In other words, DMAS assumes that the providers collect copays from the recipients and accordingly deducts the copays when reimbursing providers for their services. This also means that DMAS does not maintain any information with respect to the amount and volume of copays. This methodology amounts to subtracting copay revenues from the capitation rates even though managed care organizations do not and cannot collect any copays from the enrollees.

Although DMAS does not have any immediate plans to allow managed care organizations to collect copays at this time and does not expect managed care organizations to seek this authority as well, if managed care organizations desire to do so, there is a good chance they may succeed. It will be very difficult for DMAS to deny such a request from managed care organizations, especially because the copay revenues are already subtracted from capitation rates and because DMAS will have the authority through these regulations to grant such a request. On the other hand, provided that managed care organizations wish to be able to collect copays, they will be able to negotiate either to be granted the authority to collect copays or demand that the estimated copay revenues no longer be deducted in rate setting process. However, it is not known whether the managed care organizations would want to implement these cost-sharing methods in practice because of the administrative cost concerns. Their decision will be based on whether they stand to gain or lose from implementation of copays in practice.

In the event managed care organizations are granted the authority to collect copays and implement copays in practice, some economic effects could be expected, as copays would affect recipients, providers, and the managed care organizations themselves. One of the main effects is the transfer of resources from recipients to the managed care organizations. It is also possible that managed care providers could end up absorbing the copays depending on the way the copays are collected. For example, under the fee-for-service model, DMAS deducts copays from reimbursements to providers regardless of whether the copays are collected by the provider. Similarly, some managed care providers may not collect copays, if the administrative costs are high, but the copays may be deducted from their capitation rates. In short, if copays are implemented, some economic resources will be transferred from recipients, or from providers to managed care organizations.

Another and perhaps more important effect of copays is their ability to reduce over-utilization of services and contain costs. Based on the economic theory it can be reliably stated that as the cost-sharing increases, over-utilization of services in the managed care program would decrease. From a societal point of view, the main benefit of copays is to encourage the efficient use of Medicaid services. Economic theory indicates that free healthcare services will be used inefficiently. Charging a copay for medical services would reduce the demand for these services relative to the demand for free care and discourage unnecessary care. Available studies suggest that the economically optimal structure for cost sharing includes "a low [or possibly even zero] monthly premium, a high deductible for inpatient care (except, perhaps for young children), and copays targeting certain types of services (e.g. brand name vs. generic prescriptions) and certain sites of care (e.g. emergency room vs. physician office) to encourage a more cost-conscious use of resources."1 While the proposed copay proposal reflects many aspects of the recommended structure, copays may be too small to significantly reduce overuse of expensive procedures. The potential copays that may be charged as a percent of income compare very favorably to standard copays required under private insurance

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plans. For example, for every dollar earned, a managed care recipient with a $1-copay and a $7,000-income pays three times less than a family with a $25-copay and a $50,000-income. However, there is no available study that can be used to estimate the potential enrollee response to these nominal copays.

Additionally, copays may make managed care coverage somewhat less attractive and may reduce crowding out relative to what would result without any copays. Crowding out occurs when rational individuals substitute a costless alternative provided by the government for an otherwise costly service. For instance, if the government provides free bread, individuals would not purchase bread out of their pocket, but would rather rely on the government. In other words, government funds spent on bread would crowd-out, or replace out of pocket expenditures on bread. In this context, this means substitution of publicly funded health care for private insurance. However, as mentioned, the copays are relatively small. This leads to the expectation that copays would reduce crowding out by only a small amount. Furthermore, the size of potential benefits are significantly reduced because children, the largest group of recipients, are exempt from copays and the providers cannot deny services if a recipient cannot pay.

Another potential effect on recipients is the possibility that copays reduce the stigma associated with the program. It is possible that some recipients would feel less like they are receiving assistance from a charity or from welfare. On the other hand, there is a possibility that copays create a barrier to some other families (especially to those with low incomes) to participate in the program. However, given the nominal copay structure, any such barrier will likely be very small.

The likelihood of copays being implemented is significantly reduced due to potentially significant administrative costs. As in the fee-for-service delivery model, managed care organizations would likely collect copays through the participating providers. It would be unlikely for most participating providers to assume this responsibility without additional compensation. However, since the copays are very nominal, some participating providers may find it more cost effective not to collect copays from recipients, but pay the managed care organizations out of pocket and be more reluctant to participate in the managed care organization. Either way managed care organizations are likely to incur non-negligible administrative costs to collect copays from the recipients. If administrative costs are too high and outweigh expected benefits in terms of additional copay revenues and reduced over-utilization, managed care organizations should not be expected to implement the copay schedule.

Balanced Budget Act. Several other proposed changes are related to the amendments to the federal Balanced Budget Act in 1997, which required states to incorporate in their Medicaid regulations a number of new provisions. While states did not have any discretion with respect to many of these changes, a few allowed states some flexibility. Mandated changes with no state discretion have been incorporated in these regulations through an exempt regulatory action. This action incorporates several additional changes where the Commonwealth has discretion with respect to time frames. Since these changes had to be adopted by 2004, the 2003 Appropriation Act, Item 325 R, provided authority to DMAS to adopt emergency regulations. Emergency regulations have been in effect since December 2003.

The main proposed changes in this area are related to the client grievance and appeals process. The Balanced Budget Act required states to allow Medicaid clients to request appeals orally and required enrollees to follow up with a written request. However, it did not specify a time frame when the enrollee must follow up with a written request. The proposed regulations establish that the oral appeals be followed up in writing within ten business days. Additionally, the Balanced Budget Act required managed care organizations to issue standard appeal decisions within 20 to 90 days. The proposed rules establish that the appeal decisions be issued within 30 days. According to DMAS, the proposed time frames are closely consistent with the procedures followed in practice and therefore are unlikely to introduce any significant costs for the managed care organizations or the enrollees. The main benefit of the proposed rules however is conforming to the provisions of the Balanced Budget Act as amended in 1997 as well as to the 2003 Appropriation Act, Item 325 R.

Other. The remaining changes are clarifications of the current rules. A number of these changes clarify which individuals are excluded from participating in the Medallion II program. The excluded individuals include: (i) individuals participating in the Family Planning Waiver, (ii) individuals under age 21 in residential treatment or treatment foster care, (iii) individuals with other comprehensive group or individual health insurance including Medicare, insurance provided to military dependents, and other insurance purchased through Health Insurance Premium Payment Program, (iv) terminally ill individuals who request exclusion during pre-assignment or within a later timeframe designated by DMAS, (v) individuals who have an eligibility period that is less than three months, (vi) individuals who receive services through State Children's Health Insurance Plan, (vii) individuals whose eligibility period is retroactive only, (viii) individuals who have been consistently non-compliant with policies and procedures of DMAS or their managed care organization. Other clarifications include (a) that automatic enrollment does not disqualify a newborn from disenrollment by choice, (b) that the newborn's continued enrollment is not contingent upon the mother's enrollment, (c) that the school health services are physical therapy, speech therapy, nursing, school assistant, and psychiatric and physiological services, and (d) that early periodic screening, diagnosis, and treatment services are covered by the managed care organization. All of the changes under this category are clarifications of the current rules and are not expected to result in any significant economic effects other than reducing communication costs that may otherwise be incurred to resolve confusions that may be caused by the current language.

Businesses and entities affected. Currently, seven managed care organizations are providing services to approximately 263,000 Medicaid recipients.

Localities particularly affected. The proposed regulations apply throughout the Commonwealth.
Projected impact on employment. No significant effect on employment is expected upon promulgation of these regulations.

Effects on the use and value of private property. The proposed regulations are not expected to create any significant effect on the use and value of private property upon promulgation.

Agency's Response to the Department of Planning and Budget's Economic Impact Analysis: The Department of Medical Assistance Services has reviewed the Economic Impact Analysis prepared by the Department of Planning and Budget regarding the regulations concerning 12 VAC 30-120 - Medallion II. The agency raises no issues with this analysis.

Summary:

The proposed amendments (i) update the definitions section to conform the language with the federal Balanced Budget Act of 1997 and with other state agencies’ regulations; (ii) clarify existing exclusions and add new exclusions from the Medallion II program; (iii) require DMAS to provide written responses to good cause requests for disenrollment by Medallion II clients; (iv) permit managed care organizations to impose cost-sharing obligations on Medallion II clients in accordance with 12 VAC 30-20-150 and 12 VAC 30-20-160; (v) require enrollees to follow up on an oral request for an appeal in writing within 10 business days unless it is an expedited appeal; (vi) eliminate the requirement that managed care organizations provide DMAS copies of all requests for appeals and appeal decisions; and (vii) increase the timeframe for managed care organizations to issue appeal decisions from 14 days to 30 days.


The following words and terms when used in this part shall have the following meanings unless the context clearly indicates otherwise:

"Action" means the denial or limited authorization of a requested service, including the type or level of service; the reduction, suspension, or termination of a previously authorized service; the denial, in whole or in part, of payment for a service; the failure to provide services in a timely manner, as defined by the state; or the failure of an MCO to act within the timeframes provided in 42 CFR 438.408(b).

"Appeal" means a request for review of an action, as "action" is defined in this section.

"Area of residence" means the recipient's address in the Medicaid eligibility file.

"Capitation payment" means a payment the department makes periodically to a contractor on behalf of each recipient enrolled under a contract for the provision of medical services under the State Plan, regardless of whether the particular recipient receives services during the period covered by the payment.

"Client," "clients," "recipient," "enrollee," or "participant" means an individual or individuals having current Medicaid eligibility who shall be authorized by DMAS to be a member or members of Medallion II.

"Covered services" means Medicaid services as defined in the State Plan for Medical Assistance.

"Disenrollment" means the process of changing enrollment from one Medallion II Managed Care Organization (MCO) plan to another MCO or to the Primary Care Case Management (PCCM) program, if applicable.

"DMAS" means the Department of Medical Assistance Services.

"Eligible person" means any person eligible for Virginia Medicaid in accordance with the State Plan for Medical Assistance under Title XIX of the Social Security Act.

"Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
2. Serious impairment to bodily functions, or
3. Serious dysfunction of any bodily organ or part.

"Emergency services" means covered inpatient and outpatient services that are furnished by a provider that is qualified to furnish these services and that are needed to evaluate or stabilize an emergency medical condition.

"Enrollment broker" means an independent contractor that enrolls recipients in the contractor's plan and is responsible for the operation and documentation of a toll-free recipient service helpline. The responsibilities of the enrollment broker include, but shall not be limited to, recipient education and enrollment, assistance with and tracking of recipients' complaints resolutions, and may include recipient marketing and outreach.

"Exclusion from Medallion II" means the removal of an enrollee from the Medallion II program on a temporary or permanent basis.

"External Quality Review Organization" (EQRO) is an organization that meets the competence and independence requirements set forth in 42 CFR 438.354 and performs external quality reviews, other EQR related activities as set forth in 42 CFR 438.358, or both.

"Foster care" means is a program in which a child who received receives either foster care assistance under Title IV-E of the Social Security Act or state and local foster care assistance.

"Grievance" means an expression of dissatisfaction about any matter other than an action, as "action" is defined in this section.

"Health care plan" means any arrangement in which any health maintenance managed care organization undertakes to provide, arrange for, pay for, or reimburse any part of the cost of any health care services.

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"Health care professional" means a provider as defined in 42 CFR 438.2.

"Managed care organization" or "MCO" means an organization entity that offers managed care health insurance plans (MCHIP) as defined by § 38.2-5800 of the Code of Virginia. Any health maintenance organization as defined in §38.2-4300 of the Code of Virginia or health carrier that offers preferred provider contracts or policies as defined in § 38.2-3407 of the Code of Virginia or preferred provider subscription contracts as defined in § 38.2-4209 of the Code of Virginia shall be deemed to be offering one or more MCHIPs that meets the participation and solvency criteria defined in 42 CFR Part 438 and has an executed agreement with DMAS to provide services covered under the Medallion II program. Covered services for Medallion II individuals must be as accessible (in terms of timeliness, amount, duration, and scope) as compared to other Medicaid recipients served within the area.

"Network" means doctors, hospitals or other health care providers who participate or contract with an MCO and, as a result, agree to accept a mutually-agreed upon sum or fee schedule as payment in full for covered services that are rendered to eligible participants.

"Nonparticipating provider" means a health care entity or health care professional not in the contractor's participating provider network.

"Post-stabilization care services" means covered services related to an emergency medical condition that are provided after an enrollee is stabilized in order to maintain the stabilized condition or to improve or resolve the enrollee's condition.

"Potential enrollee" means a Medicaid recipient who is subject to mandatory enrollment or may voluntarily elect to enroll in a given managed care program, but is not yet an enrollee of a specific MCO or PCCM.

"Primary care case management" or "PCCM" means a system under which a primary care case manager contracts with the Commonwealth to furnish case management services (which include the location, coordination, and monitoring of primary health care services) to Medicaid recipients.

"School-based" "School health services" means those physical therapy, occupational therapy, speech therapy services, nursing services, school health assistant, psychiatric and psychological screenings, and well-child screenings services rendered to children who qualify for these services under the federal Individuals with Disabilities Education Act (20 USC § 1471 et seq.) by (i) employees of the school divisions or (ii) providers that subcontract with school divisions, as described in 12 VAC 30-50-229.1.

"Spend-down" means the process of reducing countable income by deducting incurred medical expenses for medically needy individuals, as determined in the State Plan for Medical Assistance.

12 VAC 30-120-370. Medallion II enrollees.

A. DMAS shall determine enrollment in Medallion II. Enrollment in Medallion II is not a guarantee of continuing eligibility for services and benefits under the Virginia Medical Assistance Services Program. DMAS reserves the right to restrict from participation in the Medallion II managed care program any recipient who has been consistently noncompliant with the policies and procedures of managed care or who is threatening to providers, MCOs, or DMAS. There must be sufficient documentation from various providers, the MCO, and DMAS of these noncompliance issues and any attempts at resolution. Recipients excluded from Medallion II through this provision may appeal the decision to DMAS.

B. The following individuals shall be excluded from participating in Medallion II. Individuals not meeting the exclusion criteria must participate in the Medallion II program.

1. Individuals who are inpatients in state mental hospitals;
2. Individuals who are approved by DMAS as inpatients in long-stay hospitals, nursing facilities, or intermediate care facilities for the mentally retarded;
3. Individuals who are placed on spend-down;
4. Individuals who are participating in the family planning waiver, and in federal waiver programs for home-based and community-based Medicaid coverage;
5. Individuals who are participating in foster care or subsidized adoption programs;
6. Individuals under age 21 who are enrolled in DMAS authorized residential treatment or treatment foster care programs;
7. Newly eligible individuals who are in the third trimester of pregnancy and who request exclusion within a department-specified timeframe of the effective date of their MCO enrollment. Exclusion may be granted only if the member's obstetrical provider (physician or hospital) does not participate with any of the state contracted MCOs the enrollee's assigned MCO. Exclusion requests made during the third trimester may be made by the recipient, MCO, or provider. DMAS shall determine if the request meets the criteria for exclusion. Following the end of the pregnancy, these individuals shall be required to enroll to the extent they remain eligible for Medicaid;
8. Individuals, other than students, who permanently live outside their area of residence for greater than 60 consecutive days except those individuals placed there for medically necessary services funded by the MCO;
9. Individuals who receive hospice services in accordance with DMAS criteria;
10. Individuals with other comprehensive group or individual health insurance coverage, including Medicare coverage, insurance provided to military dependents, and any other insurance purchased through the Health Insurance Premium Payment Program (HIPP);
11. Individuals requesting exclusion who are inpatients in hospitals, other than those listed in subdivisions 1 and 2 of this subsection, at the scheduled time of enrollment or who are scheduled for inpatient hospital stay or surgery within 30 calendar days of the enrollment effective date. The
exclusion shall remain effective until the first day of the month following discharge;
12. Individuals who have been preassigned request exclusion during preassignment to an MCO but have not yet been enrolled or within a time set by DMAS from the effective date of their MCO enrollment, who have been diagnosed with a terminal condition and who have a life expectancy of six months or less, if they request exclusion. The client's physician must certify the life expectancy; and
13. Certain individuals between birth and age three certified by the Department of Mental Health, Mental Retardation and Substance Abuse Services as eligible for services pursuant to Part C of the Individuals with Disabilities Education Act (20 USC § 1471 et seq.) who are granted an exception by DMAS to the mandatory Medallion II enrollment;

14. Individuals who have an eligibility period that is less than three months;
15. Individuals who receive services through the Commonwealth's Title XXI SCHIP program; and
16. Individuals who have an eligibility period that is only retroactive.

C. Medallion II managed care plans shall be offered to recipients, and recipients shall be enrolled in those plans, exclusively through an independent enrollment broker under contract to DMAS.

D. Clients shall be enrolled as follows:

1. All eligible persons, except those meeting one of the exclusions of subsection B of this section, shall be enrolled in Medallion II.

2. Clients shall receive a Medicaid card from DMAS during the interim period, and shall be provided authorized medical care in accordance with DMAS' procedures, after Medicaid eligibility has been determined to exist.

3. Once individuals are enrolled in Medicaid, they will receive a letter indicating that they may select one of the contracted MCOs. These letters shall indicate a preassigned MCO, determined as provided in subsection E of this section, in which the client will be enrolled if he does not make a selection within a period specified by DMAS of not less than 30 days.

4. A child born to a woman Any newborn whose mother is enrolled with an MCO will be enrolled with the MCO from birth until the last day of the third month including the month of birth, unless otherwise specified by the Enrollment Broker. For instance, a child born during the month of February will be automatically enrolled until April 30. By considered an enrollee of that same MCO for at least three months from the date of the child's birth. This requirement does not preclude the enrollee, once he is assigned a Medicaid identification number, from disenrolling from one MCO to another in accordance with subdivision F 1 of this section.

The newborn’s continued enrollment with the MCO is not contingent upon the mother’s enrollment. Additionally, if the MCO’s contract is terminated in whole or in part, the MCO shall continue newborn coverage if the child is born while the contract is active, until the newborn receives a Medicaid number or for the birth month plus two months timeframe, whichever timeframe is earlier. Infants who do not receive a Medicaid identification number prior to the end of that third month, the child will be disenrolled unless the Enrollment Broker specifies continued enrollment will be enrolled in managed care through the preassignment process upon receiving a Medicaid identification number. If the child remains an inpatient at the end of that third month, the child shall automatically remain enrolled until the last day of the month of discharge, unless this child’s parent requests disenrollment.

5. Individuals who lose then regain eligibility for Medallion II within 60 days will be reenrolled into their previous MCO without going through preassignment and selection.

E. Clients who do not select an MCO as described in subdivision D 3 of this section shall be assigned to an MCO as follows:

1. Clients are assigned through system algorithm based upon the client's history with a contracted MCO.

2. Clients not assigned pursuant to subdivision 1 of this subsection shall be assigned to the MCO of another family member, if applicable.

3. All other clients shall be assigned to an MCO on a basis of approximately equal number by MCO in each locality.

4. In areas where there is only one contracted MCO, recipients have a choice of enrolling with the contracted MCO or the PCCM program. All eligible recipients in areas where one contracted MCO exists, however, are automatically assigned to the contracted MCO. Individuals are allowed 90 days after the effective date of new or initial enrollment to change from either the contracted MCO to the PCCM program or vice versa.

F. Following their initial enrollment into an MCO or PCCM program, recipients shall be restricted to the MCO or PCCM program until the next open enrollment period, unless appropriately disenrolled or excluded by the department.

1. During the first 90 calendar days of enrollment in a new or initial MCO, a client may disenroll from that MCO to enroll into another MCO or into PCCM, if applicable, for any reason. Such disenrollment shall be effective no later than the first day of the second month after the month in which the client requests disenrollment.

2. During the remainder of the enrollment period, the client may only disenroll from one MCO into another MCO or PCCM, if applicable, upon determination by DMAS that good cause exists as determined under subsection H of this section.

G. The department shall conduct an annual open enrollment for all Medallion II participants, including in areas where there is only one contracted MCO. The open enrollment period shall be the 60 calendar days before the end of the enrollment period. Prior to the open enrollment period, DMAS will inform the recipient of the opportunity to remain with the current MCO.
or change to another MCO, without cause, for the following year. In areas with only one contracted MCO, recipients will be given the opportunity to select either the MCO or the PCCM program. Enrollment selections will be effective on the first day of the next month following the open enrollment period. Recipients who do not make a choice during the open enrollment period will remain with their current MCO selection.

H. Disenrollment for good cause may be requested at any time.

1. After the first 90 days of enrollment in an MCO, clients must request disenrollment from DMAS based on good cause. The request may be made orally or in writing to DMAS and must cite the reasons why the client wishes to disenroll. Good cause for disenrollment shall include the following:

   a. A recipient's desire to seek services from a federally qualified health center which is not under contract with the recipient's current MCO, and the recipient requests a change to another MCO that subcontracts with the desired federally qualified health center;

   b. Performance or nonperformance of service to the recipient by an MCO or one or more of its providers which is deemed by the department's external quality review organizations to be below the generally accepted community practice of health care. This may include poor quality care;

   c. Lack of access to a PCP or necessary specialty services covered under the State Plan or lack of access to providers experienced in dealing with the enrollee's health care needs;

   d. A client has a combination of complex medical factors that, in the sole discretion of DMAS, would be better served under another contracted MCO or PCCM program, if applicable, or provider;

   e. The enrollee moves out of the MCO's service area;

   f. The MCO does not, because of moral or religious objections, cover the service the enrollee seeks;

   g. The enrollee needs related services to be performed at the same time; not all related services are available within the network, and the enrollee's primary care provider or another provider determines that receiving the services separately would subject the enrollee to unnecessary risk; or

   h. Other reasons as determined by DMAS through written policy directives.

2. DMAS shall determine whether good cause exists for disenrollment. Written responses shall be provided within a timeframe set by department policy; however, the effective date of an approved disenrollment shall be no later than the first day of the second month following the month in which the enrollee files the request, in compliance with 42 CFR 438.56.

3. Good cause for disenrollment shall be deemed to exist and the disenrollment shall be granted if DMAS fails to take final action on a valid request prior to the first day of the second month after the request.

4. The DMAS determination concerning good cause for disenrollment may be appealed by the client in accordance with the department's client appeals process at 12 VAC 30-110-10 through 12 VAC 30-110-380.

5. The current MCO shall provide, within two working days of a request from DMAS, information necessary to determine good cause.

12 VAC 30-120-380. Medallion II MCO responsibilities.

A. The MCO shall provide, at a minimum, all medically necessary covered services provided under the State Plan for Medical Assistance and further defined by written DMAS regulations, policies and instructions, except as otherwise modified or excluded in this part.

1. Nonemergency services provided by hospital emergency departments shall be covered by MCOs in accordance with rates negotiated between the MCOs and the emergency departments.

B. 2. Services that shall be provided outside the MCO network and reimbursed by DMAS shall include, but are not limited to, those services defined by the contract between DMAS and the MCO. Services reimbursed by DMAS include school-based school health services (physical therapy, occupational therapy, speech therapy, nursing, school health assistant, psychiatric and psychological services) and community mental health services (rehabilitative, targeted case management and substance abuse services).

3. The MCOs shall pay for emergency services and family planning services and supplies whether they are provided inside or outside the MCO network.

B. EPSDT screenings shall be covered by the MCO. The MCO shall have the authority to determine the provider of service for EPSDT screenings.

C. The MCOs shall report data to DMAS under the contract requirements, which may include data reports, report cards for clients, and ad hoc quality studies performed by the MCO or third parties.

D. Documentation requirements.

1. The MCO shall maintain such records as may be required by federal and state law and regulation and by DMAS policy. The MCO shall furnish such required information to DMAS, the Attorney General of Virginia or his authorized representatives, or the State Medicaid Fraud Control Unit on request and in the form requested.

2. Each MCO shall have written policies regarding enrollee rights and must shall comply with any applicable federal and state laws that pertain to enrollee rights and shall ensure that its staff and affiliated providers take those rights into account when furnishing services to enrollees in accordance with 42 CFR 438.100.
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E. The MCO shall ensure that the health care provided to its clients meets all applicable federal and state mandates, community standards for quality, and standards developed pursuant to the DMAS managed care quality program.

F. The MCOs shall promptly provide or arrange for the provision of all required services as specified in the contract between the state and the contractor. Each MCO and its subcontractors shall have in effect clinical expertise in treating the enrollee’s condition or disease. Medical evaluations shall be available within 48 hours for urgent care and within 30 calendar days for routine care. On-call clinicians shall be available 24 hours per day, seven days per week.

G. The MCOs shall not charge copayments to any enrollee whose medical condition or history indicates a need for substantial future medical services.

H. Each MCO and its subcontractors shall have in place, and follow, written policies and procedures for processing requests for initial and continuing authorizations of service. Each MCO and its subcontractors shall ensure that any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested, be made by a health care professional who has appropriate clinical expertise in treating the enrollee’s condition or disease. Each MCO and its subcontractors shall have in effect mechanisms to ensure consistent application of review criteria for authorization decisions and shall consult with the requesting provider when appropriate.

I. In accordance with 42 CFR 447.50 through 42 CFR 447.60, MCOs shall not charge copayments to any enrollee except as set forth in 12 VAC 30-20-150 and 12 VAC 30-20-160.

J. An MCO may not prohibit, or otherwise restrict, a health care professional acting within the lawful scope of practice, from advising or advocating on behalf of an enrollee who is his patient in accordance with 42 CFR 438.102.

K. An MCO that would otherwise be required to provide reimbursement for, or provide coverage of, a counseling or referral service is not required to do so if the MCO objects to the service on moral or religious grounds and furnishes information about the service it does not cover in accordance with 42 CFR 438.102.

12 VAC 30-120-400. Quality control and utilization review.

A. DMAS shall rigorously monitor the quality of care provided by the MCOs. DMAS may contract with one or more external quality review organizations to perform focused studies on the quality of care provided by the MCOs. The external organizations may utilize data or other tools to ensure contract compliance and quality improvement activities. Specifically, DMAS shall monitor to determine if the MCO:

1. Fails substantially to provide the medically necessary items and services required under law or under the contract to be provided to an enrolled recipient and the failure has adversely affected (or has substantial likelihood of adversely affecting) the individual.

2. Engages in any practice that discriminates among individuals on the basis of their health status or requirements for health care services, including expulsion or refusal to reenroll an individual, or any practice that could reasonably be expected to have the effect of denying or discouraging enrollment (except as permitted by § 1903(m) of the Social Security Act (42 USC § 1396b(m))) by eligible individuals whose medical conditions or histories indicate a need for substantial future medical services.

3. Misrepresents or falsifies information that it furnishes, under § 1903(m) of the Social Security Act (42 USC § 1396b(m)) to CMS, DMAS, an individual, or any other entity.

4. Fails to comply with the requirements of 42 CFR 417.479(d) through (g) relating to physician incentive plans, or fails to submit to DMAS its physician incentive plans as required or requested in 42 CFR 434.70.

5. Imposes on enrollees premiums or charges that are in excess of the premiums or charges permitted under the Medicaid program.

B. DMAS shall ensure that data on performance and patient results are collected.

C. DMAS shall ensure that quality outcomes information is provided to MCOs. DMAS shall ensure that changes which are determined to be needed as a result of quality control or utilization review are made.

12 VAC 30-120-420. Client grievances and appeals.

A. The MCOs shall, whenever a client’s request for covered services is reduced, denied or terminated, or payment for services is denied, provide a written notice in accordance with the notice provisions specified in 42 CFR 438.404 and 42 CFR 438.210(c), as defined by the contract between DMAS and the MCO, and any other statutory or regulatory requirements.

B. MCOs shall, at the initiation of either new client enrollment or new provider/subcontractor contracts, or at the request of the enrollee, provide to every enrollee the information described in 42 CFR 438.10(g) concerning grievance/appeal rights and procedures.

C. Disputes between the MCO and the client concerning any aspect of service delivery, including medical necessity and specialist referral, shall be resolved through a verbal or written grievance/appeals process operated by the MCO or through the DMAS appeals process. A provider who has the enrollee’s written consent may act on behalf of an enrollee in the MCO grievance/appeals or the DMAS appeals process.

1. The enrollee, provider, or representative acting on behalf of the enrollee’s written consent, may file an oral or written grievance or appeal with the MCO. The MCO must accept grievances or appeals submitted within 30 days from the date of the notice of adverse action. Oral requests for appeals must be followed up in writing within 10 business days by the enrollee, provider or his representative acting on behalf of the enrollee with the enrollee’s consent, unless the request is for an expedited appeal. The enrollee may also file a written request for a standard or expedited appeal with the DMAS Appeals Division within 30 days of the client’s receipt of the notice of adverse action, in accordance with 42 CFR 431

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Subpart E, 42 CFR Part 438, Subpart F, and 12 VAC 30-110.

2. In compliance with 14 VAC 5-210-70 H 4, As specified in 12 VAC 30-110-100, pending the resolution of a grievance or appeal filed by a client or his representative (including a provider acting on behalf of the client), coverage shall not be terminated or reduced for the client for any reason which is the subject of the complaint, grievance, or appeal. In addition, the MCO shall not terminate or reduce services as specified in 12 VAC 30-110-100.

3. The MCO shall ensure that the individuals who make decisions on MCO grievances and appeals were not involved in any previous level of review or decision making, and where the reason for the grievance or appeal involves clinical issues, relates to a denial or a request for an expedited appeal, or where the appeal is based on a lack of medical necessity, shall ensure that the decision makers are health care professionals with the appropriate clinical expertise in treating the enrollee’s condition or disease.

D. The MCO shall develop written materials describing the grievance/appeals system and its procedures and operation.

E. The MCO shall maintain a recordkeeping and tracking system for complaints, grievances, and appeals that includes a copy of the original complaint, grievance, or appeal; the decision; and the nature of the decision. This system shall distinguish Medicaid from commercial enrollees, if the MCO does not have a separate system for Medicaid enrollees.

F. At the time of enrollment and at the time of any adverse actions, the MCO shall notify the client, in writing, that:

1. Medical necessity, specialist referral or other service delivery issues may be resolved through a system of grievances and appeals, within the MCO or through the DMAS client appeals process;

2. Clients have the right to appeal directly to DMAS; and

3. The MCO shall promptly provide grievance or appeal forms, reasonable assistance and written procedures to clients who wish to register written grievances or appeals.

G. The MCO shall, within two days of receipt of any written request for a grievance or appeal, provide DMAS with a copy of the request.

H. G. The MCO shall issue grievance/appeal decisions as defined by the contract between DMAS and the MCO. Oral grievance decisions are not required to be in writing.

J. H. The MCO shall issue standard appeal decisions within 14 days from the date of initial receipt of the appeal in accordance with 42 CFR 438.408 and as defined by the contract between DMAS and the MCO. The appeal decision shall be required to be in writing and shall include, but is not limited to, the following:

1. The decision reached, the results and the date of the decision reached by the MCO;

2. The reasons for the decision;

3. The policies or procedures which provide the basis for the decision;

4. A clear explanation of further appeal rights and a timeframe for filing an appeal; and

5. For appeals that involve the termination, suspension, or reduction of a previously authorized course of treatment, the right to continue to receive benefits in accordance with 42 CFR 438.420 pending a hearing, and how to request continuation of benefits.

J. The MCO shall provide DMAS with a copy of its grievance or appeal decision concurrently with the provision of the decision to the client.

K. I. An expedited appeal decision shall be issued as expeditiously as the enrollee’s condition requires and within three business days in cases of medical emergencies in which delay could result in death or serious injury to a client. Extensions to these timeframes shall be allowed in accordance with 42 CFR 438.408 and as defined by the contract between DMAS and the MCO. Written confirmation of the decision shall promptly follow the verbal notice of the expedited decision.

L. J. Any appeal decision issued by the MCO may be appealed by the client to DMAS in accordance with the department’s Client Appeals regulations at 12 VAC 30-110-10 through 12 VAC 30-110-380. DMAS shall conduct an evidentiary hearing in accordance with the Client Appeals regulations at 12 VAC 30-110-10 through 12 VAC 30-110-380 and shall not base any appealed decision on the record established by any appeal decision of the MCO. The MCO shall comply with the DMAS appeal decision. The DMAS decision in these matters shall be final and shall not be subject to appeal by the MCO.

M. K. The MCO shall provide information necessary for any DMAS appeal within timeframes established by DMAS.

**FINAL REGULATIONS**

For information concerning Final Regulations, see Information Page.

Symbol Key

Roman type indicates existing text of regulations. *Italic type* indicates new text. Language which has been stricken indicates text to be deleted. [Bracketed language] indicates a change from the proposed text of the regulation.

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**TITLE 4. CONSERVATION AND NATURAL RESOURCES**

**MARINE RESOURCES COMMISSION**

**REGISTRAR’S NOTICE:** The following regulation filed by the Marine Resources Commission is exempt from the Administrative Process Act in accordance with § 2.2-4006 A 12 of the Code of Virginia; however, the commission is required to publish the full text of final regulations.

**Title of Regulation:** 4 VAC 20-490. Pertaining to Sharks (amending 4 VAC 20-490-40; repealing 4 VAC 20-490-35 and 4 VAC 20-490-45).

**Statutory Authority:** § 28.2-201 of the Code of Virginia.

**Effective Date:** June 1, 2004.

**Agency Contact:** Deborah Cawthon, Agency Regulatory Coordinator, Marine Resources Commission, 2600 Washington Avenue, 3rd Floor, Newport News, VA 23607, telephone (757) 247-2248, FAX (757) 247-2002 or e-mail dcawthon@mrc.state.va.us.

**Summary:**

The amendment reduces the daily catch limit of spiny dogfish from 4,000 pounds of spiny dogfish per day to 600 pounds of spiny dogfish per day from May 1 through October 30 and establishes a possession and vessel landing limit of 300 pounds of spiny dogfish per day from November 1 through April 30 for commercial purposes.

4 VAC 20-490-35. Spiny dogfish quota. *(Repealed.)*

The harvest and landings quota for the commercial spiny dogfish fishery shall be 500,000 pounds from May 1, 2003, through April 30, 2004.


A. It shall be unlawful for any person to take or catch by hook and line, rod and reel, or spear and retain possession of more than one shark at any time.

1. Any shark taken after the possession limit has been reached shall be returned to the water immediately.

2. When fishing from any boat or vessel where the entire catch is held in a common hold or container, the possession limit shall be for the boat or vessel and shall be equal to the number of persons on board legally eligible to fish. The captain or operator of the boat or vessel shall be responsible for any boat or vessel possession limit.

B. It shall be unlawful for any commercial fishing vessel to have on board or to land more than 7,500 pounds of shark carcasses per day, except as provided by subsection F of this section. The vessel captain or operator is responsible for compliance with the provisions of this subsection.

C. Except as provided in subsection D of this section, it shall be unlawful for any person to land in Virginia or to possess for commercial purposes any shark less than 58 inches in fork length or any shark carcass less than 31 inches in carcass length.

D. Any person may harvest and land for commercial purposes from Virginia’s portion of the Territorial Sea within the three nautical mile line only up to 200 pounds of shark carcasses less than the 31-inch minimum carcass length.

E. It shall be unlawful for any person to take, possess aboard any vessel or land in Virginia any spiny dogfish harvested from federal waters (Exclusive Economic Zone, 3-200 miles) for commercial purposes after it has been announced that the federal quota for spiny dogfish has been taken.

F. It shall be unlawful for any person to take, possess aboard any vessel or land in Virginia more than 4,000 pounds of spiny dogfish per day, from May 1 through October 30, or 300 pounds of spiny dogfish per day, from November 1 through April 30, for commercial purposes.

G. It shall be unlawful for any person to harvest any spiny dogfish for commercial purposes from state waters after it has been announced that the interstate quota for spiny dogfish has been taken.

H. It shall be unlawful for any person to land in Virginia for commercial purposes any spiny dogfish after it has been announced that the 500,000-pound state quota has been caught.

I. All spiny dogfish harvested from state waters or federal waters for commercial purposes must be sold to a federally permitted dealer.

J. It shall be unlawful for any buyer of seafood to receive any spiny dogfish after any commercial harvest or landing quota described in this section has been attained and announced as such.

4 VAC 20-490-45. Reporting requirements. *(Repealed.)*

The dealer shall contact the VMRC Interactive Voice Response System (1-800-937-9247) and report the harvester’s name and corresponding weight of spiny dogfish landed within 24 hours.

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Virginia Register of Regulations

2230
TITLE 12. HEALTH

STATE BOARD OF HEALTH

Title of Regulation: 12 VAC 5-90. Regulations for Disease Reporting and Control (amending 12 VAC 5-90-10, 12 VAC 5-90-40, 12 VAC 5-90-80, 12 VAC 5-90-90, 12 VAC 5-90-100, 12 VAC 5-90-110, 12 VAC 5-90-160, and 12 VAC 5-90-180; adding 12 VAC 5-90-225, and 12 VAC 5-90-280 through 12 VAC 5-90-360).


Effective Date: July 28, 2004.

Agency Contact: Diane Woolard, Ph.D., M.P.H., Director, Surveillance and Investigation, Department of Health, 1500 W. Main Street, Room 113, Richmond, VA 23219, telephone (804) 864-8124, FAX (804) 864-7902, or e-mail diane.woolard@vdh.virginia.gov.

Summary: The amendments bring the regulations into compliance with recent changes to the Code of Virginia and with recent changes in the field of communicable disease control and emergency preparedness to be implemented to protect the health of the citizens of Virginia. The amendments (i) add and clarify several definitions; (ii) update the reportable disease list and the list of diseases requiring rapid reporting, including reducing the time allowed for reporting some diseases; (iii) update the immunization schedule for children; (iv) add a requirement to report diseases that may be due to a biologic agent used as a weapon; (v) add information about how laboratories shall report their inventories of dangerous microbes and pathogens; (vi) provide additional requirements for the reporting and control of tuberculosis; (vii) update the list of conditions reportable by laboratories and the tests used to confirm those conditions; (viii) require private laboratories to submit designated specimens to the state laboratory for confirmation and further testing; and (ix) reduce the timeframe for reporting diseases from seven days to three days.

Summary of Public Comments and Agency's Response: A summary of public comments made by the public may be obtained from the promulgating agency or viewed at the office of the Registrar of Regulations.

REGISTRAR'S NOTICE: The proposed regulation was adopted as published in 19:25 V.A.R. 3694-3712 August 25, 2003, with the changes identified below. Pursuant to § 2.2-4031 A of the Code of Virginia, the adopted regulation is not published at length; however, the sections that have changed since publication of the proposed are set out.

12 VAC 5-90-10. [No change from proposed.]
12 VAC 5-90-40. [No change from proposed.]
12 VAC 5-90-80. Reportable disease list.

A. The board declares suspected or confirmed cases of the following named diseases, toxic effects, and conditions to be reportable by the persons enumerated in 12 VAC 5-90-90. Conditions identified by an asterisk (*) require rapid communication to the local health department within 24 hours of suspicion or confirmation, as defined in subsection B of this section. Other conditions should be reported within three days of suspected or confirmed diagnosis.

Acquired Immunodeficiency Syndrome (AIDS) Amebiasis
*Anthrax
Arboviral infections (e.g., EEE, LAC, SLE, WNV)
*Botulism
*Brucellosis
Campylobacter infection Chancroid
Chickenpox Chlamydia trachomatis infections
*Cholera
Creutzfeldt-Jakob disease if < 55 years of age Cryptosporidiosis
Cyclosporiasis
*Diphtheria
*Disease caused by an agent that may have been used as a weapon
Ehrlichiosis
Escherichia coli O157:H7 and other enterohemorrhagic E. coli infections Giardiasis
Gonorrhea
Granuloma inguinale
*Haemophilus influenzae infection, invasive Hantavirus pulmonary syndrome
*Hepatitis A (IgM +)
Hepatitis B: (acute and chronic) Acute disease (IgM +) HBsAg positive pregnant women
Hepatitis C (acute and chronic) Hepatitis, other acute viral
*Human immunodeficiency virus (HIV) infection Influenza
Kawasaki syndrome
Lead-elevated blood levels Legionellosis
Leprosy ([Hansen Hansen's] disease) Listeriosis
Lyme disease Lymphogranuloma venereum
*Malaria
Measles (Rubeola)
*Meningococcal infection
*Monkeypox
Mumps
Ophthalmia neonatorum
*Outbreaks, all (including foodborne, nosocomial, occupational, toxic substance-related, waterborne, and other outbreaks)
*Pertussis (Whooping cough)
*Plague
*Polioymelitis
*Psittacosis
*Q fever
*Rabies, human and animal
Rabies treatment, post-exposure
Rocky Mountain spotted fever
[ * ] Rubella (German measles), including congenital rubella syndrome
Salmonellosis
*Severe Acute Respiratory Syndrome (SARS)
Shigellosis
*Smallpox (Variola)
Streptococcal disease, Group A, invasive
Streptococcus pneumoniae, invasive in <5 years of age
Syphilis (report *primary and *secondary syphilis by rapid means)
Tetanus
Toxic shock syndrome
Toxic substance-related illness
Trichinosis (Trichinellosis)
*Tuberculosis, active disease
Tuberculosis infection in children ages <4 years (Mantoux tuberculin skin test reaction >10 mm)
*Tularemia
Typhoid fever
Typhus
*Unusual occurrence of disease of public health concern
*Vaccinia, disease or adverse event
Vancomycin-resistant Staphylococcus aureus
*Vibrio infection
*Viral hemorrhagic fever
*Yellow Fever

B. Diseases reportable by directors of laboratories.

Amebiasis - by microscopic examination, antigen detection method or serology
*Anthrax - by culture or polymerase chain reaction or other nucleic acid amplification method
Arboviral infection - by viral isolation, serology or polymerase chain reaction or other nucleic acid amplification method
*Botulism - by identification of toxin in stool, serum or gastric aspirate or by culture
*Brucellosis - by culture, serology or polymerase chain reaction or other nucleic acid amplification method of Brucella spp. in a clinical specimen
Campylobacter infection - by culture
Chancroid - by culture, immunofluorescence or polymerase chain reaction or other nucleic acid amplification method
Chickenpox - by culture or serology
Chlamydia trachomatis infection - by culture or by antigen or nucleic acid detection methods

*Cholera - by culture or serology
Creutzfeldt-Jakob disease - presumptive diagnosis via histopathology in patients 55 years of age and under
Cryptosporidiosis - by microscopic examination of stool or biopsy specimens, antigen detection method, immunofluorescent antibody or polymerase chain reaction or other nucleic acid amplification method
Cyclosporiasis - by microscopic examination of stool
*Diphtheria - by culture
Ehrlichiosis - by serology, polymerase chain reaction, other nucleic acid amplification method or culture
Escherichia coli O157:H7 - by isolation of E. coli O157:H7, E. coli O157, or other Shiga toxin-producing enterohemorrhagic E. coli from a clinical specimen.
Giardiasis - by microscopic examination or antigen detection method
Gonococcal infection - by culture, microscopic examination of a urethral smear specimen (males only) or by nucleic acid detection method
*Haemophilus influenzae infection - by culture, immunofluorescence, EIA, or polymerase chain reaction or other nucleic acid amplification method of a normally sterile site
*Hepatitis A - by serology specific for IgM antibodies
Hepatitis B - Report either of the following:
  1. Serology specific for IgM antibodies
  2. HBsAg positive results
Hepatitis C – by laboratory results that indicate: (i) serum aminotransferase levels greater than seven times the upper limit of normal; (ii) IgM anti-HAV negative; (iii) IgM anti-HBc negative (if done) or HBsAg negative; and (iv) antibody to hepatitis C virus (anti-HCV) positive verified by a repeat anti-HCV positive test by EIA and confirmed by a more specific assay or positive by RIBA, nucleic acid test, or anti-HCV by EIA with a signal-to-cutoff ratio of 3.8 or greater
Human immunodeficiency virus (HIV) infection - by laboratory results which indicate the presence of HIV antigen, nucleic acid, or antibodies such as [ at least two ] enzyme-linked immunosorbert assays [ done in duplicate at the same time or singly at different times], and positive confirmed with ] a supplemental test such as the western blot or by rapid tests with confirmation [ ]
Influenza - by culture, serology or antigen detection method (report total number per week and by type, if available)
Lead-elevated blood levels - blood lead level greater than or equal to 10µg/dL in children ages 0-15 years or greater than or equal to 25 µg/dL in persons older than 15 years of age
Legionellosis - by culture, direct fluorescent antibody test, serology, urine antigen detection method or polymerase chain reaction or other nucleic acid amplification method
Listeriosis - by culture
Malaria - by microscopic examination, polymerase chain reaction or other nucleic acid amplification method or antigen detection method

*Measles - by serology specific for IgM antibodies, paired sera results indicating a significant rise in antibody level, by culture or polymerase chain reaction or other nucleic acid amplification method

*Meningococcal Infection – by culture or antigen detection of a normally sterile site

*Monkeypox - by nucleic acid amplification method or culture

Mumps - by serology specific for IgM antibodies or paired sera results indicating a significant rise in antibody level or by culture

*Mycobacterial diseases – (See 12 VAC 5-90-220 B) Report any of the following:
  1. Acid fast bacilli - on smear
  2. Mycobacterial identification - preliminary identification by rapid methodologies and/or by culture or polymerase chain reaction
  3. Drug susceptibility test results for M. tuberculosis.

*Pertussis - confirmed by culture or polymerase chain reaction or other nucleic acid amplification method or suspected by direct fluorescent antibody test

*Plague - by culture or direct fluorescent antibody test

*Poliomyelitis - by culture or serology

*Psittacosis – by culture, antigen detection method or polymerase chain reaction or other nucleic acid amplification method

*Q fever – by serology, immunofluorescent antibody, polymerase chain reaction or other nucleic acid amplification method or enzyme linked immunosorbent assay

*Rabies, human and animal - by direct fluorescent antibody test

Rocky mountain spotted fever – by serology, indirect immunofluorescent antibody, enzyme immunoassay, polymerase chain reaction or other nucleic acid amplification method or immunohistochemical staining

[ *]Rubella - by serology specific for IgM antibodies or paired sera results indicating a significant rise in antibody level or by culture

Salmonella infection - by culture

*Severe Acute Respiratory Syndrome - by nucleic acid amplification method, serology, or culture

Shigella infection - by culture

*Smallpox (variola) - by culture or polymerase chain reaction or other nucleic acid amplification method via reference laboratory

Streptococcal disease, Group A - by culture from a normally sterile site

Streptococcus pneumoniae, invasive – by culture from a normally sterile site in a child under the age of five years

*Syphilis - by serology, dark field examination, direct fluorescent antibody, or equivalent methods

Trichinosis - by serology or microscopic examination of a muscle biopsy

*Tularemia – by culture, paired serology, polymerase chain reaction or other nucleic acid amplification method or direct immunofluorescent assay

Typhus - by immunofluorescent assay, enzyme immunoassay, complement fixation or immunohistochemical staining

*Vaccinia - by nucleic acid amplification method or culture

[ Vaccinia – by polymerase chain reaction or other nucleic acid amplification method or electron microscopy ]

Vancomycin-resistant Staphylococcus aureus - by antimicrobial susceptibility testing conducted on culture

*Viral hemorrhagic fever - by polymerase chain reaction or other nucleic acid amplification method, immunofluorescent assay, complement fixation, virus isolation or enzyme linked immunosorbent assay

*Yellow fever - by virus isolation, enzyme linked immunosorbent assay, polymerase chain reaction or other nucleic acid amplification method or immunofluorescent assay.

B. C. Reportable diseases requiring rapid communication. Certain of the diseases in the list of reportable diseases, because of their extremely contagious nature or their potential for greater harm, or both, require immediate identification and control. Reporting of persons confirmed or suspected of having these diseases, listed below and identified by asterisks in subsection A of this section and 12 VAC 5-90-90 B. shall be made within 24 hours by the most rapid means available, preferably that of telecommunication (e.g., telephone, telephone transmitted facsimile, telegraph, teletype, pagers, etc.) to the local health director or other professional employee of the department. (These same diseases are also identified by an asterisk (*) in subsection A of this section and 12 VAC 5-90-90 B).

Anthrax
Botulism
Brucellosis
Cholera
Diphtheria
Disease caused by an agent that may have been used as a weapon
Haemophilus influenza infection, invasive
Hepatitis A
Measles (Rubella)
Meningococcal infection

[ Monkeypox ]
Outbreaks, all
Pertussis
Plague
Poliomyelitis
Psittacosis
Q fever
Rabies in man, human and animals animal
[ Rubella ]
[ Severe Acute Respiratory Syndrome ]
Smallpox (Variola)
Syphilis, primary and secondary
Tuberculosis, active disease
Tularemia
Unusual occurrence of disease of public health concern
Vaccinia, disease or adverse event
Vibrio infection
Viral hemorrhagic fever
Yellow Fever

C.D. Diseases to be reported by number of cases. The following disease in the list of reportable diseases shall be reported as number-of-cases only:

Influenza (by type, if available)

D.E. Human immunodeficiency virus (HIV) infection.

Every physician practicing in this Commonwealth shall report to the local health department any patient of his who has tested positive for human immunodeficiency virus (HIV). Every person in charge of a medical care facility shall report the occurrence in or admission to the facility of a patient with HIV infection unless there is evidence that the occurrence has been reported by a physician. When such a report is made, it shall include the information required in 12 VAC 5-90-90 A. Only individuals who have laboratory results which indicate the presence of HIV antigen, nucleic acid, or antibodies (such as at least two enzyme-linked immunosorbent assays (done in duplicate at the same time or singly at different times), and a supplemental test such as the western blot or by rapid tests with confirmation) are considered to have HIV infection.

E.F. Toxic substance-related diseases or illnesses.

All toxic substance-related diseases or illnesses, including pesticide and heavy metal poisoning or illness or disease resulting from exposure to an occupational dust or fiber or radioactive substance, shall be reported.

If such disease or illness is verified or suspected and presents an emergency or a serious threat to public health or safety, the report of such disease or illness shall be by rapid communication as in subsection B of this section.

E.G. Outbreaks. The occurrence of outbreaks or clusters of any illness which may represent a group expression of an illness which may be of public health concern shall be reported to the local health department by the most rapid means available.

G.H. Unusual or ill-defined diseases or emerging or reemerging pathogens. Unusual or emerging conditions of public health concern shall be reported to the local health department by the most rapid means available. In addition, the commissioner or his designee may establish temporary surveillance systems for diseases or conditions that are not on the list of reportable diseases. Such surveillance may be established to identify cases (delineate the magnitude of the situation), to identify the mode of transmission and risk factors for the disease, and to identify and implement appropriate action to protect public health. Any person reporting information at the request of the department for special surveillance or other epidemiological studies shall be immune from liability as provided by § 32.1-38 of the Code of Virginia.

H. Contact tracing. When notified about a disease specified in subsection A of this section, the local health department shall perform contact tracing for HIV infection, infectious syphilis, and tuberculosis and may perform contact tracing for the other diseases if deemed necessary to protect the public health. The local health director shall have the responsibility to accomplish contact tracing by either having patients inform their potential contacts directly or through obtaining pertinent information such as names, descriptions, and addresses to enable the health department staff to inform the contacts. All contacts of HIV infection shall be afforded the opportunity for appropriate counseling, testing, and individual face-to-face disclosure of their test results. In no case shall names of informants or infected persons be revealed to contacts by the health department. All information obtained shall be kept strictly confidential.

12 VAC 5-90-90. Those required to report.

A. Physicians. Each physician who treats or examines any person who is suffering from or who is suspected of having a reportable disease or condition shall report that person’s name, address, age, or, date of birth or both, sex, race, name of disease diagnosed or suspected, and the date of onset of illness, except that influenza should be reported by number of cases only (and type of influenza, if available). The pregnancy status of females who test positive for HbsAg should be reported, if available. Reports are to be made to the local health department serving the jurisdiction where the physician practices. A physician may designate someone to report on his behalf, but the physician remains responsible for ensuring that the appropriate report is made. Provider organizations, such as health maintenance organizations, may assume the responsibility for reporting on behalf of their member physicians. Any physician, designee, or organization making such report as authorized herein shall be immune from liability as provided by § 32.1-38 of the Code of Virginia.

Such reports shall be made on a form to be provided by the department (Epi-1), a computer generated facsimile of printout containing the data items requested on Form Epi-1, or a Centers for Disease Control and Prevention (CDC) surveillance form that provides the same information and shall be made within seven days of the identification suspicion or confirmation of disease unless the disease in question requires rapid reporting under 12 VAC 5-90-80. Reporting may be done by means of secure electronic transmission upon agreement of the physician and the department.

Pursuant to § 32.1-49.1 of the Code of Virginia, additional elements are required to be reported for individuals with confirmed or suspected active tuberculosis disease. Refer to Part X for details on these requirements.
B. Directors of laboratories. Any person who is in charge of a laboratory conducting business in the Commonwealth shall report any laboratory examination of any specimen derived from the human body, whether performed in-house or referred to an out-of-state laboratory, which yields evidence, by the laboratory method(s) indicated or any other confirmatory test, of a disease listed below in 12 VAC 5-90-80 B:

- Amebiasis—by microscopic examination or antigen-detection method or serology
- Anthrax—by culture
- Arboviral infection—by viral isolation or serology
- Botulism—by identification of toxin in stool or serum or by culture
- Brucellosis—by culture or serology or immunofluorescence of Brucella spp. in a clinical specimen
- Campylobacter infection—by culture
- Chancroid—by culture
- Chlamydia trachomatis infection—by culture or by antigen or nucleic acid detection method
- Cholera—by culture
- Cryptosporidiosis—by microscopic examination of stool or biopsy specimens or by antigen-detection method
- Cyclosporiasis—by microscopic examination of stool
- Diphtheria—by culture or histopathologic diagnosis
- Escherichia coli O157:H7—by isolation of E. coli O157:H7 or other enterohemorrhagic E. coli from a specimen or isolation of Shiga toxin-producing E. coli O157 nonmotile (unable to detect flagellar factor) from a clinical specimen
- Giardiasis—by microscopic examination or antigen-detection method
- Gonococcal infection—by culture or microscopic examination or by antigen or nucleic acid detection method
- Haemophilus influenzae infection—by culture or polymerase chain reaction of a normally sterile site
- Hepatitis A—by serology specific for IgM antibodies
- Hepatitis B—by serology specific for IgM antibodies
- Human immunodeficiency virus (HIV) infection—by laboratory results which indicate the presence of HIV antigen, nucleic acid, or antibodies (such as at least two enzyme-linked immunosorbent assays (done in duplicate at the same time or singly at different times), and a supplemental test such as the western blot or by rapid tests with confirmation)
- Influenza—by culture or serology
- Lead—elevated blood levels—venous blood lead level greater than or equal to 10 μg/dL in children ages 0-15 or greater than or equal to 25 μg/dL in persons older than 15 years of age
- Legionellosis—by culture, direct fluorescent antibody test, serology, urine antigen detection method or polymerase chain reaction
- Listeriosis—by culture
- Malaria—by microscopic examination or polymerase chain reaction
- Measles—by serology specific for IgM antibodies or paired sera results indicating a significant rise in antibody level or by culture
- Meningococcal infection—by culture of a normally sterile site
- Mumps—by serology specific for IgM antibodies or paired sera results indicating a significant rise in antibody level or by culture
- Mycobacterial diseases—Report any of the following:
  1. Acid fast bacilli—on smear
  2. Mycobacterial identification—by rapid methodologies and/or by culture
  3. Drug susceptibility test results for M. tuberculosis
- Pertussis—confirmed by culture or polymerase chain reaction or suspected by direct fluorescent antibody test
- Plague—by culture or direct fluorescent antibody test
- Poliomyelitis—by culture or serology
- Rabies in animals—by direct fluorescent antibody test
- Rubella—by serology specific for IgM antibodies or paired sera results indicating a significant rise in antibody level or by culture
- Salmonella infection—by culture
- Shigellosis—by culture
- Streptococcal disease, Group A—by culture from a normally sterile site
- Syphilis—by serology or dark field examination
- Trichinosis—by serology or microscopic examination of muscle biopsy
- Vancomycin-resistant Staphylococcus aureus—by antimicrobial susceptibility testing conducted on culture
- Vibrio infection—by culture

Each report shall give the source of the specimen and the laboratory method and result; the name, age, or date of birth or both, race, sex, and address of the person from whom the specimen was obtained; and the name and address of the physician or medical facility for whom the examination was made. When the influenza virus is isolated, the type should be reported, if available. The pregnancy status of females who test positive for HBsAg should be reported, if available. Reports shall be made within seven days of identification of evidence of disease, except that those identified by an asterisk shall be reported within 24 hours by the most rapid means available, to the local health department serving the jurisdiction in which the laboratory is located.
Reports shall be made on Form Epi-1 or on the laboratory's own form if it includes the required information. Computer generated reports containing the required information may be submitted. Reporting may be done by means of secure electronic transmission upon agreement of the laboratory director and the department. Any person making such report as authorized herein shall be immune from liability as provided by § 32.1-38 of the Code of Virginia.

A laboratory operating within a medical care facility shall fulfill its responsibility to report anthrax, cholora, diphtheria, E. coli O157:H7, H. influenzae infection, Listeria \[\] meningococcal infection, Mycobacterium tuberculosis (see 12 VAC 5-90-220), pertussis, plague, poliomyelitis, Salmonella infection, Shigella infection, invasive Group A streptococcal infection, and other diseases as may be requested by the health department by both notifying the health department of the positive culture and submitting the initial culture to the Virginia Division of Consolidated Laboratory Services (DCLS). The culture Stool specimens that test positive for Shiga toxin shall be submitted to DCLS for organism identification. All specimens must be identified with the patient and physician information required in this subsection. At times, other laboratories may also be requested to submit specimens to the Virginia Division of Consolidated Laboratory Services.

Laboratories operating within a medical care facility shall be considered to be in compliance with the requirement to [report to notify] the health department when the director of that medical care facility assumes the reporting responsibility.

C. Person in charge of a medical care facility. Any person in charge of a medical care facility shall make a report to the local health department serving the jurisdiction where the facility is located of the occurrence in or admission to the facility of a patient with a reportable disease listed in 12 VAC 5-90-80 A unless he has evidence that the occurrence has been reported by a physician. Any person making such report as authorized herein shall be immune from liability as provided by § 32.1-38 of the Code of Virginia. The requirement to report shall include all inpatient, outpatient and emergency care departments within the medical care facility. Such report shall contain the patient's name, age or date of birth or both, address, sex, race, name of disease being reported, the date of admission, hospital chart number, date expired (when applicable), and attending physician. Influenza should be reported by number of cases only (and type of influenza, if available). The pregnancy status of females who test positive for HBsAg should be reported, if available. Reports shall be made within seven days of the identification suspicion or confirmation of disease unless the disease in question requires rapid reporting under 12 VAC 5-90-80 and shall be made on Form Epi-1, a computer generated facsimile of printout containing the data items requested on Form Epi-1, or a Centers for Disease Control and Prevention (CDC) surveillance form that provides the same information. Reporting may be done by means of secure electronic transmission upon agreement of the medical care facility and the department.

A person in charge of a medical care facility may assume the reporting responsibility on behalf of the director of the laboratory operating within the facility.

D. Person in charge of a school or, child care center, or summer camp. Any person in charge of a school, child care center, or summer camp shall report immediately to the local health department the presence or suspected presence in his school or child care center of children who have common symptoms suggesting an epidemic or outbreak situation. Any person so reporting shall be immune from liability as provided by § 32.1-38 of the Code of Virginia.

E. Local health director. The local health director shall forward within seven days of receipt to the Office of Epidemiology of the State Health Department any report of a disease or report of evidence of a disease which has been made on a resident of his jurisdiction. This report shall be by telecommunication if the disease is one requiring rapid communication, as required in 12 VAC 5-90-80. All such rapid reporting shall be confirmed in writing and submitted to the Office of Epidemiology within seven days. Furthermore, the local health director shall immediately forward to the appropriate local health director any disease reports on individuals residing in the latter's jurisdiction or to the Office of Epidemiology on individuals residing outside Virginia.

When notified about a disease specified in 12 VAC 5-90-80, the local health department shall perform contact tracing for HIV infection, infectious syphilis, and active tuberculosis disease and may perform contact tracing for the other diseases if deemed necessary to protect the public health. The local health director shall have the responsibility to accomplish contact tracing by either having patients inform their potential contacts directly or through obtaining pertinent information such as names, descriptions, and addresses to enable the health department staff to inform the contacts. All contacts of HIV infection shall be afforded the opportunity for appropriate counseling, testing, and individual face-to-face disclosure of their test results. In no case shall names of informants or infected persons be revealed to contacts by the health department. All information obtained shall be kept strictly confidential.

The local health director or his designee shall review reports of diseases received from his jurisdiction and follow up such reports, when indicated, with an appropriate investigation in order to evaluate the severity of the problem. He shall determine, in consultation with the Director of the Office of Epidemiology and the commissioner, if further investigation is required and if complete or modified quarantine will be necessary.

Modified quarantine shall apply to situations in which the local health director on the scene would be best able to judge the potential threat of disease transmission. Such situations shall include, but are not limited to, the temporary exclusion of a child with a communicable disease from school and the temporary prohibition or restriction of any individual(s), exposed to or suffering from a communicable disease, from engaging in an occupation such as food handling that may pose a threat to the public. Modified quarantine shall also include the exclusion, under § 32.1-47 of the Code of Virginia, of any unimmunized child from a school in which an outbreak, potential epidemic, or epidemic of a vaccine preventable disease has been identified. In these situations, the local health director may be authorized as the commissioner's
designee to order the least restrictive means of modified quarantine.

Where modified quarantine is deemed to be insufficient and complete quarantine or isolation is necessary to protect the public health, the local health director, in consultation with the Director of the Office of Epidemiology, shall recommend to the commissioner that a quarantine order or isolation order be issued.

F. Person in charge of hospitals, nursing facilities or nursing homes, adult care residences, assisted living facilities, and correctional facilities. In accordance with § 32.1-37.1 of the Code of Virginia, any person in charge of a hospital, nursing facility or nursing home, adult care residence or correctional facility shall, at the time of transferring custody of any dead body to any person practicing funeral services, notify the person practicing funeral services or his agent if the dead person was known to have had, immediately prior to death, an infectious disease which may be transmitted through exposure to any bodily fluids. These include any of the following infectious diseases:

Creutzfeldt-Jakob disease
Human immunodeficiency virus infection
Hepatitis B
Hepatitis C
Monkeypox
Rabies
Smallpox
Infectious Syphilis, infectious
Tuberculosis, active disease
Vaccinia, disease or adverse event
Viral hemorrhagic fever

G. Employees, applicants, and persons in charge of food establishments. 12 VAC 5-421-80 of the Food Regulations requires a food employee or applicant to notify the person in charge of the food establishment when diagnosed with certain diseases that are transmissible through food. 12 VAC 5-421-120 requires the person in charge of the food establishment to notify the health department. Refer to the appropriate sections of the Virginia Administrative Code for further guidance and clarification regarding these reporting requirements.

12 VAC 5-90-100. [ No change from proposed. ]
12 VAC 5-90-110. [ No change from proposed. ]
12 VAC 5-90-160. Reportable cancers and tumors.

Clinically or pathologically diagnosed cancers, as defined in 12 VAC 5-90-10, and benign brain tumors and benign brain and central nervous system tumors shall be reported to the Virginia Cancer Registry in the department. [ The reporting of benign tumors of the brain and central nervous system is encouraged. ] Carcinoma in situ of the cervix is not reportable.

12 VAC 5-90-180. Data to be reported. Report contents and procedures.

Each report shall include the patient's name, address (including county or independent city of residence), age, date of birth, sex, date of diagnosis, date of admission or first contact, primary site of cancer, histology (including type, behavior, and grade), basis of diagnosis, social security number, race, ethnicity, marital status, usual occupation, usual industry, sequence number, laterality, stage, treatment, recurrence information (when applicable), name of reporting facility, vital status, cause of death (when applicable), date of last contact, history of tobacco and alcohol use, and history of service in Vietnam and exposure to dioxin-containing compounds [ , when applicable ].

Reporting shall be by electronic means where possible. Output file formats shall conform to the most recent version of the North American Association of Central Cancer Registries' standard data file layout. Facilities without electronic reporting means and physicians shall submit the required information on the Virginia Cancer Registry Reporting Form. A copy of the pathology report(s) should accompany each completed reporting form, when available. Medical care facilities and clinics reporting via the reporting form should also submit a copy of the admission form and discharge summary.

Reports shall be made within six months of the diagnosis of cancer and submitted to the Virginia Cancer Registry on a monthly basis. Cancer programs conducting annual follow-up on patients shall submit follow-up data monthly in an electronic format approved by the Virginia Cancer Registry.

PART X.
TUBERCULOSIS CONTROL.

12 VAC 5-90-225. Additional data to be reported related to persons with active tuberculosis disease (confirmed or suspected).

A. Physicians and directors of medical care facilities are required to submit all of the following:

1. An initial report to be completed when there are reasonable grounds to suspect that a person has active TB disease, but no later than when antituberculosis drug therapy is initiated. The reports must include the following: the affected person's name; [ age; ] date of birth; gender; address; pertinent clinical, radiographic, microbiologic and pathologic reports, whether pending or final; such other information as may be needed to locate the patient for follow-up; and name and address of the treating physician.

2. A secondary report to be completed simultaneously or within one to two weeks following the initial report. The report must include: the date and results of tuberculin skin test (TST); the date and results of the initial and any follow-up chest radiographs; the dates and results of bacteriologic or pathologic testing, the antituberculosis drug regimen, including names of the drugs, dosages and frequencies of administration, and start date; the date and results of drug susceptibility testing; HIV status; contact screening information; and name and address of treating physician.

3. Subsequent reports are to be made when updated information is available. Subsequent reports are required when: clinical status changes, the treatment regimen changes; treatment ceases for any reason; or there are any updates to laboratory results, treatment adherence, name and address of current provider, patient location or contact information, or other additional clinical information.
4. Physicians and/or directors of medical care facilities responsible for the care of a patient with active tuberculosis disease are required to develop and maintain a written treatment plan. This plan must be in place no later than the time when antituberculosis drug therapy is initiated. Patient adherence to this treatment plan must be documented. The treatment plan and adherence record are subject to review by the local health director or his designee at any time during the course of treatment.

5. The treatment plan for the following categories of patients must be submitted to the local health director or his designee for approval no later than the time when antituberculosis drug therapy is initiated. Patient adherence to this treatment plan must be documented. The treatment plan and adherence record are subject to review by the local health director or his designee at any time during the course of treatment.

   a. For individuals who are inpatients or incarcerated, the responsible provider or facility must submit the treatment plan for approval prior to discharge or transfer.

   b. Individuals, whether inpatient, incarcerated, or outpatient, who also have one of the following conditions:

      (1) HIV infection

      (2) Known or suspected active TB disease resistant to rifampin, rifabutin, rifapentine or other rifamycin with or without resistance to any other drug.

      (3) A history of prior treated or untreated active TB disease, or a history of relapsed active TB disease.

      (4) A demonstrated history of nonadherence to any medical treatment regimen.

B. Laboratories are required to submit the following:

1. Results of smears that are positive for acid fast bacilli.

2. Results of cultures positive for any member of the M. tuberculosis complex (i.e., M. tuberculosis, M. bovis, M. africanum).

3. Results of rapid methodologies, including acid hybridization or nucleic acid amplification, which are indicative of M. tuberculosis complex.

4. Results of drug susceptibility tests performed on cultures positive for any member of the M. tuberculosis complex.

5. For each patient in whom one or more cultures are positive for any member of the M. tuberculosis complex, the submission of a viable, representative sample of at least the initial culture to the Virginia Division of Consolidated Laboratory Services for additional testing is encouraged.

PART XII.
REPORTING OF DANGEROUS MICROBES AND PATHOGENS.

12 VAC 5-90-280 through 12 VAC 5-90-320. [ No change from proposed. ]


Initial reports shall be made (within 90 days of the effective date of these regulations) by October 26, 2004. Thereafter, reports shall be made to the department within seven calendar days of submission of an application to the CDC Select Agent Program. By January 31 of every year, laboratories shall provide a written update to the department, which shall include a copy of the federal registration certificate received through the CDC Select Agent Program.

In the event that a select agent or toxin that has previously been reported to the department is destroyed, a copy of federal forms addressing the destruction of a select agent or toxin must be submitted to the department within seven calendar days of submission to the CDC Select Agent Program.

In the event that a select agent or toxin, or a specimen or isolate from a specimen containing a select agent or toxin, has previously been reported to the department and is subsequently transferred to a facility eligible for receiving the items, a copy of federal forms addressing the transfer of a select agent or toxin must be submitted to the department within seven calendar days of submission to the CDC Select Agent Program.

In the event of a suspected release, loss or theft of any select agent or toxin, the responsible official at a laboratory shall make a report to the department within 24 hours by the most rapid means available, preferably that of telecommunication (e.g., telephone, telephone transmitted facsimile, pagers, etc.). The rapid report shall be followed up by a written report within seven calendar days and shall include the following information:

1. The name of the biologic agent and any identifying information (e.g., strain or other characterization information);

2. An estimate of the quantity released, lost or stolen;

3. An estimate of the time during which the release, loss or theft occurred; and

4. The location (building, room) from or in which the release, loss or theft occurred. The report may contain additional information as required by 42 CFR Part 73 or the department.

The department must be notified in writing of any changes to information previously submitted to the department. If a new application or an amendment to an existing application is filed with the CDC Select Agent Program, a copy of the application or amendment must be submitted to the department within seven calendar days of submission to the CDC Select Agent Program.

12 VAC 5-90-340, 12 VAC 5-90-350 and 12 VAC 5-90-360. [ No change from proposed. ]

DOCUMENTS INCORPORATED BY REFERENCE. [ No change from proposed. ]
Final Regulations

TITLE 14. INSURANCE

STATE CORPORATION COMMISSION

Bureau of Insurance

REGISTRAR'S NOTICE: The State Corporation Commission is exempt from the Administrative Process Act in accordance with § 2.2-4002 A 2 of the Code of Virginia, which exempts courts, any agency of the Supreme Court, and any agency which by the Constitution is expressly granted any of the powers of a court of record.

Title of Regulation: 14 VAC 5-335. Rules Governing Claims-Made Liability Insurance Policies (adding 14 VAC 5-335-10 through 14 VAC 5-335-60).


Effective Date: January 1, 2005.

Agency Contact: Pat Worley, Principal Insurance Market Examiner, P.O. Box 1157, Richmond, VA 23218, telephone (804) 371-9668, FAX (804) 371-9396, toll free 1-800-552-7945 or e-mail pworley@scc.state.va.us.

Summary:

This regulation applies to all claims-made liability insurance policies delivered or issued for delivery in this Commonwealth becoming effective on or after January 1, 2005. Key provisions are as follows:

1. All claims-made liability insurance policies issued or delivered in the Commonwealth must include a provision offering extended reporting period coverage to the named insured upon termination of claims-made coverage.

2. Insurers are required to offer an unlimited extended reporting period for medical professional liability policies. Insurers are required to offer a two-year extended reporting period for all other claims-made liability policies. Insurers may also offer greater or more limited extensions of time in which to report claims.

3. Insurers must offer an extended reporting period that includes unimpaired limits of liability equal to the limits of the policy being extended. However, insurers may also offer higher or lower limits of liability applicable to the extended reporting period. This provision does not apply to excess or umbrella liability coverage, or environmental impairment or pollution liability coverage, or to a limited extended reporting period of 60 days or less provided automatically without an additional premium charge; nor does it apply to any other class, line, subclassification, or market segment exempted by order of the commission.

4. Insurers may not cancel extended reporting period coverage except for nonpayment of premium and fraud.

5. With the exception of a limited extended reporting period of 60 days or less provided automatically without an additional premium charge, insurers may not void extended reporting period coverage on the basis that other applicable insurance coverage is in effect.

Changes made to the proposed regulation are as follows:

1. The provision has been deleted that would have capped the extended reporting period premium at 200% of the expiring policy’s premium unless filed in accordance with § 38.2-1912 of the Code of Virginia.

2. The provision has been deleted that, with respect to excess or umbrella liability policies, would have prohibited the offering of the extended reporting period to be contingent on the existence or extent of underlying coverage.

3. The provision has been deleted that would have required an unlimited extended reporting period to be offered on all claims-made liability policies.

4. A provision has been added that requires a notice to be provided advising the insured that claims-made coverage has been purchased and that there are certain circumstances when an extended reporting period must be offered.

5. A provision has been added that states that, to the extent that policy limits apply separately to each named insured, each named insured is separately entitled to purchase an extended reporting period.

AT RICHMOND, JUNE 1, 2004

COMMONWEALTH OF VIRGINIA

At the relation of the

STATE CORPORATION COMMISSION

Ex Parte: In the matter of Adopting Rules Governing Claims-Made Liability Insurance Policies

ORDER ADOPTING RULES

By order entered herein January 6, 2003, all interested persons were ordered to take notice that the Commission would consider the entry of an order subsequent to February 27, 2003, adopting rules proposed by the Bureau of Insurance entitled Rules Governing Claims-Made Liability Insurance Policies, to be designated as Chapter 335 of Title 14 of the Virginia Administrative Code, unless on or before February 27, 2003, any person objecting to the adoption of the proposed rules filed a request for a hearing with the Clerk of the Commission.

The Order to Take Notice also required all interested persons to file their comments in support of or in opposition to the proposed rules on or before February 27, 2003.

The National Association of Professional Surplus Lines Offices, Ltd., filed comments with the Clerk on February 19, 2003. The National Association of Independent Insurers and the American Insurance Association filed comments and requests for a hearing with the Clerk on February 27, 2003; however, both associations subsequently withdrew their
The filed comments were extensive and, when viewed as a whole, recommended comprehensive revisions to the proposed rules. Among the primary objections raised by the interested persons were the following: (i) insurers must offer an unlimited extension of time to report claims; (ii) insurers may not charge more than 200% of the expiring policy’s premium for the extended reporting period unless filed in accordance with the delayed effect provisions set forth in § 38.2-1912 of the Code of Virginia; (iii) for most claims-made liability insurance policies, insurers must offer an extended reporting period that includes unimpaired limits of liability equal to the limits of the policy being extended; and (iv) the offer of an extended reporting period by an insurer providing excess or umbrella liability coverage may not be contingent upon the continuation of the underlying policy or the purchase of an extended reporting period for the underlying policy. The overall concern expressed by a majority of the interested persons was that such requirements would adversely affect the affordability and availability of claims-made liability insurance policies delivered or issued for delivery in Virginia.

The Bureau reviewed the filed comments and, in response, made the following revisions to the proposed rules: (i) insurers must offer an unlimited extension of time to report claims for medical professional liability insurance policies only; for all other claims-made liability insurance policies, a two-year extended reporting period must be offered; (ii) insurers may charge more than 200% of the expiring policy’s premium for the extended reporting period without being subject to § 38.2-1912; and (iii) insurers are not required to offer an extended reporting period on excess or umbrella liability policies if the underlying policy is not continued or the extended reporting period on the underlying policy is not purchased.

In addition to the revisions made in response to the filed comments, the Bureau also made the following substantive revisions to the proposed rules: (i) insurers must provide a notice advising insureds that claims-made coverage has been purchased and that there are certain circumstances when an extended reporting period must be offered; and (ii) to the extent that policy limits apply separately to each named insured, each named insured is separately entitled to purchase an extended reporting period.

Furthermore, as set forth in its Statement of Position filed with the Clerk on June 1, 2004, the Bureau recommends that the provision requiring insurers to offer unimpaired limits of liability should remain in the rules. The Bureau also provides an explanation for why it recommends that the proposed rules be revised to require the offer of an unlimited extended reporting period for medical professional liability insurance policies and the offer of a two-year extended reporting period for all other claims-made liability insurance policies.

The Commission, having considered the proposed rules, the filed comments, and the Bureau’s response and recommendations, is of the opinion that the attached rules, which reflect the Bureau’s recommendations, should be adopted.

THEREFORE, IT IS ORDERED THAT:

(1) The Rules Governing Claims-Made Liability Insurance Policies, which are attached hereto and made a part hereof, should be, and they are hereby, ADOPTED to be effective January 1, 2005;

(2) AN ATTESTED COPY hereof shall be sent by the Clerk of the Commission to the Bureau of Insurance in care of Deputy Commissioner Mary M. Bannister, who forthwith shall give further notice of the adoption of the rules by mailing a copy of this Order, together with a copy of the rules, to all insurers licensed by the Commission to write liability insurance, other than automobile liability insurance, in the Commonwealth of Virginia, and certain interested parties designated by the Bureau of Insurance.

(3) The Commission’s Division of Information Resources forthwith shall cause a copy of this Order, including a copy of the attached rules, to be forwarded to the Virginia Registrar of Regulations for appropriate publication in the Virginia Register of Regulations and shall make this Order and the attached rules available on the Commission’s website, http://www.state.va.us/scc/caseinfo.htm.

(4) The Bureau of Insurance shall file with the Clerk of the Commission an affidavit of compliance with the notice requirements of paragraph (2) above.

CHAPTER 335. RULES GOVERNING CLAIMS-MADE LIABILITY INSURANCE POLICIES.

14 VAC 5-335-10. Scope.

The provisions of this chapter shall apply to all policies of liability insurance, as defined in §§ 38.2-117 [and , ] 38.2-118 [ , and subsection B of § 38.2-111] of the Code of Virginia, that limit the time allowed for reporting claims arising out of injury [ or , ] damage [ , or wrongful act or omission ] covered by the policy. Any such policy shall be deemed to be a claims-made liability insurance policy for purposes of this chapter. The provisions of this chapter shall apply to all claims-made liability insurance policies delivered or issued for delivery in the Commonwealth to become effective on or after [ May 1, 2003 January 1, 2005 ]

14 VAC 5-335-20. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

“Claims-made liability insurance policy” means an insurance policy or endorsement providing coverage for the insured’s liability for injury [ or , ] damage [ , or wrongful act or omission ] occurring prior to the termination of coverage but subsequent to any [ applicable ] retroactive date, provided the claim for such injury [ or , ] damage [ , or wrongful act or omission ] is first made during the policy period or any extended reporting period.
"Extended reporting [coverage period]" means an extension of the time allowed for reporting claims, after termination of claims-made liability coverage, for injury [or], damage [or, or wrongful act or omission] that occurred prior to termination of the coverage and that, except for the requirement to report claims during the policy period, was otherwise covered by the policy.

"Retroactive date" means the date on or after which injury [or, or] damage [or, or wrongful act or omission] may occur and be covered under a claims-made liability [insurance] policy.

14 VAC 5-335-30. Insurers to offer extended reporting [period] coverage.

A. Any insurer that issues or delivers a claims-made liability insurance policy [issued or delivered] in this Commonwealth shall offer include a provision which shall offer to each the named insured extended reporting [period] coverage [or, 4]. The extended reporting coverage shall be offered in writing, to all named insureds] upon termination of claims-made coverage. To the extent that policy limits apply separately to each named insured, each named insured shall be separately entitled to purchase an extended reporting period.] Termination of claims-made coverage shall include:

1. Cancellation or nonrenewal of the policy by the insurer or the insured;
2. Advancement of any [applicable] retroactive date;
3. Renewal of the coverage on other than a claims-made basis.

B. The insured shall be allowed at least 30 days after termination in which to purchase the extended reporting [period] coverage.

C. Notwithstanding the foregoing, extended reporting [period] coverage does not have to be offered if cancellation or nonrenewal of a claims-made [liability insurance] policy is due to:

1. Nonpayment of premium; [or]
2. Failure to comply with terms or conditions of the policy [or]; or
3. Fraud

D. No insurer shall deliver or issue for delivery a claims-made liability insurance policy in this Commonwealth unless such policy contains the provisions set forth in [subsections A, B and C of] this section.

E. The following notice, or a notice that is substantially similar, shall be provided in writing with each new and renewal claims-made liability insurance policy issued or delivered in this Commonwealth:

You have purchased a claims-made liability insurance policy. Please read this policy carefully to understand your coverage. There are certain circumstances in which you must be provided the opportunity to purchase an extended reporting period for reporting claims. These are explained in your policy. If you have any questions regarding the cost of an extended reporting period or the available options under the extended reporting period, please contact your insurance company or your insurance agent.

14 VAC 5-335-40. Extended reporting [coverage period] requirements.

A. Each insurer shall offer an [unlimited] extension of the time allowed to report claims [subject to any applicable statute of limitations] as follows:

1. For medical professional liability insurance, an unlimited extended reporting period shall be offered;
2. For all other claims-made liability insurance policies, a two-year extended reporting period shall be offered.

However, this shall not prohibit the insurer from also offering [other, greater or] more limited [,] extensions of time in which to report claims. [The premium charge for extended reporting coverage shall not exceed 200% of the premium for the expiring policy unless such additional premium charge is filed with the commission in compliance with the delayed effect filing provisions of § 38.2-1912 of the Code of Virginia as if competition is not an effective regulator of rates.] No insurer shall deliver or issue for delivery a claims-made liability insurance policy in this Commonwealth unless such policy contains the [applicable] provisions set forth in this subsection.

B. Each insurer shall offer an extended reporting period that includes unimpaired limits of liability equal to the limits of the policy being extended. However, this shall not prohibit the insurer from also offering higher or lower limits of liability applicable to the extended reporting period. No insurer shall deliver or issue for delivery a claims-made liability insurance policy in this Commonwealth unless such policy contains the [applicable] provisions set forth in this subsection. This subsection shall not apply to excess or umbrella liability coverage, or environmental impairment or pollution liability coverage, or to a limited extended reporting period of 60 days or less provided automatically without an additional premium charge [or]; nor shall this subsection apply to any class, line, subclassification, or market segment exempted from this requirement by order of the commission.

C. When an insurer excludes any existing coverage from a claims-made liability insurance policy and the policy remains in effect or is renewed, the insurer shall offer an extended reporting period for such coverage on the same basis that the extended reporting period would be offered if the entire policy were being terminated. [For purposes of this subsection, the exclusion of any existing coverage shall not include changes in policy limits or deductibles.]

14 VAC 5-335-50. Prohibitions.

A. Once purchased by the insured, extended reporting [period] coverage shall not be cancelled by the insurer except for nonpayment of premium [or fraud]. No extended reporting endorsement shall be delivered or issued for delivery in this Commonwealth unless it contains this provision.
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The offer of extended reporting coverage by an insurer providing excess or umbrella coverage shall not be contingent upon:

1. The continuation of the underlying liability insurance coverage;
2. The purchase of extended reporting coverage for the underlying liability insurance policy; or
3. The type of extended reporting coverage purchased for the underlying liability insurance policy.

C. B. Except with respect to a limited extended reporting period of 60 days or less provided automatically without an additional premium charge, an insurer shall be prohibited from voiding extended reporting coverage on the basis that other applicable insurance coverage is in effect. However, this shall not prohibit an insurer from applying the extended reporting coverage as excess over such other insurance.

14 VAC 5-335-60. Severability.

If any provision of this chapter or the application thereof to any person or circumstance is for any reason held to be invalid, the remainder of the chapter and the application of such provision to other persons or circumstances shall not be affected thereby.


Effective Date: July 28, 2004.
record is in Virginia, a contiguous state or the District of Columbia. The contact information required to be reported is set forth, along with the time frame within which the regulant is expected to respond. Collected information may be only used for the purpose of disseminating notification of a public health emergency.

Summary of Public Comments and Agency's Response: No public comments were received by the promulgating agency.

REGISTRAR'S NOTICE: The proposed regulation was adopted as published in 20:8 VA.R. 731-734 December 29, 2003, with the changes identified below. Pursuant to § 2.2-4031 A of the Code of Virginia, the adopted regulation is not published at length; however, the form that has changed since publication of the proposed is set out.

18 VAC 76-40-10, 18 VAC 76-40-20, and 18 VAC 76-40-30. [ No change from proposed. ]

FORMS

Emergency Contact Information [ Letter and ] Application (eff. [ 08/03 3/04 ]).
March 16, 2004

Dear Health Care Practitioner:

Virginia law requires the Department of Health Professions to collect Emergency Contact Information from certain licensed, certified, or registered persons and facilities. This legislation requires licensees to provide a current e-mail address, telephone number, and facsimile number, if available, for the sole purpose of rapid dissemination of information in the event of a public health emergency. This Emergency Contact Information will not be released or used for any other purpose.

Department of Health Professions Regulation 18 VAC 76-40-10 has identified your profession as one of the groups of regulated practitioners required to provide this information. If you hold a current Virginia license and reside in Virginia, the District of Columbia, Kentucky, Maryland, North Carolina, Tennessee, or West Virginia, regulations require that you provide the requested information within 30 days of the date of this letter.

We ask that you submit the required information, or confirm that you do not have the required information, online by visiting www.license.dhp.state.va.us on the Internet. Once at that webpage, click on the New User link and follow the web page instructions. Enter your Virginia License Number (LICENSE NO.) and the temporary PIN Number (REGISTRATION CODE). If you do not have personal Internet access, you are encouraged to utilize free access through your local library or access that may be available through your employer. Once you access this web site, it will take only a few minutes to complete this request. If you require technical assistance, please contact the Department of Health Professions Call Center by e-mail at callcenter@dhp.state.va.us or by telephone at 804-662-9999 M-F 8:15am-5:00pm.

FOR LICENSEES WITHOUT INTERNET ACCESS ONLY: If you cannot access the Internet to comply with this law, please complete the information below, sign, date, and return this letter to the Department of Health Professions, PO Box 11209, Richmond, VA 23286-5180.

1. A telephone number at which you can be contacted during weekday business hours (8:00 am-5:00 pm): (___-___) - ___-___ or □ Check this box if you do not have a weekday business hours telephone number.

2. A telephone number at which you can be contacted during non-business hours (5:00 pm-8:00 am, weekdays, and on weekends and holidays): (___-___) - ___-___ or □ Check this box if you do not have an after business hours telephone number.

3. Fax number: (___-___) - ___-___ or □ Check this box if you do not have a fax number.

4. Email address: ____________________ or □ Check this box if you do not have an email address.

5. (Optional) Would you be willing to consider volunteering your services if there is a public health emergency in Virginia? If you respond "yes" your address of record will be provided to the Virginia Department of Health which will be responsible for coordinating training and volunteer opportunities. Yes □ or No □

Signed: ____________________ Date: ____________

«License No»

«License Id»

Your immediate attention to this matter will assist the Commonwealth in its efforts to respond to any future public health emergencies and will help maximize the health care community's contribution to that response.

Sincerely,

Robert A. Nebiker, Director

VA.R. Doc. No. R03-314; Filed June 8, 2004, 3:49 p.m.
22 VAC 40-293. Locality Groupings

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

“Locality groupings” means the placement of a locality into either Group I, Group II, or Group III, which determines the Temporary Assistance for Needy Families (TANF) payment level for families residing in that locality.

“Standard of assistance” means the TANF payment standard that is graduated by family size.

“State board” means the State Board of Social Services.


A. A locality may change standard of assistance locality groupings by approval of the state board. The local board of social services shall request the change in writing to the State Board of Social Services and shall provide:

1. The most recently available fair market rent data from the U.S. Department of Housing and Urban Development. Other data sources may be used upon approval of the state board. Such data shall include a comparison of shelter costs in the petitioning locality and adjacent localities;

2. Data showing the proportion of TANF recipients to the general population of the locality, in the case of a request to change to a lower locality grouping. Such data shall include a comparison of the proportion of TANF recipients in the petitioning locality and adjacent localities; and

3. In order to assure that the locality has sufficient funding to cover any increased costs that may result from a change in locality grouping in the General Relief program and to assure that the local governing body is aware of the proposed change in locality groupings, documentation that the request to change locality groupings has been reviewed by the local governing body.

B. The Department of Social Services shall prepare a fiscal impact statement prior to the next meeting of the state board. The fiscal impact statement shall include the cost of benefits, the cost of altering information systems, and associated administrative costs. If the fiscal impact statement demonstrates increased costs, the Commissioner of the Department of Social Services must certify that funds are available for increased costs.

C. If the state board approves a request to be reclassified into a locality grouping with lower standards of assistance, such reclassification shall be phased in by providing that eligibility and the amount of benefits in cases open at the time of such reclassification continue to be determined using the standards in effect in the former locality grouping at the time of the reclassification.

D. The state board shall approve the request if [the following conditions are met]:

1. [Within a locality and adjacent localities, if the request is to raise the locality grouping, the data must show that] the rent costs in the petitioning locality are [either] 20% higher than at least one other bordering locality and both localities are in the same locality grouping [or] the fair market rent costs are [the same] less than or equal [for at least one bordering locality (compared to the petitioning locality)] and that locality is in a higher locality grouping. If the request is to lower the locality grouping, the data must show that rent costs [in the petitioning locality] are at least 20% lower than at least one other bordering locality [and both localities are in the same locality grouping] or the fair market rent costs are [the same] greater than or equal [for at least one neighboring locality (compared to the petitioning locality)] and that locality is in a lower locality grouping;

2. The data demonstrates that there is a disproportionate number of TANF recipients in the locality when compared to adjacent localities, in the case of a locality requesting a change to a lower locality grouping. The number of TANF recipients is disproportionate if the [proportion percentage] of TANF recipients [is in] the general population is at least [20% 0.8%] higher in the petitioning locality than in the adjacent localities; and

3. Funds are available for increased costs.
Final Regulations

TITLE 24. TRANSPORTATION AND MOTOR VEHICLES

DEPARTMENT OF MOTOR VEHICLES

REGISTRAR'S NOTICE: Pursuant to § 58.1-2421 of the Code of Virginia, the Virginia Motor Vehicle Rental Tax Rules and Regulations are not subject to the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).


Effective Date: July 1, 2004.

Summary:

The amendments make several technical changes; add the 2.0% fee on rental in Virginia of daily rental vehicles mandated by Chapter 522 of the 2004 Acts of Assembly; and clarify that the fee will be implemented, enforced and collected as if it were a tax for purposes of the provision of Chapter 24 of Title 58.1 of the Code of Virginia and in accordance with these regulations.

Agency Contact: Marc Copeland, Senior Policy Analyst, Department of Motor Vehicles, 2300 West Broad Street, Richmond, VA 23219, telephone (804) 367-1875, FAX (804) 367-6631 or email dmvjmc@dmv.state.va.us.

CHAPTER 100.

VIRGINIA MOTOR VEHICLE RENTAL TAXES AND FEES RULES AND REGULATIONS.

24 VAC 20-100-10. Definitions.

The following words, terms and phrases, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise:

"Commissioner" means the Commissioner of the Department of Motor Vehicles.

"Commonwealth" means the Commonwealth of Virginia.

"Daily rental vehicle" means a motor vehicle, other than a motorcycle or a mobile manufactured home as defined in § 46.2-100 of the Code of Virginia, used for the transportation of persons or property whether on its own structure or by drawing another vehicle or vehicles, and rented for a period of less than 12 months.

"Department" means the Department of Motor Vehicles.

"Gross proceeds" means the total amount of the charges made or voluntary contributions received for the rental of a motor vehicle in this state. Gross proceeds includes charges for any services that are part of the rental contract, for collision coverage or waiver of property damage, public liability, or other forms of potential liability for the customer. However, gross proceeds does not include:

1. Cash discounts allowed and actually taken on a rental contract;
2. Finance charges, carrying charges, service charges, or interest from credit given on a rental contract;
3. Charges for motor fuels and fuels other than motor fuel which are subject to taxes imposed by Chapter 24.22 (§ 58.1-2100 et seq.) of Title 58.1 of the Code of Virginia; and
4. Charges for optional accidental death insurance; and
5. Taxes or fees levied or imposed pursuant to Chapter 24 (§ 58.1-2400 et seq.) of Title 58.1 of the Code of Virginia.

"Mobile Manufactured home" means a structure, subject to federal regulation, transportable in one or more sections, which in the traveling mode is eight body feet or more in width or 40 body feet or more in length, or, when erected on site, is 320 or more square feet, and which is built on a permanent chassis and designed to be used as a dwelling with or without a permanent foundation when connected to the required utilities, and includes the plumbing, heating, air conditioning, and electrical systems contained therein.

"Mobile office" means an industrialized building unit not subject to federal regulation, which may be constructed on a chassis for the purpose of towing to the point of use and designed to be used with or without a permanent foundation, for commercial use and not for residential use; or two or more such units separately towable, but designed to be joined together at the point of use to form a single commercial structure, and which may be designed for removal to and installation or erection on other sites.

"Motor vehicle" means every vehicle, except a mobile office, which is self-propelled or designed for self-propulsion and every vehicle drawn by or designed to be drawn by a motor vehicle, including mobile manufactured homes, and every device in, upon, and by which any person or property is, or can be, transported or drawn upon a highway, except devices moved only by human or animal power, devices used exclusively upon stationary rails or tracks and vehicles, other than mobile manufactured homes, used in this Commonwealth but not required to be licensed by the Commonwealth.

"Out-of-state rentor" means a rentor whose principal place of business is outside the Commonwealth but who has one or more places of business within the Commonwealth from which deliveries of rental motor vehicles are made to persons in Virginia.

"Person" means every natural person, firm, partnership, association, or corporation.

"Rental in this state (or Commonwealth)" means any rental of a motor vehicle which is delivered to a person in Virginia (including all land or interest in land within the Commonwealth.
which may be owned by or conveyed to the United States of America or the Commonwealth). The term applies regardless of where the rental agreement is written, where the rental terminates, or where the vehicle is surrendered. Conversely, if delivery is not made in Virginia, there is no "rental in this state" even if the contract is made, the rental terminates, or the vehicle is surrendered in Virginia.

"Renting" or "rental" means the renting, for consideration, without the transfer of ownership, of a motor vehicle for a period of less than 12 months, whether or not the motor vehicle is required to be licensed by the Commonwealth. A motor vehicle which is rented for a period of 12 months or longer is not a rental vehicle, but is considered a leased vehicle; therefore, it is not subject to the provisions of this chapter.

"Rentor" means any person engaged in the business of renting motor vehicles in this state for consideration, whether or not such motor vehicles are required to be licensed in the Commonwealth.

24 VAC 20-100-130. Cancellation of rentor’s certificate of registration without a hearing.

The commissioner shall cancel any rentor’s certificate of registration for:

1. Failure to file a timely motor vehicle rental tax return, provided a reminder of such failure has been mailed to the rentor 10 days prior to cancellation;
2. Failure to remit with any return the taxes and fees payable as stated on the return; or
3. Failure to satisfy an assessment by the commissioner or to institute an appeal of such assessment to the circuit court of the City of Richmond within 15 days of such assessment.

24 VAC 20-100-160. Transfer of a motor vehicle from rental status.

If a rentor desires to transfer a motor vehicle registered in Virginia from its rental status, the registration of the motor vehicle must be transferred with the department. The applicable fee will be charged for transfer of the registration. At the time a motor vehicle registration is transferred from rental status, the 3.0% Motor Vehicle Sales and Use Tax will be collected, unless such tax was paid when the vehicle was first registered. No credit against the Motor Vehicle Sales and Use Tax will be allowed for taxes or fees previously paid on the gross proceeds from the rental of that vehicle.

24 VAC 20-100-190. Motor vehicle rental taxes and fees.

Taxes and fees are levied on the gross proceeds from the rental of motor vehicles in Virginia. The taxes are comprised of a 4.0% rental tax and a 4.0% additional rental tax. There is also a 2.0% rental fee on daily rental vehicles.

The 4.0% rental tax is a state tax and is levied on the gross proceeds from the rental in Virginia of all motor vehicles (refer to definition) with a gross vehicle weight rating or a gross combination weight rating of 26,000 pounds or less.

The 4.0% additional rental tax is levied on the gross proceeds from the rental in Virginia of any daily rental vehicle (refer to definition). The 4.0% additional tax is distributed by the department to the city, town, or county wherein the daily rental vehicle was delivered to the rental customer. No county, city, or town shall impose any tangible personal property tax, license tax, license fee or the requirement of a license tag, sticker or decal upon any daily rental vehicle which that is subject to the 4.0% additional rental tax. The 4.0% additional rental tax is in addition to, and not in lieu of, the 4.0% rental tax.

The 2.0% rental fee is levied on the gross proceeds from the rental in Virginia of any daily rental vehicle (refer to definition). The 2.0% rental fee is used to pay the debt service on the bonds issued by the Virginia Public Building Authority for the Statewide Agencies Radio System (STARS) for the Department of State Police. The 2.0% rental fee is in addition to the 4.0% rental tax and the 4.0% additional rental tax.

The following table is provided to clarify the tax and fee structure by listing certain types of vehicles and the taxes which that apply.

<table>
<thead>
<tr>
<th>TYPE OF VEHICLE</th>
<th>APPLICABLE TAX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor vehicles with a gross vehicle weight rating or gross combination weight rating of 26,000 pounds or less.</td>
<td>4.0% rental tax and 4.0% additional rental tax and 2.0% rental fee.</td>
</tr>
<tr>
<td>Motor vehicles with a gross vehicle weight rating or gross combination weight rating of 26,001 pounds or more.</td>
<td>4.0% additional rental tax and 2.0% rental fee.</td>
</tr>
<tr>
<td>Mobile Manufactured homes.</td>
<td>4.0% rental tax.</td>
</tr>
<tr>
<td>Mobile offices.</td>
<td>No rental tax or fee.</td>
</tr>
<tr>
<td>Motorcycles.</td>
<td>4.0% rental tax.</td>
</tr>
</tbody>
</table>

24 VAC 20-100-200. Collection by the rentor from his customer.

All rentors, including out-of-state rentors and occasional rentors, must collect the 4.0% rental tax and the 4.0% additional rental tax and the 2.0% rental fee on the gross proceeds from the rental in this state of motor vehicles in accordance with 24 VAC 20-100-190. The 4.0% rental tax and the 4.0% additional rental tax, and the 2.0% rental fee must be collected from the rental customer, and must be separately stated as a tax and a fee and added to the rental price on the rental contract. The tax is a debt and the fee are debts from the rental customer to the rentor until paid, and it is recoverable in an action at law in the same manner as other debts. It is unlawful for any rentor to advertise or to hold out to the public, directly, indirectly, or in any manner whatsoever, that the rentor will absorb any part of the rental tax or fee or in any way relieve the rental customer of the obligation to pay such tax or fee.

24 VAC 20-100-210. Transactions exempt from the rental tax and additional rental tax and rental fee.

The following transactions are exempt from the 4.0% motor vehicle rental tax and the 4.0% additional rental tax and the 2.0% rental fee in Virginia:

1. Rentals to the government of the United States or any governmental agency thereof, or to the Commonwealth or
any political subdivision thereof, or to any volunteer fire
department or rescue squad not operated for a profit;

2. Rentals to accredited consular or diplomatic officers of
foreign governments, whether for official or personal use by
such officers, provided such officers are nationals of the
country by which they are appointed and are not citizens of
the United States;

3. Rentals to employees of any governmental agency of the
United States or of the Commonwealth while such
employees are traveling under formal orders, which orders
or similar documentation must be presented to the rentor in
order for the rental transaction to qualify for this exemption;

4. Rentals to any person for the purpose of re-rental as an
established business, as part of an established business, or
incidental or germane to an established business. The
person who will be re-renting the vehicle must have a rental
certificate of registration in order for a transaction to qualify
for this exemption;

5. Rentals to private nonprofit institutions of learning for the
sole purpose of use in driver education instruction which
that is a part of such institution's curriculum for full-time
students;

6. Rentals of self-contained mobile computerized axial
tomography scanners to a nonprofit hospital or a
cooperative hospital service organization; and

7. Rentals of self-contained mobile units designed
exclusively for human diagnostic or therapeutic service to a
nonprofit hospital or a cooperative hospital service
organization established for research in, diagnosis of, or
therapy for human ailments.

24 VAC 20-100-220. Nonexempt transactions.
The following transactions are not exempt from the 4.0%
motor vehicle rental tax or the 4.0% additional rental tax or the
2.0% rental fee. (This list is not all inclusive. Only rentals
specifically listed in 24 VAC 20-100-210 are exempt; however, in the interest of clarity, the following transactions
which might be thought to be exempt, but which are not, are
listed for your information):

1. Rentals to churches, nonprofit schools and colleges and
other nonprofit or charitable organizations;

2. Rentals to government employees for their private use
and not for official business;

3. Rentals in which delivery of the vehicle is made on
federal or state controlled property, so long as such
property is within the Commonwealth;

4. Rentals by out-of-state renters where delivery of the
motor vehicle is made in Virginia; and

5. Rentals in which the motor vehicle delivered is not
required to be registered in Virginia, so long as delivery of
the vehicle is made in Virginia.

24 VAC 20-100-290. Recordkeeping, rental tax returns,
and payment of rental taxes and fees.

Every rentor, on or before the 20th day of each month, is
required to forward a return to the commissioner, upon forms
prescribed and furnished by the department, showing the
gross proceeds from taxable rentals of all motor vehicles with
a gross vehicle weight rating or gross combination weight
rating of 26,000 pounds or less and of all daily rental vehicles
during the preceding calendar month. The rentor is required
to include all pertinent information requested on the monthly
tax return. Payment of the amount of tax and fees due must
accompany the return. Adequate and complete records, as
necessary to complete the tax returns and to determine tax
liability, must be maintained by every rentor.

24 VAC 20-100-300. Surety bond requirement.
The commissioner may require any rentor who fails to file a
timely report or pay taxes and fees when due to file a bond or
other security to assure the Commonwealth's collection of
moneys due.

24 VAC 20-100-310. Amount of the bond.
The amount of bond shall be determined upon investigation by
the commissioner or is to be approximately three times the
anticipated average monthly tax rental taxes and fees due by the
rentor in the next succeeding three month period. In no
case can the bond be less than $500 or more than $20,000.

24 VAC 20-100-320. Form of the bond.
The bond shall be:

1. Executed on forms approved and furnished to the rentor
by the commissioner;

2. Executed by some surety company licensed to do
business under the laws of the Commonwealth;

3. Conditioned upon the prompt filing of true reports and the
payment by the rentor to the commissioner of any rental or
additional taxes and rental fees together with any penalties
or interest; and

4. Written so that it will continue in force from year to year,
upon timely payment of premium, unless sooner terminated.

24 VAC 20-100-330. Other security in lieu of surety bond;
assignment required with other security.

Any rentor may deposit one or both of the following securities
with the commissioner in lieu of a surety bond:

1. Negotiable bonds which are direct obligations of the
United States government or of the Commonwealth; and

2. A certificate of deposit in any banking institution approved
by the commissioner. Certificates of deposit drawn on
banks or savings and loan associations within the
Commonwealth have been approved by the commissioner.

The amount of security to be required shall be determined in
accordance with 24 VAC 20-100-310.

Any rentor who deposits other security with the commissioner
in lieu of a surety bond, shall deliver with the security an
assignment authorizing the commissioner to use or receive
payment of the security, or any part thereof, for the purpose of paying any liability of the rentor to the state for rental taxes and rental fees due and payable to the commissioner, including penalties and interest accrued thereon, and any damages for which the rentor may be liable by reason of his failure to comply with the provisions of the Virginia Motor Vehicle Sales and Use Tax Act.

24 VAC 20-100-350. Waiver of requirement for surety bond or other security; release.

The commissioner may, on request of the rentor, waive the requirement for depositing surety bonds or other security after timely filing of returns and payment of tax on rental vehicles for a period of two fiscal years. The fiscal year shall be from July 1 to June 30. The commissioner will notify the rentor in writing if waiver is approved and will release the surety on the bond deposited or return any other security that was deposited in lieu of a bond.

24 VAC 20-100-370. Maintenance and preservation of rental records.

Every rentor is required to maintain and preserve adequate and complete records as are necessary to complete the rental tax returns and to determine the amount of tax, rental taxes and fees for which he is liable. Such records must be retained for a period of four years. Such records include, but are not limited to, the following:

1. A daily record of all cash and credit rentals by place of business, including rentals under any type of financing or installment plan in use, with indications of which rentals involved daily rental vehicles;
2. A copy of all rental contracts for each vehicle held for rental; and
3. A record of all documentation for any exemptions or adjustments claimed against the rental taxes and fees.

Records are required to be open for inspection and examination at all reasonable hours of the business day by the commissioner or his duly authorized agents. The commissioner has all powers under this Act with respect to the records of such persons as are granted the Tax Commissioner under § 58.1-633 of the Code of Virginia.

If an assessment has been made and an appeal to the commissioner or to the court is pending, all books, records, and reproductions specified above relating to the period covered by the assessment must be preserved until the final disposition of the appeal.

24 VAC 20-100-380. Filing returns for rental taxes and fees.

Returns must be filed monthly, within 20 days of the end of the month for which the return is filed. Rentors having more than one place of business in Virginia may file a consolidated return for all such places of business; however, the return must state the place of business from which all gross proceeds from the rental of daily rental vehicles are derived. Rentors who regularly keep books and accounts on the basis of an annual period, which varies between 52 and 53 weeks, may report gross proceeds and rental taxes and fees in a manner consistent with such accounting period, provided a satisfactory explanation is attached to the first return filed under such accounting period or to the rentor's application for a certificate of registration.

24 VAC 20-100-390. Computation of rental taxes.

The taxes and fees to be paid are computed as a flat 4.0% of the total gross proceeds from the rental in Virginia of all motor vehicles with a gross vehicle weight rating or gross combination weight rating of 26,000 pounds or less, plus a flat 2.0% of the total gross proceeds from the rental of all daily rental vehicles in Virginia. The only adjustments permitted in the computation are as follows:

1. Proceeds from transactions which are exempt from the rental taxes and fees may be deducted from the gross proceeds on which the taxes and fees are computed; and
2. Bad debt accounts on rental transactions, if such accounts have been charged off as worthless for federal income tax purposes, may be deducted from the gross proceeds on which the taxes and fees are computed. However, any recovery of payment for bad debts previously charged off must be included as gross proceeds in the month for which payment is received.

24 VAC 20-100-400. Payment of rental taxes and fees.

Payment of the amount of tax, rental taxes and fees due, as computed on the return, must be made with and must accompany a timely filed return. Failure to include payment with the return may cause the tax and fees to become delinquent.

24 VAC 20-100-410. Extension of time for filing return and paying tax rental taxes and fees.

A rentor may apply in writing to the commissioner for additional time to file a return and pay the rental tax, rental fees. Application for an extension of time must be made before the return becomes delinquent and must state all facts which made additional time necessary. If the commissioner determines that the facts justify an extension of time for good cause shown, he may grant an extension without interest. Failure to file a return and pay the rental taxes and fees within the extended time will result in the application of penalties and interest against the rentor in the same manner as though no extension had been granted.

24 VAC 20-100-420. Interest and penalties.

Interest of 1-1/2% per month or fraction of a month will be added to any rental taxes and fees not paid when due and to any penalties added to such taxes and fees, until such overdue taxes and fees and penalties have been paid in full. Penalties may be imposed in the following situations:

1. Rentors who fail to make a return and pay the rental taxes and fees when due are subject to a penalty of 10% or $10, whichever is greater, of the taxes and fees due. Returns filed late with no rental taxes or fees due will be subject to the minimum penalty of $10; and
2. Rentors who are found to have filed a false or fraudulent return, or to have willfully failed to file any return, with intent to defraud the state of any tax rental taxes or fees due under the Motor Vehicle Sales and Use Tax Act, are subject to a penalty of 50% of the amount of the proper tax rental taxes and fees due. It is prima facie evidence of intent to defraud the state for a rentor to understate by 50% or more the gross proceeds from rentals in this state.

24 VAC 20-100-430. Waiver of penalties for good cause shown.

The commissioner may, at his discretion, for good cause shown, waive the penalties described in subdivisions 1 and 2 of 24 VAC 20-100-420. The penalty described in subdivision 2 of 24 VAC 20-100-420 may not be waived.

24 VAC 20-100-440. Penalties and interest paid as though part of the taxes and fees.

All penalties and interest are paid by the rentor and collected by the commissioner in the same manner as if they were part of the taxes and fees. The rentor may not collect such penalties or interest from his customers.

24 VAC 20-100-450. Final return upon sale or termination of rental business; obligation of successor to withhold part of purchase price.

Any rentor who sells or terminates a rental business must file a final rental tax return and pay all rental taxes and fees due within 15 days of selling or terminating the business. The rentor's successors or assigns, if any, are required to withhold a sufficient amount of the purchase money to cover the amount of any taxes, fees, penalties, and interest due and unpaid until the former rentor produces a receipt from the commissioner showing that no taxes, fees, penalties, or interest are due. If the purchaser of a rental business fails to withhold a sufficient amount of money to cover the amount of taxes, fees, penalties, and interest due, the purchaser is personally liable for the payment of the taxes, fees, penalties, and interest due and unpaid on account of the operation of the business by any former owner.

24 VAC 20-100-460. Uncollected checks submitted for payment of taxes or fees.

If any check submitted to the department for the payment of taxes or fees is returned to the department unpaid because the bank on which the check is drawn finds insufficient funds in the account, no account in the name of the licensee, or that the account is closed, an additional fee of $25, or the amount specified in § 2.2-614.1 of the Code of Virginia, or 10% of the check, whichever is greater, will be imposed upon the person presenting such check to the department. This penalty applies to checks submitted for any fee or tax required or authorized to be collected by the department and is in addition to any other penalties imposed, except that where there is a specific penalty set forth by statute for the nonpayment of fees or taxes, this penalty applies only to the extent that it exceeds such specific penalty. The fees received by the commissioner under this section are used to defray the expenses incurred by the department in the collection of bad checks and are in addition to the regular appropriation made by the General Assembly.

24 VAC 20-100-490. No credit for prior taxes paid.

Even though a rental vehicle is exempt from the 3.0% motor vehicle sales and use tax, no credit can be given if that tax, or any other similar tax in another state, has already been paid on such a vehicle prior to its conversion to rental use, or prior to the provision of this exemption by statute. In addition, no credit for sales or other taxes imposed by any other taxing jurisdiction will be allowed with respect to any motor vehicle for any rental tax rental taxes or fees due on a rental in this state.

24 VAC 20-100-500. Termination of exemption.

When a motor vehicle is no longer used as a rental vehicle, if it is otherwise required to be registered in Virginia, it must be re-registered as a nonrental motor vehicle, and the 3.0% motor vehicle sales and use tax will be collected at that time on the then current value of the vehicle. No credit against this 3.0% motor vehicle sales and use tax is allowed for any rental taxes or fees paid with respect to such vehicle.

24 VAC 20-100-510. Relationship of the rental tax to the 4-1/2% retail sales and use tax.

The retail sale, lease, rental or use of most personal property in Virginia is subject to a 4-1/2% retail sales and use tax. However, that tax is not applicable to motor vehicles, trailers, semitrailers, mobile manufactured homes and travel trailers, and therefore does not normally apply to transactions by motor vehicle rentors in this state. Nevertheless, the retail sales and use tax may apply to the rental of equipment or supplies which may sometimes be rented in connection with a motor vehicle rental. Rentors are advised to consult the retail sales and use tax regulations published by the Department of Taxation for further information.

24 VAC 20-100-520. Obligation of a former rentor.

Any rentor who sells or terminates a rental business is required to do the following:

1. File final rental tax returns and pay any taxes and fees due within 30 days of selling or terminating the business;

2. Surrender his certificate of registration to the commissioner with his final return; and

3. File, with his final returns, a letter to the commissioner explaining the conditions of the sale or termination of the business and the names and addresses of any successors to the business.

24 VAC 20-100-530. Obligations of a successor rentor.

Any person, desiring to engage in the operation of a business as successor to another rentor is required to file an application for a certificate of registration as described in 24 VAC 20-100-20.

In applying for a certificate of registration, a successor is required to inform the commissioner of the acquisition of the business and to furnish the name and certificate number of the previous rentor. The successor may request a receipt or certificate from the commissioner showing the amount of taxes, fees, penalties, and interest due the department by the
previous owner. The successor may also request a receipt or certificate from the commissioner showing that no amount of taxes, fees, penalties, or interest are due. Such receipt or certificate from the commissioner stating that no taxes, fees, penalties, or interest are due will be sufficient evidence to authorize the successor to release to the previous rentor any funds withheld from the purchase price to cover any such taxes and fees. A certificate of registration may not be issued to a successor who has been notified by the Commissioner of the Department of Motor Vehicles that any taxes, fees, penalties, or interest are due and unpaid by previous rentors until such amount is paid in full.

24 VAC 20-100-540. Rental tax and fee refunds.

If it appears, to the satisfaction of the commissioner, that all or a part of the 4.0% rental tax or the additional 4.0% rental tax, or both 2.0% rental fee, or all three, have been erroneously or illegally collected from or charged to any person and the tax has taxes and fees have been forwarded to the department, a refund will be paid to the rentor by the State Treasurer, after the rentor acknowledges that he will refund such taxes and fees to the person who was overcharged. No refund will be made unless a written statement is filed with the commissioner setting forth the reason for the refund. The claim must be in a form prescribed by the commissioner and must be filed within three years of the date of the payment of the tax or fee.

24 VAC 20-100-550. Implementation, enforcement and collection of the 2.0% rental fee.

The 2.0% rental fee on the gross proceeds from the rental in Virginia of daily rental vehicles was enacted by Chapter 522 of the 2004 Acts of Assembly, to become effective July 1, 2004. Such 2.0% rental fee will be implemented, enforced and collected by the department as if it were a tax for purposes of the provisions of Chapter 24 (§ 54.1-2400 et seq.) of Title 58.1 of the Code of Virginia, and, further, will be implemented, enforced and collected in accordance with these regulations.

NOTICE: The forms used in administering 24 VAC 20-100, Virginia Motor Vehicle Rental Taxes and Fees Rules and Regulations, are not being published due to the number; however, the name of each form is listed below. The forms are available for public inspection at the Department of Motor Vehicles, 2300 West Broad Street, Richmond, Virginia, or at the office of the Registrar of Regulations, General Assembly Building, 2nd Floor, Richmond, Virginia.

FORMS

Commonwealth of Virginia Rentor’s Tax Bond, MCS 119 RT421 (rev. 10/95 2/02).

Motor Vehicle Rental Tax Return, MCS 101 RT420 (rev. 6/97 7/04).

Motor Vehicle Rental Tax Application for Certificate of Registration to Collect the Virginia Motor Vehicle Rental Tax, TSCA 123, RT423 (rev. 10/93 10/02).


Rental Tax Irrevocable Letter of Credit; RT428 (rev. 10/03).

Assignment of Securities, RT422 (rev. 11/03).

GUIDELINES

Virginia Motor Vehicle Rental Tax Questions and Answers, Guidelines for Rentors (rev. 7/97.)

VAR. Doc. No. R04-175; Filed June 9, 2004, 10:09 a.m.
EMERGENCY REGULATIONS

TITLE 12. HEALTH

STATE BOARD OF HEALTH

Title of Regulation: 12 VAC 5-125. Regulations for Bedding and Upholstered Furniture Inspection Program (adding 12 VAC 5-125-10 through 12 VAC 5-125-120).


Agency Contact: Gary Hagy, Director, Division of Food and General Environmental Services, Department of Health, 109 Governor Street, Richmond, VA 23219, telephone (804) 864-7466, FAX (804) 864-7475, or e-mail gary.hagy@vdh.virginia.gov.

Preamble:

This emergency regulation is a result of Chapter 1003 of the 2003 Acts of Assembly, as specified in House Bill 2810, requiring that the department promulgate the Bedding and Upholstered Furniture laws into regulations. No regulations previously existed. Thus, all sections of 12 VAC 5-125 are new.

The regulations adhere closely to the requirements of the Code of Virginia. The Code covers basic definitions, use of new and used filling materials, sale or disposal of bedding or upholstered goods, permitting and licensing requirements and fees, tagging of goods with appropriate law labels (tags), offenses relating to tags, violations of the Code, prohibited practices, exemptions to the Code and administrative enforcement of the Code. The substantive regulatory additions to the requirements contained in the Code are:

1. Expansion of definitions as provided by other state bedding and upholstered furniture inspection programs.

2. Inspection conditions. A key element of HB 2810 is to limit inspections of licensed vendors to only when a complaint is made to the Commissioner of Health. Given this limitation, these regulations identify those conditions initiating an inspection. These conditions include, but are not limited to, receipt of a complaint against a licensed manufacturer or vendor, inspections of vendors not possessing a permit or license, inspections resulting from observations made by a bedding inspection in the course of an inspection of an unlicensed vendor, late receipt of a renewal fee, and application for a license or permit.

CHAPTER 125.

REGULATIONS FOR BEDDING AND UPHOLSTERED FURNITURE INSPECTION PROGRAM.

12 VAC 5-125-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"As is" means a sales term to describe bedding and upholstered furniture products as any condition other than in new or undamaged condition.

"Board" means the State Board of Health.

"Bedding" means any mattress, mattress pad, box spring, upholstered bed, davenport, futon, upholstered sofa bed, quilted pad, packing pads, hammock pad, comforter, quilt, bolster, cushion, pillow, featherbed, sleeping bag, studio couch, or any other bag, case, pillow, cushion, or cover made of feather, textile, or other material which is stuffed or filled in whole or in part with concealed substance, which can be used by any human being for sleeping or reclining purposes.

"Bedding Program" means the Bedding and Upholstered Furniture Inspection unit of the Department of Health authorized by the Commissioner to carry out the duties and responsibilities of this chapter.

"Commissioner" means the State Health Commissioner, his duly designated officer or agent.

"Department" means the State Department of Health.

"Designee" or "designated officer or agent" means any person, or group of persons, designated by the State Health Commissioner, to act on behalf of the Commissioner or the Board.

"Distributor" means any person who receives bedding, upholstered furniture, or filling materials from another company for the purpose of resale.

"Filling material" means cotton, wool, feathers, kapok, down, plant hair, liquid, or vegetable fibers, or any other material or substance or combination thereof, loose or in batting pads, or any prefabricated form, concealed or not concealed, that is used or that could be used in articles of bedding or upholstered furniture.

"Importer" means any person who for the purpose of manufacture or resale receives bedding, upholstered furniture or filling material from any country other than the United States.

"Inspector" means Safety Compliance officers designated by the Health Commissioner to inspect, examine, investigate, evaluate and conduct tests, review documentation, interview witnesses, take samples, provide testimony and obtain warrants in the enforcement of Title 32.1 and § 59.1-200 of the Code of Virginia, or any regulations deemed necessary by the Commissioner.

"Manufacturer" means a person who, using new materials, makes or has employees or agents make any article of bedding or upholstered furniture in whole or in part, or who covers or upholsters any unit thereof.

"New" means not previously used for any purpose. Uncovered floor models and customer returns shall not be considered new. Manufacturing process shall not be considered prior use.

"Renovator" means a person who rebuilds, repairs, makes over, recovers, restores, renovates or renews used bedding.
"Retailer" means any person who sells any article of upholstered furniture or bedding or filling materials to a consumer of the article as purchased.

"Reupholsterer" means a person who, either by himself or herself or through employees or agents, repairs, reupholsters, recovers, restores, or renews upholstered furniture, or who makes to order and specification of the user any article of upholstered furniture, using either new materials or owner's materials.

"Sanitize" means to reduce the level of microbiological agents to a level not injurious to health.

"Sanitizer" means a person who sanitizes articles of bedding or upholstered furniture articles.

"Secondhand" means having been made prior use of or containing any filling material of which prior use has been made or which has been in a customer's possession.

"Sell" or any of its variants, includes any of, or any combination of, the following: Sell, offer or expose for sale, barter, trade, deliver, give away, rent, consign, lease, possess with an intent to sell or dispose of in any other commercial manner.

"Shoddy" means any material, which has been spun into yarn, knit, or woven into fabric and subsequently, cut up, torn up, broken or ground up.

"Shoddy pad" (also called "insulator pad") refers to a nonwoven material made from by-products of textile or manufacturing processes and is free from dirt, insects, and other contamination.

"Soiled or torn" means articles of new or used bedding or upholstered furniture that contain stains, dirt, ripped edges or covers, or damaged frames.

"Sterilize" means to render free of viable microbiological agents.

"Supply dealer" means a person who manufactures, processes or sells any felt, batting, pads, woven or plastic fabrics, or loose material in bags or containers, concealed or not concealed, to be used or that could be used in articles of upholstered furniture or bedding.

"Uniform registry number" means a unique number assigned to a licensee by a licensing state to identify name and each location of a manufacturer, reuph olsterer, sanitizer, renovator, or importer of bedding and upholstered products.

"Upholstered furniture" means any article of furniture, including children's furniture, movable or stationary, which is made or sold with cushions or pillows, loose or attached, or is itself stuffed or filled in whole or in part with any substance or material, hidden or concealed by fabric or any other covering. This includes cushions or pillows belonging to or forming a part thereof, together with the structural units, the filling material and its container and its covering which can be used as a support for the body of a human being, or his or her limbs and feet designed to be used for sitting, resting, or reclining, which is wholly or partly stuffed or filled with any filling material. This includes furniture used exclusively for the purpose of physical fitness and exercise, medical equipment, RVs, boats and automobiles.

"Used" means bedding or furniture that has been previously owned or used by another individual.

"Wholesaler" means a person who, on his or her own account, sells any article of upholstered furniture or bedding or filling materials to another for the purpose of resale.

Filling material definitions will be in accordance with definitions published in the International Sleep Products Association Handbook, as amended periodically.

12 VAC 5-125-20. Administration.

A. The State Board of Health ("Board") has the responsibility for promulgating regulations pertaining to the reporting and control of diseases of public health importance.

B. In addition to other authority granted by law, the Commissioner has the authority to do the following:

1. Approve the process of sanitizing or sterilizing filling materials, bedding, or upholstered furniture.

2. Issue licenses/permits and assign a uniform registry number to importers, manufacturers, renovators, reupholsterers, or sanitizers.

3. Order the return of any item of bedding or upholstered furniture or any filling material made, remade, renovated, reuph osteled, processed, labeled or not labeled in violation of the provisions of this chapter to the manufacturer or importer thereof.

4. Inspect the premises of a holder of a license or permit issued by the Commissioner, subject, nevertheless, to the requirements set forth at 12 VAC 5-125-50.

5. Refuse to issue, suspend or revoke the license or permit of any person (i) who violates any provision of this chapter, any regulation of the Board pursuant to this chapter or any order of the Board or Commissioner or (ii) who is not a resident of the Commonwealth and fails or refuses to enter an appearance in any circuit court in the Commonwealth to answer a charge or charges of violation of any provision of this chapter, regulation of the Board or order of the Board or Commissioner.

This authority resides solely with the Commissioner, unless otherwise expressly provided by him.

C. The Office of Epidemiology, a constituent office and an organizational part of the Department, is responsible for the statewide oversight and management of the provisions specified by this chapter and for oversight and management of the bedding and upholstered furniture inspection function. The Director of the Office of Epidemiology is hereby designated to act as the commissioner's designee in carrying out the provisions of the Code of Virginia as it pertains to the bedding and upholstered furniture inspection laws.

D. The Bedding Program, an organizational work unit of the Office of Epidemiology, is hereby granted the authority for carrying out provisions §§ 32.1-212 to 32.1-226 of the Code of Virginia and the provisions of this chapter.

The Board reserves the right to authorize a procedure for enforcement of this chapter which is not inconsistent with the provisions set forth herein and the provisions of Chapter 2 (§ 32.1-35 et seq.) of Title 32.1 of the Code of Virginia.

12 VAC 5-125-40. Licenses, permits, and registration numbers.

A. Licenses for manufacturers, importers, distributors, wholesalers, renovators, reupholsterers, supply dealers.

1. Every importer and every person manufacturing, renovating or reupholstering any bedding or upholstered furniture or processing or selling any filling material to be used in articles of bedding or upholstered furniture shall first obtain a license from the Commissioner for each place of business, subsidiary or branch operated by him for such purpose.

2. Such license shall be numbered, shall, unless sooner revoked, expire one year from the date of issue, shall be renewable annually through receipt of a fee, and shall not be transferable. The Commissioner shall assign a uniform registry number to each licensee.

3. Each branch, branch factory and subsidiary shall be responsible for the contents and for the tagging, as provided in this chapter, of items of bedding and upholstered furniture made, remade, renovated, reupholstered, or imported by it and offered for sale or use in the Commonwealth.

4. Every person who, on his or her own account or for others, sells or distributes either directly or indirectly to any person either at wholesale or retail any merchandise subject to this chapter by means of a permanent location, car, truck, catalog, office, Internet sales or in any other manner, shall obtain from the commissioner a license for each such method of sale or distribution.

B. Permits for sanitizers. Every person who, on his or her own account or for others, is a sanitizer shall obtain from the Commissioner a permit for each location at which sanitizing operations occur.

C. General provisions.

1. Any party subject to this section must obtain a new license or permit when there is change of ownership or a change of Federal Taxpayer Identification Number (TIN). A new license or permit is not required for a change of company name or address if the ownership remains the same, but the party must notify the Commissioner of such change within 30 days after such change. License and permits are nontransferable.

2. Every person subject to this section doing business at the same address under more than one firm name shall obtain a license for each firm name.

12 VAC 5-125-50. Bedding and upholstered furniture inspections.

A. Inspections of licensed entities.

Inspection of the premises of a holder of a license or permit issued under this chapter will be initiated upon the following complaints when they relate to a violation of this chapter:

1. Upon complaints received by the Commissioner.

2. Upon complaints received by the Bedding and Upholstered Furniture Inspection Program.

3. Upon complaints received by the Department of Agriculture and Consumer Services.

4. Upon complaints made to an inspector in the course of a routine inspection and reported to the Bedding Program.

5. Upon complaints against a licensee made by an inspector when noted in the course of a routine inspection of a nonlicensed ancillary operation (such as a sanitizer, wholesaler, retailer or distributor) and reported to the Bedding Program.

6. Upon complaints (or findings of violations) against a licensee by the authorities of a government jurisdiction outside the Commonwealth that the entity has sold bedding or upholstered goods in violation laws, regulations or standards of that jurisdiction dealing with tagging, sanitization, or consumer protection requirements.

7. Upon late or nonrenewal of permit or license by a licensee or permit holder or upon late notification of a change of location. Renewal application and payment not received by the due date contained in the renewal notice and a failure to timely notify the Commissioner of a change of address shall result in the licensee being moved to an unlicensed status and further result in an inspection by the Bedding and Upholstered Furniture Inspection Program to determine if the licensee continues in business. If the licensee continues to operate, a license or permit shall not be issued until a program inspection occurs and the requirements of the law are satisfied.

Inspections will be carried out and completed as warranted under the law.

B. Request for information, documents; verifications.

1. Upon complaint, the Commissioner may request that a licensee provide information and documentation to substantiate its compliance with the requirements of these regulations. The Commissioner may also require that the accuracy and completeness of such information and documentation be verified.

2. Upon a finding that a licensee has failed to timely and fully comply with a request for information and documents issued by the Commissioner, or failed to substantiate the accuracy and completeness of such information and documentation, a review may be conducted by the Bedding Program.

C. Inspections of unlicensed entities.

Inspections of unlicensed entities and of retailers of bedding and upholstered goods may be conducted at any time.

Inspections shall be conducted upon receipt of application for a permit or license by an unlicensed entity.
12 VAC 5-125-60. Law labels conforming to the Virginia law.

A. Every importer of and every person manufacturing a new item of bedding or upholstered furniture shall attach securely thereto a substantial white cloth tag (law label) or equivalent, visible on the outside covering of such item and not less than six square inches in size, upon which shall be plainly stamped or printed, in English, the name and address of the manufacturer, importer, or distributor, the registration number of the manufacturer or importer, the kind of filling material used therein, a statement that the filling materials are new, and the number of the permit issued to the person sterilizing any new feathers, hair, or down in such item.

B. Law labels for new bedding and upholstered furniture shall be securely attached to the article or filling material at the point of manufacture, in a position where they can be conveniently examined. Law labels shall contain no advertising matter, nor anything that detracts or is likely to detract from the required statements. No mark, tag, sticker, or any other device shall be placed upon law labels by any dealer or any other person in such a way as to cover the required statements. No one may possess such law labels outside that facility unless by prior approval of the Commissioner for correction purposes.

C. Any person sanitizing, remaking, renovating, or reupholstering any secondhand item of bedding or upholstered furniture, or manufacturing any item of bedding or upholstered furniture containing any shoddy or secondhand filling material, shall attach securely to it a substantial yellow cloth tag or equivalent (law label), visible on the outside of such item and not less than six square inches in size, upon which shall be stamped or printed, in English, the kind of filling materials used therein, a statement that the item or filling materials are secondhand, and the number of the permit issued to the person who sanitized such item or filling material. This requirement shall not apply to mattresses that contain a shoddy pad unless it otherwise contains secondhand filling materials.

D. Any person shipping or delivering filling material, however contained, shall have conspicuously attached thereto a law label upon which shall be stamped or printed, as provided in § 32.1-219 or as provided in this chapter, the kind of material, whether the material is new or secondhand, the name, address, and registration number of the manufacturer or importer, and the permit number of the person who sterilized or sanitized such material.

E. The stamp or print on law labels required by this section shall be in type not less than three millimeters in height.

F. It shall be unlawful to use any false or misleading statement, term or designation on any tag required by this chapter or to remove, deface or alter, or to attempt to remove, deface or alter any such tag or the statement of filling materials made thereon, prior to retail sale.

G. No person shall use or have in his possession with intent to use any tag provided for in this chapter unless such person holds a license or permit issued to him pursuant to this chapter. No person shall sell, give or in any way provide such law labels to anyone who does not have a license, or permit issued to him pursuant to this chapter, or is not allowed to use such a tag pursuant to this provision.

(Specific law label requirements contained in Attachments 1-7)
ATTACHMENT 1

THE FOLLOWING LABELS COMPLY WITH THE VIRGINIA LAW

NO. 1
WHITE LABEL FOR ALL NEW MATERIAL
For Filling Material NOT Requiring Sterilization

SPACE TO ATTACH →

In bold, black ink, minimum type size 3mm in height

→

Space for description of filling material.
Printing to be in English using capital letters not less than 3mm in height

→

See NOTE (3) at bottom of page.

→

Required in Virginia

→

“Date of Delivery” line of Manufacturer’s stock information, etc., here.

→

UNDER PENALTY OF LAW THIS TAG NOT TO BE REMOVED EXCEPT BY CONSUMER

ALL NEW MATERIAL CONSISTING OF

REG. NO.
Certification is made by the manufacturer that the materials in this article are described in accordance with law.

MADE BY
(NAME OF MANUFACTURER OR VENDOR)
(ADDRESS OF MANUFACTURER OR VENDOR)
Date of Delivery ___________________________

(Additional Information)

Note:
(1) All above printing in black ink on white vellum cloth or a material of comparable quality, which shall not flake out when abraded.
(2) Size of label: Exclusive of the portion required to affix the tag to the article, the minimum size of the tag shall be not less than (6) square inches, but may be greater as the need demands.
(3) Virginia approves and recognizes the uniform registry number and will accept the registration number issued by another State, if registrant so desires, providing such registration follows the policy of uniform registration. This policy is intended to benefit the registrant by requiring but one registration to be imprinted on the law label used, regardless of where merchandise may be shipped. The registration number shall be preceded by name of state (may be abbreviated) issuing REG. NO. and if factory is located in another state than that issuing REG. NO., then name of state in which factory is located shall follow the registration number in parenthesis.
ATTACHMENT 2

NO. 2
WHITE LABEL FOR ALL NEW MATERIAL
ARTICLES WITH EXTRA CUSHIONS AS AN INTEGRAL PART OF UNIT
For Filling Material NOT Requiring Sterilization

SPACE TO ATTACH →

In bold, black ink, minimum type size 3mm in height

→

Space for description of filling material. Printing to be in English using capital letters not less than 3mm in height

→

See NOTE (3) at bottom of page. →

Required in Virginia →

"Date of Delivery" line of Manufacturer’s stock information, etc., here.

→

UNDER PENALTY OF LAW THIS TAG NOT TO BE REMOVED EXCEPT BY CONSUMER

ALL NEW MATERIAL
CONSISTING OF

BODY CUSHIONS

REG. NO.
Certification is made by the manufacturer that the materials in this article are described in accordance with law.

MADE BY
(NAME OF MANUFACTURER OR VENDOR)
(ADDRESS OF MANUFACTURER OR VENDOR)
Date of Delivery ___________________________

(Additional Information)

Note:
(1) All above printing in black ink on white vellum cloth or a material of comparable quality, which shall not flake out when abraded.
(2) Size of label: Exclusive of the portion required to affix the tag to the article, the minimum size of the tag shall be not less than (6) square inches, but may be greater as the need demands.
(3) Virginia approves and recognizes the uniform registry number and will accept the registration number issued by another State, if registrant so desires, providing such registration follows the policy of uniform registration. This policy is intended to benefit the registrant by requiring but one registration to be imprinted on the law label used, regardless of where merchandise may be shipped. The registration number shall be preceded by name of state (may be abbreviated) issuing REG. NO. and if factory is located in another state than that issuing REG. NO., then name of state in which factory is located shall follow the registration number in parenthesis.
ATTACHMENT 3

NO. 3
WHITE LABEL FOR ALL NEW MATERIAL
For Animal and Fowl and Any Other Filling Material Requiring Sterilization

SPACE TO ATTACH →

In bold, black ink, minimum type size 3mm in height

→

Space for description of filling material.
Printing to be in English using capital letters not less than 3mm in height

→

See NOTE (3) at bottom of page. →

Required in Virginia →

"Date of Delivery" line of Manufacturer’s stock information, etc., here.

→

UNDER PENALTY OF LAW THIS TAG NOT TO BE REMOVED EXCEPT BY CONSUMER

ALL NEW MATERIAL CONSISTING OF

REG. NO. PERMIT NO.

Certification is made by the manufacturer that the materials in this article are described in accordance with law

CONTENTS STERILIZED

MADE BY
(NAME OF MANUFACTURER OR VENDOR)
(ADDRESS OF MANUFACTURER OR VENDOR)
Date of Delivery ___________________________

(Additional Information)

Note:
(1) All above printing in black ink on white vellum cloth or a material of comparable quality, which shall not flake out when abraded.
(2) Size of label: Exclusive of the portion required to affix the tag to the article, the minimum size of the tag shall be not less than (6) square inches, but may be greater as the need demands.
(3) Virginia approves and recognizes the uniform registry number and will accept the registration number issued by another State, if registrant so desires, providing such registration follows the policy of uniform registration. This policy is intended to benefit the registrant by requiring but one registration to be imprinted on the law label used, regardless of where merchandise may be shipped. The registration number shall be preceded by name of state (may be abbreviated) issuing REG. NO. and if factory is located in another state than that issuing REG. NO., then name of state in which factory is located shall follow the registration number in parenthesis.
(4) Virginia will accept the PERMIT NO. issued by another State if applicant so desires providing approval is granted and a Virginia Sterilization Permit is issued to applicant bearing such number.
### ATTACHMENT 4

#### NO. 4

**YELLOW LABEL FOR ARTICLES WHICH HAVE BEEN REMADE AND RENOVATED FOR CONSUMER, AND WHICH CONTAIN SECONDHAND MATERIAL IN WHOLE OR IN PART**

If new filling material has been added, state type in space provided

<table>
<thead>
<tr>
<th>SPACE TO ATTACH</th>
<th>UNDER PENALTY OF LAW THIS TAG NOT TO BE REMOVED EXCEPT BY CONSUMER</th>
</tr>
</thead>
<tbody>
<tr>
<td>In bold, black ink, minimum type size 3mm in height</td>
<td>This article contains the same material received from the owner, to which has been added the following New material.</td>
</tr>
<tr>
<td>Space for description of filling material. Printing to be in English using capital letters not less than 3mm in height</td>
<td>The following work has been done:</td>
</tr>
<tr>
<td>Registration number or name of person or firm that renovated article</td>
<td>YES NO</td>
</tr>
<tr>
<td>□ □ Old covering completely removed</td>
<td>□ □ Frame repaired</td>
</tr>
<tr>
<td>□ □ Frame repaired</td>
<td>□ □ Spring retied and/or repaired</td>
</tr>
<tr>
<td>OTHER: ____________________________</td>
<td></td>
</tr>
</tbody>
</table>

**REG. NO. VA.**

This article must not be sold, it is the property of and must be returned to:

Name ___________________________

Address _________________________

**REMADE AND RENOVATED BY**

Date ___________________________

(Additional Information)

---

**Note:**

1. All above printing in black ink on yellow vellum cloth or a material of comparable quality, which shall not flake out when abraded.
2. Size of label: Exclusive of the portion required to affix the tag to the article, the minimum size of the tag shall be not less than (6) square inches, but may be greater as the need demands.
3. If secondhand filling material is added instead of new, article is required to be sanitized and Law Label No. 6 shall be used stating Permit No. of person or firm doing the sanitizing.
NO. 5
YELLOW LABEL FOR ARTICLES CONTAINING
ALL SECONDHAND MATERIAL OFFERED
FOR SALE OR RENT "AS IS"
REQUIRED TO BE SANITIZED

<table>
<thead>
<tr>
<th>SPACE TO ATTACH →</th>
<th>UNDER PENALTY OF LAW THIS TAG NOT TO BE REMOVED EXCEPT BY CONSUMER</th>
</tr>
</thead>
<tbody>
<tr>
<td>In bold, black ink, minimum type size 3mm in height →</td>
<td>THIS ARTICLE CONTAINS ALL SECOND-HAND MATERIAL CONTENTS UNKNOWN</td>
</tr>
<tr>
<td>Permit number of person or firm who sanitized article →</td>
<td>PERMIT. NO.</td>
</tr>
<tr>
<td></td>
<td>Certification is made by the manufacturer that the materials in this article are described in accordance with the Law.</td>
</tr>
<tr>
<td></td>
<td>SANITIZED</td>
</tr>
<tr>
<td></td>
<td>SANITIZED BY</td>
</tr>
<tr>
<td></td>
<td>Date Sanitized ___________________________</td>
</tr>
<tr>
<td></td>
<td>(Additional Information)</td>
</tr>
</tbody>
</table>

Note:
(1) All above printing in black ink on yellow vellum cloth or a material of comparable quality, which shall not flake out when abraded.
(2) Size of label: Exclusive of the portion required to affix the tag to the article, the minimum size of the tag shall be not less than (6) square inches, but may be greater as the need demands.
### ATTACHMENT 6

<table>
<thead>
<tr>
<th>NO. 6</th>
<th>YELLOW LABEL FOR ARTICLES WHICH HAVE BEEN RENOVATED FOR RESALE AND WHICH CONTAIN SECONDHAND MATERIAL IN WHOLE OR IN PART REQUIRED TO BE SANITIZED</th>
</tr>
</thead>
</table>

#### SPACE TO ATTACH

- **In bold, black ink, minimum type size 3mm in height**

- Registration number of person or firm who renovated article. Permit number of person or firm who sanitized article

#### UNDER PENALTY OF LAW THIS TAG NOT TO BE REMOVED EXCEPT BY CONSUMER

- This article contains second hand material to which has been added

<table>
<thead>
<tr>
<th>REG. NO.</th>
<th>PERMIT NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Certification is made by the manufacturer that the materials in this article are described in accordance with the law.

#### CONTENTS SANITIZED

**REMADE AND RENOVATED BY**

- Renovator name ___________________________
- Renovator address ________________________
- Date Sanitized ___________________________

**Additional Information**

**Note:**

1. All above printing in black ink on white vellum cloth or a material of comparable quality, which shall not flake out when abraded.
2. Size of label: Exclusive of the portion required to affix the tag to the article, the minimum size of the tag shall be not less than 6 square inches, but may be greater as the need demands.
### No. 7

**White Label for All New Material**

**Articles Imported into the United States**

For Filling Material NOT Requiring Sterilization

**Space to Attach**

In bold, black ink, minimum type size 3mm in height

Space for description of filling material.

Printing to be in English using capital letters not less than 3mm in height

See note (3) at bottom of page

Required in Virginia

"Date of Delivery" line of Manufacturer's stock information, etc., here.

Name of country where factory is located

---

<table>
<thead>
<tr>
<th>UNDER PENALTY OF LAW THIS TAG NOT TO BE REMOVED EXCEPT BY CONSUMER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All New Material Consisting Of</strong></td>
</tr>
<tr>
<td><strong>REG. NO.</strong></td>
</tr>
<tr>
<td>Certification is made by the manufacturer that the materials in this article are described in accordance with law</td>
</tr>
<tr>
<td><strong>Imported By</strong></td>
</tr>
<tr>
<td><strong>Date of Delivery</strong> ________________</td>
</tr>
<tr>
<td><strong>Made In</strong></td>
</tr>
</tbody>
</table>

**Note:**

1. All above printing in black ink on white vellum cloth or a material of comparable quality, which shall not flake out when abraded.
2. Size of label: Exclusive of the portion required to affix the tag to the article, the minimum size of the tag shall be not less than (6) square inches, but may be greater as the need demands.
3. Virginia approves and recognizes the uniform registry number and will accept the registration number issued by another State, if registrant so desires, providing such registration follows the policy of uniform registration. This policy is intended to benefit the registrant by requiring but one registration to be imprinted on the law label used, regardless of where merchandise may be shipped. The registration number shall be preceded by name of state (may be abbreviated) issuing REG. NO. and the two letter abbreviation of the country in which factory is located shall follow the registration number in parenthesis.
12 VAC 5-125-70. Permit to sanitize or sterilize.

Any person applying for approval of a process by which filling materials, bedding, or upholstered furniture are sanitized or sterilized shall submit to the Commissioner a description of the process, test results and any apparatus and method to be used in such process. Upon approval of such process by the Commissioner and payment of the current annual permit fee by the applicant, a numbered permit for use of such process shall be issued. Such permit shall expire one year from the date of issue. Nothing herein shall prevent any person from having any sanitizing or sterilization required by this chapter performed by any person who has a valid permit for such purposes, provided the number of such permit appears on the tag attached to each article as required by § 32.1-219.

12 VAC 5-125-80. Sanitization of used bedding and upholstered furniture.

A. No person shall rent, offer or expose for sale, barter, give away, or dispose of in any other commercial manner any article of bedding or upholstered furniture made, remade, reupholstered or renovated in violation of § 32.1-213 or § 32.1-214 or any secondhand article of bedding or upholstered furniture unless since last used such secondhand article has been sanitized by a reasonable process approved by the Commissioner.

B. No person shall use in the making, remaking, reupholstering or renovating of any bedding or upholstered furniture any shoddy or any fabric from which shoddy is made or any secondhand filling material or any secondhand feathers, animal hair or down, unless such shoddy, secondhand filling material, feathers, hair or down has been sanitized by a reasonable process approved by the Commissioner.

C. Steri-Fab or Microban, or a comparable product approved by the Commissioner meeting all the qualities and specification of these chemicals, are the industry recognized chemicals for sanitizing and disinfecting mattresses, bedding and/or upholstered furniture. This process is required for any business sanitizing used, secondhand or renovated mattresses, box springs, or similar articles of bedding or upholstered furniture offered for resale or rent in Virginia. The use of these chemicals in compliance with the specific instructions from the product manufacturers is deemed a reasonable sanitization process approved by the Commissioner. All licensees are required to follow all product application, safety, storage, and disposal instructions provided by the product manufacturers. It is a violation of Federal law to use Steri-Fab or Microban disinfectant in a manner inconsistent with its labeling. Diluting or mixing with other chemicals is prohibited.

D. Yellow Law Labels must be attached and dated as soon as sanitizing process is completed.

E. Persons disposing of secondhand articles of bedding and furniture are not required to sanitize those articles if the disposal is to a holder of a valid sanitizing permit.

F. Vendors dealing in used bedding and upholstered furniture shall maintain a log of sanitized items, indicating identification of item, date sanitized, and date rented or sold.

12 VAC 5-125-90. Sterilization of new animal hair, feathers and down.

No person shall use in the making, remaking, reupholstering or renovating of any bedding or upholstered furniture any new animal hair, new feathers, or new down unless such new animal hair, new feathers, or new down shall have been sterilized by a reasonable process approved by the Commissioner.

12 VAC 5-125-100. Separation and storage of new and sanitized items.

A. New and sanitized upholstered furniture, bedding and filling materials shall be kept separate from any secondhand upholstered furniture, bedding and filling materials that have not been sanitized. To prevent contamination, a distance of 20 feet or a dividing wall must be kept between new and sanitized articles, and unsanitized used articles of bedding and upholstered furniture.

B. Delivery vehicles shall be disinfected before delivering new or sanitized items if that vehicle has been used to previously transport unsanitized used merchandise.

C. Mattresses shall be stored at least 6 inches from the floor or the height of one standard pallet (whatever is greater) in a dry room preferably above ground, and so spaced to allow four inches of free air circulation on all sides. The storage as well as workroom areas for sanitized items shall be clean and free from trash, vermin, insects, filth and any hazardous waste. Pets and other animals shall be prohibited in storage and workroom areas.

12 VAC 5-125-110. Violation of regulations.

A. It is the responsibility of the retailer to make certain that any article of bedding or upholstered furniture which he offers for sale in the Commonwealth of Virginia, regardless of where manufactured, is properly labeled and is in compliance with all provisions of the law.

B. Upon a complaint made to the Commissioner as provided in § 32.1-224 of the Code of Virginia, the Commissioner may order the return of any item of bedding or upholstered furniture or any filling material made, remade, renovated, reupholstered, prepared, processed, labeled, or not labeled in violation of the provisions of this chapter to the manufacturer or importer thereof. The manufacturer or importer shall be liable to the person returning such item for the costs of crating, shipping and the invoice price to the purchaser. Failure of a manufacturer or importer to pay such costs to the person returning such item shall be grounds for revocation or suspension of a license issued pursuant to this chapter.

C. The Commissioner or his designee may order “off sale” all improperly sanitized or unsanitized articles of secondhand bedding or upholstered furniture. A significant number of violations in any one business location will result in a sign being placed on the business door taking off sale all used...
bedding and upholstered items in the store. These items may not be bartered, given away, rented or disposed of in any manner inconsistent with this chapter until properly sanitized.

D. The Commissioner may refuse to issue, may suspend or may revoke the license or permit of any person who violates any provision of this chapter, or who is not a resident of the Commonwealth and fails or refuses to enter an appearance in any circuit court in the Commonwealth to answer a charge or charges of violation of any provision of this chapter, or order of the Board or Commissioner within 25 days after service upon him of a notice by certified mail.

E. Any violation of the provisions of this chapter shall constitute a prohibited practice in accordance with § 59.1-200 of the Code of Virginia and shall be subject to any and all of the enforcement provisions of the Virginia Consumer Protection Act (§ 59.1-196 et seq.)

F. Any person violating any provision of this chapter shall be guilty of a Class 2 misdemeanor, pursuant to § 32.1-226 of the Code of Virginia.

12 VAC 5-125-120. Fees.

The Board shall set the annual fees imposed for licenses and permits issued pursuant to this chapter. All fees collected shall be deposited and held by the Department in a separate fund, from which shall be paid all expenditures necessary in carrying out the provisions of this chapter.

The Board shall review the fees being charged for the services delivered by the Department pursuant to Article 7 (§ 32.1-212 et seq.) of Chapter 6 of Title 32.1 as such services and fees were in effect prior to July 1, 2003, and shall revise such fees, as appropriate, consistent with the level of services required by this chapter.

The fee schedule established by the Board is as follows:

<table>
<thead>
<tr>
<th>Vendor Description</th>
<th>Annual Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturer of Bedding</td>
<td>$100.00</td>
</tr>
<tr>
<td>Manufacturer of Upholstered Furniture</td>
<td>100.00</td>
</tr>
<tr>
<td>Bedding Renovator</td>
<td>25.00</td>
</tr>
<tr>
<td>Reupholsterer</td>
<td>25.00</td>
</tr>
<tr>
<td>Supply Dealer</td>
<td>25.00</td>
</tr>
<tr>
<td>Importer</td>
<td>100.00</td>
</tr>
<tr>
<td>Sanitizer</td>
<td>60.00</td>
</tr>
<tr>
<td>Distributor/Wholesaler</td>
<td>100.00</td>
</tr>
</tbody>
</table>

DOCUMENTS INCORPORATED BY REFERENCE


/s/ Mark R. Warner
Governor
Date: May 25, 2004

VA.R. Doc. No. R04-165; Filed June 1, 2004, 2:08 p.m.
EDITOR’S NOTICE: The State Board of Social Services has revised the following forms. The forms are available for public inspection at the Department of Social Services, 7 North 8th Street, Richmond, VA 23219. Copies of the forms may be obtained from Richard Martin, Department of Social Services, 7 North 8th Street, Richmond, VA 23219, telephone (804) 726-7902, e-mail richard.martin@dss.virginia.gov.

Title of Regulation: Voluntary Registration of Family Day Homes - Requirements for Providers (22 VAC 40-180).

FORMS

Voluntary Registration Health and Safety Checklist (rev. 8/00).

Voluntary Registration Provider Application Form, 032-05-210/2 A (rev. 7/96 6/04).

Voluntary Registration Provider Application Form, 032-05-210/2 B (eff. 6/04).
VOLUNTARY REGISTRATION
PROVIDER APPLICATION FORM

PLEASE PRINT. Please read this application carefully. Make sure that the application is filled in completely.

NAME: ____________________________
(First) (Middle) (Last) Social Security Number

Street Address: ____________________________

Mailing Address, if different from above: ____________________________
City State Zip Code

Telephone: ____________________________
(Area Code) Number Date of Birth: ______/______/______

City/County in which the provider lives: ____________________________

1. I am applying for:
   □ An initial certificate of registration  □ Address change only
   □ A renewal certificate of registration  □ Name change only
       (Previous Last Name)

2. How many adults live in the family day care home?
   □ One  □ Three  □ More than four (Number) _______
   □ Two  □ Four

3. Are you interested in serving as a substitute for other providers when vacant slots are available?
   □ Yes, I am interested in being a substitute  □ No, I am not interested

4. Are you currently participating in the USDA Food Program?  □ Yes  □ No
   If yes, Name of Sponsoring Agency: ____________________________

5. If no, are you interested in participating in the USDA food program?
   □ Yes  □ No
   (FOR AGENCY USE ONLY)

Date application and check received by the contracting organization ______/______/______

RECOMMENDATION FOR CERTIFICATE OF REGISTRATION

STIPULATIONS:
I certify that the Requirements for Voluntary Registration of Family Day Homes have been reviewed at the home
named above and that these requirements have been met by the provider. I recommend a Certificate of Registration be
issued with an effective date of:

_____/_____/______ through _____/____/______

Executive Director/Agency Representative Contracting Organization Date

032-05-210/2 A (6/04)
VOLUNTARY REGISTRATION
PROVIDER APPLICATION FORM

Part II of II

Name of Provider: ____________________________ Social Security Number: ______________

If you have an assistant, please provide the following information:

Name of Assistant: ____________________________ Date of Birth: ___/___/____
Name of Assistant: ____________________________ Date of Birth: ___/___/____

If you have a substitute provider, please provide the following information:

Name of Substitute: ____________________________ Date of Birth: ___/___/____
Name of Substitute: ____________________________ Date of Birth: ___/___/____

List the name of all persons (other than the provider) who are at least 18 years of age and reside in the home:
(Verify with Page 1, #2)

________________________________________________________________________

________________________________________________________________________

Days and Hours of Normal Operation:

________________________________________________________________________

________________________________________________________________________

Sworn Disclosure Statement or Affirmation: (This statement must be signed in the presence of a notary.)

I certify that the information submitted on this application is true to the best of my knowledge and belief. I certify that I am the primary child care provider and that the child care to be provided is either in my home or the residence of one of the children receiving care for compensation. I understand that I must disclose to parents or guardians of children in care the percentage of time per week that someone other than myself will care for children.

Provider’s Signature: ____________________________ Date: ______________

City/County of ____________________________ State of ____________________________

Subscribed and sworn to before me this _______ day of __________, 20 ______.

My commission expires ____________, 20 ______. ________________________________

Signature of Notary Public

032-05-210/2 B (6/04)
List the names and birth dates of all children (provider’s own children, any children residing in the home, and any children receiving care in the family day home) who are under the age of 18.

NOTE: To be eligible for voluntary registration, no more than five non-exempt children (children that are not the provider’s own children or children who live in the home) may be in care in the home at any one time.

Check here if all of the children listed below are the grandchildren of the provider.

<table>
<thead>
<tr>
<th>Name of child</th>
<th>Date of birth</th>
<th>Son or Daughter</th>
<th>Residing in the home</th>
<th>Non-exempt</th>
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If more than five (5) children are receiving care in the home, attach a schedule of when all children are in care, including hours and days of the week.
DEPARTMENT OF ENVIRONMENTAL QUALITY

Proposed Regional Designations for Solid Waste Management Planning

Under the Regulations for Solid Waste Management Planning, 9 VAC 20-130-190, at least 14 days prior to designating a regional boundary for solid waste planning, the Director of the Department of Environmental Quality (DEQ) shall place a notice of the proposed regional boundary and an opportunity to comment in the Virginia Register of Regulations and in a newspaper of general circulation within the proposed region. Three groups of local governments have petitioned for regional designation under 9 VAC 20-130-180.

The governing bodies of Bath County and Highland County have petitioned for designation as a region ("the Bath-Highland Region") for solid waste management planning.

The governing bodies of Augusta County, the City of Staunton, the City of Waynesboro, and the Town of Craigsville have also petitioned for designation as a region for solid waste management planning.

Finally, the governing bodies of the Cities of Chesapeake, Franklin, Norfolk, Portsmouth, Suffolk, and Virginia Beach; the Counties of Isle of Wight and Southampton; and the Towns of Boykins, Branchville, Capron, Courtland, Ivor, Newsoms, Smithfield, and Windsor have petitioned for designation as a region for solid waste management planning.

Each group has cited the considerations for designating a region set out in 9 VAC 20-130-200.

Therefore, public comment is being accepted on the designation of these three regional boundaries for joint development of a solid waste management plan until 5 p.m., July 12, 2004. Comments should be sent to John E. Ely, Director, Office of Waste Programs, Waste Division, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, or e-mail jeely@deq.virginia.gov. E-mail comments should include the commenter's name and address.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Notice of Intent to Enhance IME Payments to High Medicaid Neonatal Intensive Care Unit (NICU) Providers

Notice is hereby given that the Department of Medical Assistance Services (DMAS) intends to modify its reimbursement plan for inpatient hospitals with recognized NICU utilization greater than 50% as reported to DMAS by March 1, 2004, pursuant to the department's authority under Title XIX of the Social Security Act. This notice is intended to satisfy the requirements of 42 CFR 447.205 and of § 1902 (a)(13) of the Social Security Act, 42 USC § 1396 a (a)(13). The change contained in this public notice is in response to the 2004 Appropriation Act language directing DMAS to enhance indirect medical education (IME) payments to high NICU utilization hospitals.

The 2004 General Assembly directed DMAS, through the 2004 Appropriation Act, to provide this additional payment and allocated $1.5 million total funds ($750,000 general funds) for enhancements to IME at Type Two hospitals with recognized Medicaid NICU utilization greater than 50%. These additional moneys shall be apportioned among all hospitals meeting the 50% standard based on each eligible hospital's percentage of Medicaid NICU patient days relative to the total of these days among eligible hospitals.

A copy of this notice is available for public review from Scott Crawford, Director, Provider Reimbursement Division, DMAS, 600 Broad Street, Suite 1300, Richmond, VA 23219, and this notice is available for public review on the Regulatory Town Hall (www.townhall.com). Comments or inquiries may be submitted in writing until July 28, 2004, to Mr. Crawford and such comments are available for review at the same address.

BOARD OF PHARMACY

Periodic Review of Regulations

Pursuant to Executive Order Number 21 (2002), the Board of Pharmacy is conducting a periodic review of 18 VAC 110-30, Regulations for Practitioners of the Healing Arts to Sell Controlled Substances. The regulation will be reviewed for consistency and applicability with changes in practice and with recently amended regulations governing the practice of pharmacy.

Written comments may be submitted until July 28, 2004, to Elaine J. Yeatts, Agency Regulatory Coordinator, Department of Health Professions, 6603 West Broad Street, Richmond, VA 23220, or e-mail to elaine.yeatts@dhp.virginia.gov, or FAX to (804) 662-9114. Regulations for public participation in the regulatory process may be reviewed on-line at www.townhall.state.va.us or copies will be sent upon request.

DEPARTMENT OF SOCIAL SERVICES

Periodic Review of Regulations

Pursuant to Executive Order Number 21 (2002), the Department of Social Services is currently reviewing 22 VAC 40-690, Virginia Child Care Provider Scholarship Program, to determine if it should be terminated, amended, or retained in its current form. The review will be guided by the principles listed in Executive Order Number 21 (2002) and in the department’s Plan for Review of Existing Agency Regulations.

The department seeks public comment regarding the regulation’s interference in private enterprise and life, the essential need of the regulation, less burdensome and intrusive alternatives to the regulation, specific and measurable goals that the regulation is intended to achieve,
and whether the regulation is clearly written and easily understandable.

Written comments may be submitted until July 19, 2004, in care of Rhonda Harrell, Scholarship Program Supervisor, Division of Child Care and Development, Department of Social Services, 7 North 8th Street, Richmond, VA 23219, or by facsimile to (804) 726-7655.

STATE CORPORATION COMMISSION

AT RICHMOND, JUNE 3, 2004

COMMONWEALTH OF VIRGINIA ex rel. STATE CORPORATION COMMISSION

CASE NO. PUE-2004-00060

Ex Parte: In the matter of amending regulations governing net energy metering

ORDER ESTABLISHING PROCEEDING

On May 25, 2000, the State Corporation Commission ("Commission") adopted Regulations Governing Net Energy Metering, 20 VAC 5-315-10 et seq. ("Net Energy Metering Rules"). The Net Energy Metering Rules were adopted by the Commission pursuant to § 56-594 of the Virginia Electric Utility Restructuring Act, Chapter 23 (§ 56-576 et seq.) of Title 56 of the Code of Virginia ("Restructuring Act"). Section 56-594 of the Restructuring Act provides, in part, that an eligible customer-generator may engage in net energy metering by interconnecting its electrical generating facility with a utility's electric grid and receiving credit for electricity generated and fed back to the electric grid. Chapter 827 of the 2004 Acts of Assembly amended § 56-594 of the Restructuring Act to revise the definition of eligible customer-generator. Eligible customer-generator has been revised to mean a customer that owns and operates an electrical generating facility that, among other things, has a capacity of not more than 500 kW for nonresidential customers. The capacity limit for nonresidential customers previously was 25 kW.

NOW THE COMMISSION, upon consideration of the matter, is of the opinion and finds that a proceeding should be established to amend the Net Energy Metering Rules to revise the definition of a customer-generator and to determine how the capacity increase otherwise may need to be reflected. We will direct that notice be given to the public and that interested persons have an opportunity to comment and request a hearing. Further, we will direct the Staff to investigate this matter and to file a report presenting its findings and recommendations to the Commission.

Accordingly, IT IS ORDERED THAT:

(1) This case is docketed and assigned Case No. PUE-2004-00060.

(2) A copy of this Order shall be delivered forthwith to the Registrar of Regulations for publication in the Virginia Register.

(3) On or before June 28, 2004, the Commission's Division of Information Resources shall publish the following notice as classified advertising in newspapers of general circulation throughout the Commonwealth of Virginia:

NOTICE TO THE PUBLIC OF A PROCEEDING TO AMEND NET ENERGY METERING REGULATIONS PURSUANT TO § 56-594 OF THE CODE OF VIRGINIA

CASE No. PUE-2004-00060


The 2004 General Assembly amended § 56-594 of the Restructuring Act to revise the definition of eligible customer-generator to mean a customer that owns and operates an electrical generating facility that, among other things, has a capacity of not more than 500 kW for nonresidential customers. This capacity limit for nonresidential customers previously was 25 kW.

The Commission has established a proceeding to determine how the Net Energy Metering Rules may need to be revised to reflect the legislation. A copy of the Commission Order in this proceeding is available for public inspection at the Commission's Document Control Center, Tyler Building, First Floor, 1300 East Main Street, Richmond, Virginia 23219, Monday through Friday, 8:15 a.m. to 5 p.m., or may be downloaded from the Commission's website: http://www.state.va.us/scc/caseinfo.htm.

On or before July 19, 2004, any interested person may file an original and fifteen (15) copies of any comments with the Clerk of the Commission at the address set forth below. Interested persons desiring to submit comments electronically may do so by following the instructions available at the Commission's website.

On or before July 19, 2004, any interested person may file an original and fifteen (15) copies of any requests for hearing with the Clerk of the Commission at the address set forth below. Any request for hearing shall state with specificity why the issues raised in the request for hearing cannot be adequately addressed in written comments. If sufficient request for hearing is not received, the Commission may enter an order based upon the papers filed. Persons expecting to participate as a respondent in any hearing that may be scheduled shall include with their request for hearing an original and fifteen (15) copies of a notice of participation in accordance with 5 VAC 5-20-80 of the Commission Rules of Practice and Procedure.
STATE CORPORATION COMMISSION

(4) On or before July 19, 2004, any interested person may comment or request a hearing by filing an original and fifteen (15) copies of such comments or requests with Joel H. Peck, Clerk, State Corporation Commission, c/o Document Control Center, P.O. Box 2118, Richmond, Virginia 23218. Any request for hearing shall state with specificity why the issues raised in the request for hearing cannot be adequately addressed in written comments. If a sufficient request for hearing is not received, the Commission may consider the matter and enter an order based upon the papers filed herein. Interested parties shall refer in their comments or requests to Case No. PUE-2004-00060. Interested persons desiring to submit comments electronically may do so by following the instructions available at the Commission’s website: http://www.state.va.us/scc/caseinfo.notice.htm.

(5) On or before July 19, 2004, persons filing a request for hearing and expecting to participate as a respondent in any hearing that may be scheduled in this matter shall file an original and fifteen (15) copies of a notice of participation in accordance with 5 VAC 5-20-80 of the Commission Rules of Practice and Procedure. Interested parties shall refer in their notices to Case No. PUE-2004-00060. All notices of participation shall be filed with the Clerk of the Commission at the address set forth in Paragraph (4) above.

(6) On or before August 25, 2004, the Staff shall investigate this matter and file a report with the Commission presenting its findings and recommendations, and responding to any comments filed by interested persons in this matter.

AN ATTESTED COPY hereof shall be sent by the Clerk of the Commission to all persons on the official Service List in this matter. The Service List is available from the Clerk of the State Corporation Commission, c/o Document Control Center, 1300 East Main Street, First Floor, Tyler Building, Richmond, Virginia 23219.

********
June 3, 2004
Administrative Letter 2004-04

TO: All Insurers Licensed to Write Private Passenger Automobile and/or Homeowners Insurance in Virginia

RE: Revisions to VA CP-12 (05/04) - Homeowners Competitive Pricing Form and VA CP-20 (05/04) - Private Passenger Automobile Insurance Competitive Pricing Form

This administrative letter introduces revised Virginia Competitive Pricing Forms VA CP-12 (05/04) for homeowners insurance rate filings and VA CP-20 (05/04) for private passenger automobile insurance rate filings. The May 2004 editions replace the Virginia Competitive Pricing Forms, VA CP-12 (6/94) and VA CP-20 (6/94). Effective immediately, insurers should begin using these revised forms with each rate filing.

SUMMARY OF CHANGES

- Form VA CP-19 (6/94) has been discontinued.
- The counties of Fairfax and Henrico have been eliminated.
- ZIP codes have been added for insurers using ZIP codes to define territories.
- The category of "Married Adult Age 45" has been clarified to read "Married Male Age 45."
- The comprehensive coverage deductible has been increased from $50 to $100.
- The collision coverage deductible has been increased from $100 to $250.
- For the purposes of calculating the physical damage coverage premiums for the CP-20, the example vehicle has been changed from a Chevrolet Corsica, 4 door sedan (depicting an original cost new of approximately $15,000) to a Toyota Camry LE, 4-cylinder, 4-door sedan (depicting an original cost new of approximately $25,000).
- The amount of coverage for the CP-12 form has been increased from $100,000 to $125,000 to reflect the median value of housing in Virginia based on 2000 U.S. Census data.

The revised competitive pricing forms are available electronically from the Bureau’s website at http://www.state.va.us/scc/division/boi/webpages/vacpforms.htm.

In addition, Administrative Letters 1977-2, 1982-7, 1990-21, 1992-4 and 1994-6, which contain competitive pricing forms no longer in use, are hereby withdrawn.

Please direct any questions pertaining to this administrative letter to Patricia C. Todd, Senior Insurance Market Examiner, Personal Lines Rates and Forms Section, Property and Casualty Division, telephone (804) 371-9195, or e-mail ttodd@scc.state.va.us.

/s/ Alfred W. Gross
Commissioner of Insurance
<table>
<thead>
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<th>TERRITORY/ZIP CODE</th>
<th>TOTAL PREMIUM</th>
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<tr>
<td>Frame ($125,000)</td>
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<td>Masonry ($125,000)</td>
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VA CP-12 (05/04) Page 1 of 2
INSTRUCTIONS:
Report ANNUAL premiums for the best fire protection class in each territory for coverage under "Special Form (Form 3)" with a $250 Flat deductible. Dollar amounts in parentheses are “Insured for” values. Do not apply any other rating rules (including discounts and surcharges) or procedures.

Since Charlotte County is representative of a rural risk, report premiums based on Protection Class 10.

The premiums displayed contemplate a Section II Liability Limit of $100,000 and Medical Payments coverage of $1,000.

* * * * * * * * * * * *
NOTE:
IF THE COMPANY DOES NOT PROVIDE THE SPECIFIC COVERAGE REQUESTED, PLEASE CLEARLY NOTE THIS FACT AND INDICATE THE DIFFERENCES BELOW* AND REPORT THE PREMIUM CHARGED FOR THE POLICY MOST NEARLY COMPARABLE TO THE ONE FOR WHICH PREMIUM DATA IS REQUESTED. FOR EXAMPLE, IF THE COMPANY DOES NOT OFFER A $250 DEDUCTIBLE, REPORT THE PREMIUMS FOR THE MOST COMPARABLE DEDUCTIBLE.

* * * * * * * * * * * *
*COMPANY’S EXCEPTIONS:

______________________________Signature                                            Date Completed:   _______________
______________________________Title                                                   Phone:   ______________________

E-mail Address: ___________________

VA CP-12 (05/04) Page 2 of 2
## COMPANY:

### VIRGINIA PRIVATE PASSENGER AUTOMOBILE INSURANCE PREMIUMS

**RATES EFFECTIVE:** __________________________  
*MODEL YEAR USED:* __________________________  
**OCN/SYMBOL USED:** _____________

### BODILY INJURY  
25/50  
### PROPERTY DAMAGE  
$20,000  
### MEDICAL EXPENSE BENEFITS  
$2,000  
### UNINSURED/ MOTORISTS  
25/50/20  
### COMPREHENSIVE $100 DEDUCTIBLE  
### COLLISION $250 DEDUCTIBLE  
### TOTAL

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<th>CLASSIFICATION RATING FACTORS</th>
<th>TERRITORY/ZIPCODE</th>
<th>BODILY INJURY 25/50</th>
<th>PROPERTY DAMAGE $20,000</th>
<th>MEDICAL EXPENSE BENEFITS $2,000</th>
<th>UNINSURED/MOTORISTS 25/50/20</th>
<th>COMPREHENSIVE $100 DEDUCTIBLE</th>
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**VA CP-20 (05/04) Page 1 of 2**
INSTRUCTIONS:

Report **ANNUAL** premiums for minimum liability coverage required by Virginia’s financial responsibility laws (e.g., Bodily Injury limits of $25,000/$50,000, Property Damage limits of $20,000, Uninsured/Underinsured Motorists coverage at minimum limits and Medical Expense Benefits coverage of $2,000).

Report **ANNUAL** physical damage premiums for a new (e.g., age group 1), standard performance class car with an original cost new of approximately $25,000. A new Toyota Camry LE, 4-cylinder, 4-door sedan fits this description. Please note that the current model year changes on October 1. Report Comprehensive premiums with a $100 deductible. Report Collision premiums with a $250 deductible.

Report premiums for risks who are owners or principal operators, who are accident and conviction free for the preceding three years, who have had driver training, who do not use their vehicles for business, who drive 12,000 miles a year and who drive to or from work 9 miles each way. (Report the married male premiums for a risk whose vehicle is customarily operated by no one other than the named insured or spouse.) Do not apply any other rating rules (including discounts and surcharges) or procedures.

**NOTE:**
1. **IF THE COMPANY DOES NOT PROVIDE THE SPECIFIC COVERAGE REQUESTED, PLEASE CLEARLY NOTE THIS FACT BELOW** AND REPORT THE PREMIUM CHARGED FOR THE POLICY MOST NEARLY COMPARABLE TO THE ONE FOR WHICH PREMIUM DATA IS REQUESTED. FOR EXAMPLE, IF THE COMPANY DOES NOT OFFER A $100 DEDUCTIBLE COMPREHENSIVE OR MINIMUM LIABILITY COVERAGE, REPORT THE PREMIUMS FOR THE MOST COMPARABLE DEDUCTIBLE OR LIMIT.
2. **INCLUDE, BY SEPARATE ATTACHMENT, A SPECIFIC EXAMPLE OF THE METHOD OF CALCULATION USED TO COMPUTE THE PREMIUMS FOR EACH COVERAGE. THE EXAMPLE SHOULD INCLUDE ALL THE STEPS NECESSARY TO COMPUTE THE FINAL PREMIUMS, SUCH AS Rounding, APPLICATION OF FACTORS, ETC.**

**COMPANY’S EXCEPTIONS:**

Signature: __________________________
Title: __________________________
Date Completed: __________________________
Phone: __________________________
E-mail Address: __________________________

VA CP-20 (05/04) Page 2 of 2
June 4, 2004

TO: All Insurers and Other Interested Parties

RE: Legislation Enacted by the 2004 Virginia General Assembly

We have attached for your reference summaries of certain statutes enacted or amended and re-enacted during the 2004 Session of the Virginia General Assembly. The effective date of these statutes is July 1, 2004, except as otherwise indicated in this letter. Each organization to which this letter is being sent should review the summaries carefully and see that notice of these laws is directed to the proper persons, including appointed representatives, to ensure that appropriate action is taken to effect compliance with these new legal requirements. Copies of individual bills may be obtained at http://legis.state.va.us/. You may enter the bill number (not the chapter number) on the Virginia General Assembly Home Page, and you will be linked to the Legislative Information System. You may also link from the Legislative Information System to any existing section of the Code of Virginia. All statutory references made in the letter are to Title 38.2 (Insurance) of the Code of Virginia unless otherwise noted.

Please note that this document is a summary of legislation. It is neither a legal review and interpretation nor a full description of the legislative amendments affecting insurance-related laws during the 2003 Session. Each organization is responsible for legal review of the statutes pertinent to its operations.

/Alfred W. Gross
Commissioner of Insurance

PROPERTY AND CASUALTY BILLS

Chapter 182 (House Bill 221)

This bill amends § 38.2-111 by adding a new class of insurance under subsection B of this section. “Miscellaneous casualty” is defined as insurance against liability and against loss, damage, or expense arising out of injury to the economic interests of any person. Miscellaneous casualty does not include any other statutorily defined class of insurance and does not include insurance that is contrary to law or public policy.

Chapter 288 (House Bill 609)

The bill amends § 38.2-2125 by requiring the flood insurance notice to state that information regarding flood insurance is available from the insurer as well as the agent or the National Flood Insurance Program and to advise the policyholder that contents coverage may be available with the flood policy for an additional premium. The provisions of this act apply to contracts delivered, issued for delivery, reissued, extended or renewed on and after October 1, 2004.

Chapter 300 (House Bill 818)

This bill amends § 38.2-2114 by prohibiting insurers from non-renewing a policy written to insure an owner-occupied dwelling solely because of one or more claims that were incurred more than 60 months immediately prior to the expiration of the current policy period.

Chapter 336 (Senate Bill 557)

This bill amends § 6.1-2.26 of the Consumer Real Estate Settlement Protection Act (CRESPA) by requiring the appropriate licensing authority to notify settlement agents of the provisions of § 17.1-223 when the settlement agent’s registration is renewed. An amendment to § 17.1-223 allows the person or entity submitting the deed or deed of trust conveying not more than four residential dwelling units to state on the first page of the document the name of the title insurance underwriter and the policy number or a statement that there is no title insurance in effect or a statement that the policy number is not available or is unknown.

Chapter 597 (Senate Bill 509)

This bill amends § 6.1-2.25 by authorizing licensing authorities to issue summonses and subpoenas in order to carry out the provisions of the Consumer Real Estate Settlement Protection Act (CRESPA). The bill also amends § 6.1-2.27 by stating that a final order which imposes a penalty or orders restitution will have the force and effect of a circuit court decree upon certification of the order by the licensing authority. Section 6.1-2.27 is further amended to give the appropriate licensing authority the ability to issue restraining orders.

Chapter 745 (House Bill 898)

This bill adds a new section (§ 38.2-2127) to Chapter 21 (fire insurance policies). The bill requires an insurer to provide a written notice whenever it unilaterally changes the deductible on a policy written to insure an owner-occupied dwelling. The notice must state that the deductible has changed and explain how the new deductible will be applied. The law prohibits the insurer from changing the deductible except at renewal, and the law applies to policies renewed on or after October 1, 2004. NOTE: The new law is not limited to changes in the deductible because of the territory or location of the property. Consequently, if the insurer unilaterally changes the deductible because of the insured’s loss history, for example, the new notice must be given.

Chapter 751 (House Bill 1007)

This bill adds a new section to Chapter 21 (§ 38.2-2127), which allows policies written to insure owner-occupied dwellings to exclude coverage for liability resulting from an injury caused by a dangerous or vicious animal owned by or in the care, custody, or control of the insured if the animal has bitten, attacked, or inflicted injury on a person or a companion animal. The risk must be specifically identified in the exclusion, and the exclusion must have the named insured’s written consent, which must be executed before a notary public or witnessed by a disinterested person. Insurers must file with the Bureau uniform policy forms that will be used by the insurer to exclude the coverage. The insurer must make available to the Bureau of Insurance the documentation that substantiates the reason for the exclusion as well as the
signed exclusion and evidence of the insured’s consent. Insurers are not required to obtain the insured’s written consent for subsequent renewals.

NOTE: The Bureau of Insurance does not consider a “disinterested person” to be the insurance agent, customer service representative, or any other insurance company representative.

Chapter 767 (House Bill 1342)
This bill amends § 38.2-517 by requiring insurers to disclose to the insured or claimant, prior to being referred to a third party representative in connection with an automobile glass claim, that the third party is not the insurer and is acting on behalf of the insurer. The bill also adds the requirement that if the third party representative has a financial interest in the recommended repair or replacement facility, this information must be disclosed to the insured or claimant at the time the recommendation is made. The bill further states that the notice of the right to choose must be made by the insurer or its third party representative at the time it recommends a repair or replacement facility or service.

Chapter 822 (Senate Bill 601) Effective July 1, 2006
The bill amends § 2.2-1839 and adds a new provision that allows certain physicians and community hospitals, effective July 1, 2006, to purchase medical malpractice liability insurance under a program administered by the Department of the Treasury’s Risk Management Division. The bill also establishes a joint subcommittee to study issues relating to medical malpractice insurance.

Chapter 838 (House Bill 553)
This bill amends § 38.2-1906 by allowing insurers, other than workers’ compensation insurers, to file with the Bureau of Insurance any rate or supplementary rating information that limits rate increases that would otherwise be applicable to renewal policies.

Chapters 896 and 931 (Senate Bill 687 and House Bill 1407)
These bills amend Chapter 50 of Title 38.2 as follows:

- Subsection B of § 38.2-5009 is deleted. This eliminates the authority of the Virginia Workers’ Compensation Commission to award reasonable expenses, including attorneys’ fees, to applicants who are denied admission to the Virginia Birth-Related Neurological Injury Compensation Program.

- The participating physician assessment and the participating hospital assessment are increased by $100 and $10,000 per year, respectively, for five years, to a maximum of $5,500 and $200,000 respectively. The non-participating physician assessment is being increased by $10 per year, for five years, to a maximum of $300 per year. The increases are scheduled to begin on January 1, 2005.

FINANCIAL REGULATION BILLS

Chapter 174 (Senate Bill 355)
This bill amends § 38.2-1230 to require prior written approval of material transactions, and timely disclosure of most other transactions, between a domestic reciprocal and a related party and, when the transaction is material to the reciprocal, between any two or more of the reciprocal’s related parties. The measure requires the annual filing of a related parties’ summary and that a reciprocal’s surplus, following any dividends or distribution to any of the reciprocal’s related parties, shall be reasonable in relation to the reciprocal’s outstanding liabilities and adequate to its financial needs.

Chapter 175 (Senate Bill 372)
This bill amends §§ 38.2-4300, 38.2-4301 and 38.2-4302 to provide that, for purposes of health maintenance organization regulation, “net worth” and “capital and surplus” have the same meaning. Persons owning or having the right to acquire five percent or more of voting securities or subordinated debt of an entity applying for a license to establish or operate a health maintenance organization are required to disclose such fact when applying for a license.

Chapter 236 (House Bill 1327)
This bill amends § 38.2-3420 to exempt from regulation in Virginia any multiple employer welfare arrangement (MEWA) comprised only of banks and their employees that (i) is licensed as a MEWA by insurance authorities in a contiguous state; (ii) files a copy of its license or certificate of authority with the Commission; and (iii) has no more than 50 Virginia residents who are employees of its member banks enrolled in or receiving accident and sickness benefits as insureds, members, enrollees, or subscribers of the MEWA. “Bank” as used in § 38.2-3420 is defined as an institution that has or is eligible for insurance or deposits by the Federal Deposit Insurance Corporation (FDIC).

Chapter 254 (Senate Bill 535)
The bill adds § 38.2-3100.2 to authorize insurers who are licensed to write life insurance or annuities in Virginia to also issue funding agreements. Subsection B defines “funding agreements.” Subsection C lists the permitted uses of funding agreements. Subsection D addresses accounting treatment of funding agreements. Subsection E states that a funding agreement does not qualify as life insurance, an annuity, or any other form of insurance defined or classified in Article 2 of Chapter 1 of Title 38.2, although it constitutes transacting an insurance business in the Commonwealth. Subsection F provides that in a liquidation of an insurer pursuant to § 38.2-1509, the holders of a funding agreement will receive the same priority of distribution as is already accorded to policyholders.

Chapter 285 (House Bill 596)
This bill amends § 38.2-1603 of the Property and Casualty Guaranty Association Act (Act) to recognize the existence of Virginia Property and Casualty Insurance Guaranty Fund coverage for certain qualifying claims that have been assumed as direct obligations of the insolvent insurer prior to the insurer’s being declared insolvent. The bill states that
certain transactions, including routine reinsurance transactions and surplus lines transactions, are not novations that would establish a direct obligation of the insurer to the insured. The definition of "insolvent insurer" is expanded to include an insurer that is licensed in Virginia when the obligation with respect to the covered claim is assumed.

Chapter 313 (House Bill 1181)
This bill amends §§ 38.2-3220, 38.2-3221, 38.2-3222, and 38.2-3229 concerning annuity nonforfeiture requirements in order to recognize model provisions adopted by the National Association of Insurance Commissioners (NAIC) for its "Standard Nonforfeiture Law for Individual Deferred Annuities."

Provisions amended by the bill detail the manner in which an insurer must calculate the minimum nonforfeiture provisions for annuity contracts issued on or after July 1, 2005, and provide that insurers may elect to apply the provisions to specified contracts issued prior to that date. This bill establishes a formula that uses an index-based interest rate to determine the minimum nonforfeiture amounts for individual deferred annuity contracts issued on or after July 1, 2005. The bill also authorizes the State Corporation Commission (SCC) to adopt rules and regulations to implement the provisions and to provide for further adjustments to the calculation of minimum nonforfeiture amounts for contracts that provide substantive participation in an equity index benefit and for other contracts for which the SCC determines adjustments are justified.

Chapter 315 (House Bill 1186)
The bill amends §§ 38.2-4123, 38.2-4214, 38.2-4319, and 38.2-4509 and adds § 38.2-1315.1 to require every insurer to submit annually an actuarial opinion and supporting documents, including a summary of opinion or issues, memoranda, and work papers prepared in conformity with appropriate National Association of Insurance Commissioners (NAIC) annual statement instructions. The documents shall be privileged and confidential and not discoverable or admissible in a civil action. The new requirements apply to fraternal benefit societies, health services plans, health maintenance organizations, and dental or optometric services plans.

Chapter 668 (Senate Bill 156)
This bill creates a new Chapter 61 in Title 38.2 that establishes a regulatory system under which companies that provide dental plans only may be licensed.

LIFE AND HEALTH BILLS

Chapter 156 (Senate Bill 44)
This bill repeals the scheduled July 1, 2004, sunsetting of the mandated health insurance benefit that requires the same coverage for biologically based mental illneces as is provided for other illnesses, conditions or disorders.

Chapter 185 (House Bill 628) Emergency Legislation Effective March 19, 2004
This bill amends § 38.2-4306 and adds § 38.2-4320.1 relating to health maintenance organizations (HMOs) providing services to enrollees covered by medical assistance services or the Family Access to Medical Insurance Security (FAMIS) Plan. The bill removes the requirement that Medicaid HMOs provide a conversion privilege and include in the evidence of coverage a statement entitling any Medicaid recipient or FAMIS participant the right to convert his/her coverage to an individual contract and conform the requirements for the explanation of benefits for those participants to the standards prescribed in the state plan for medical assistance services and the FAMIS Plan (Title XIX or Title XXI of the Social Security Act, as amended). The requirements for an explanation of benefits otherwise addressed in Title 38.2 shall not apply to HMOs when contracting to deliver such services to the extent that the statutory requirements differ from the standards of the Department of Medical Assistance Services.

Chapter 425 (House Bill 322)
This bill amends § 38.2-3407.15 relating to fair business practices for retroactive denials by health insurance carriers. The bill prohibits a health insurance carrier from imposing a retroactive denial of payment or seeking recovery or refund of a previously paid claim unless the carrier specifies in writing the specific claim for which the retroactive denial is to be imposed or recovery or refund is sought. The written communication shall also contain an explanation of why the claim is being retroactively adjusted. The amended bill applies to provider contracts entered into, amended, extended, or renewed on or after July 1, 2004.

Chapter 715 (Senate Bill 618)
This bill amends § 38.2-3407.10 and § 38.2-5803 to allow insurance carriers to provide the required list of members of its provider panels in a form other than a printed document as long as the insurance carrier informs the purchaser or enrollee how a printed copy of the list may be obtained.

Chapter 761 (House Bill 1155)
The bill adds a new Chapter 61 to Title 38.2, which recognizes and authorizes Virginia’s participation as a compacting state in the Interstate Insurance Product Regulation Compact (Compact) and provides that Virginia is a compacting state. The Compact is intended to (i) promote and protect the interest of consumers of individual and group annuity, life insurance, disability income, and long-term care insurance products; (ii) develop uniform standards for those insurance products; (iii) act as a central clearinghouse to review insurance products and advertisements; (iv) approve product filings and advertisements; (v) improve coordination of regulatory resources and expertise among state insurance departments regarding uniform standards and review of relevant insurance products; (vi) create the Interstate Insurance Product Regulation Commission; and (vii) perform other related functions consistent with state regulation of the business of insurance. This bill also appoints the Commissioner of Insurance as the Commonwealth's representative to the Interstate Insurance Product Regulation Commission.

Chapter 771 (House Bill 1404)
This bill amends § 38.2-3525 to revise the requirements for coverage for dependents. The bill provides that, except for policies issued pursuant to § 38.2-3521.1 B, coverage under a
group accident and sickness insurance policy may be extended beyond the current ages of 19 to 25 for dependent full-time students. When the insurer offers the option, a policyholder may elect coverage for children over the age of 25. The extension of coverage must be mutually agreed upon by the insurer and the group policyholder.

Chapter 772 (House Bill 1408) Effective January 1, 2005

This bill amends §§ 38.2-3540.1 and 38.2-4319, making it applicable to health care plans and health maintenance organizations (HMOs). The bill requires group accident and sickness insurance policies and health care plans that cover policyholders with an average of at least 100 individuals on business days in the preceding 12-month period to provide, after a request, a complete record of the policyholder’s medical claim experience or medical costs under the policy contract or plan. The record must cover all claims from the lesser of (i) the time when the policy, contract, or plan was issued or issued for delivery or, (ii) the time when the policy, contract, or plan was last renewed, reissued or extended. The bill requires that, along with the record of medical claims experience or medical costs, the policyholder must receive a summary of medical claims or medical costs in the most recent 24-month period, (ii) a listing of the number of insureds, subscribers or enrollees for whom combined medical claims or medical costs exceed $100,000 for the most recently available 12-month period and the preceding 12 months if not already provided, with information as to whether the enrollees are still enrolled, and provided that a policyholder and insurer may agree by contract to include amounts less than $100,000; and (iii) total enrollment in each membership type as of the end of the most recently available 12-month period. The bill also increases the number of days the record must be made available after request to 20 days, and requires the policyholder to request the record at least 45 days prior to renewal. The bill applies to health care plans and contracts delivered or issued for delivery, reissued or extended on or after January 1, 2005, or at any time when any term of the contract is changed or any premium adjustment is made.

Chapter 1015 (Senate Bill 337)

This bill amends §§ 2.2-3705, 8.01-413, 16.1-177, 19.2-149, 38.2-1800, 38.2-1824, 38.2-2411, 38.2-2412, and 58.1-3724. The bill adds §§ 9.1-185 through 9.1-199.4, 38.2-2412.1 and 38.2-2412.2 and repeals §§ 19.2-152.1 through 19.2-152.17, and 38.2-1865.6 through 38.2-1865.13. Effective July 1, 2005, the SCC will no longer license surety bail bondsmen. Surety bail bondsmen will be licensed by the Department of Criminal Justice Services. Surety bail bondsmen licenses in effect with the SCC shall be void after June 30, 2005.

Chapter 784 (House Bill 363)

This bill amends § 38.2-1800 and repeals § 38.2-4415 regarding the sellers of legal services plans. The bill also amends § 59.1-200 and adds Chapter 34.1 to Title 59.1. The bill transfers the responsibility for regulating the sellers of legal services plans from the SCC’s Bureau of Insurance to the Department of Agriculture and Consumer Services.

STATE WATER CONTROL BOARD

Proposed Consent Special Order for Fitzgerald Lumber & Log Co., Inc.

The State Water Control Board proposes to enter into a Consent Special Order with Fitzgerald Lumber & Log Co., Inc (Fitzgerald). The parties have agreed to the terms of a Consent Special Order for settlement of alleged violations of State Water Control Law at the Fitzgerald facility.

Fitzgerald is a saw mill and log yard located at 403 East 29th Street, Buena Vista, Virginia. The Fitzgerald site discharges stormwater into Chalk Mine Run. Based on an inspection of Fitzgerald's facility, DEQ staff found Fitzgerald to be in violation of State Water Control Law at the Fitzgerald facility.

Consent Special Order for settlement of alleged violations of State Water Control Law at the Fitzgerald facility.

Fitzgerald has since obtained the required discharge permit. The proposed order includes provisions for preventing recurrence of the violation. The proposed order would also assess a civil charge against Fitzgerald in settlement of the violation.

The board will receive written comments relating to the proposed order for 30 days from the date of publication of this notice. Comments should be addressed to Edward A. Liggett, Department of Environmental Quality, P.O. Box 3000, Harrisonburg, VA 22801, and should refer to the order. The proposed order may be examined at the Department of Environmental Quality, Valley Regional Office, 4411 Early Road, Harrisonburg, VA. A copy of the order may be obtained in person or by mail from the DEQ office.

Comments may also be submitted via electronic mail to ealiggett@deq.state.va.us. In order to be considered, electronic comments must be received prior to the close of the comment period and must include the name, address and telephone number of the person making the comment.
Proposed Consent Special Order for Southwood, Inc.

The State Water Control Board proposes to enter into a consent special order with Southwood, Inc. to resolve violations of the State Water Control Law and regulations at the Southwood, Inc. sewage treatment plant (STP) in Albemarle County, Virginia. The facility discharges to Biscuit Run in the Middle James River basin.

The STP is exceeding its design capacity and experiencing effluent limitation violations due to an Inflow and Infiltration (I&I) problem in its collection system.

The proposed consent special order settles outstanding notices of violation and incorporates a schedule of compliance to address the I&I problem and to connect the facility to an Albemarle County Sewer Authority collection system line when it becomes available. The order also assesses a civil charge for the violations.

The board will receive written comments relating to the proposed consent special order for 30 days from the date of publication of this notice. Comments should be addressed to Steven W. Hetrick, Department of Environmental Quality, Post Office Box 3000, Harrisonburg, Virginia 22801, and should refer to the consent special order. Comments may also be submitted via electronic mail to swhetrick@deq.state.va.us. In order to be considered, electronic comments must be received prior to the close of the comment period and must include the name, address, and telephone number of the person making the comment.

The proposed order may be examined at the Department of Environmental Quality, Valley Regional Office, 4411 Early Road, Harrisonburg, VA 22801. A copy of the order may be obtained in person or by mail from this office.

Proposed Consent Special Order for the City of Waynesboro

The State Water Control Board proposes to enter into an amendment to the consent special order with the City of Waynesboro to resolve violations of the State Water Control Law and regulations at the Waynesboro sewage treatment plant (STP) and collection system in Augusta County, Virginia. The facility discharges to the South River in the Shenandoah River subbasin and the Potomac River basin.

The STP is exceeding its design capacity and the collection system has experienced periodic problems handling the quantity of wastewater due to an Inflow and Infiltration (I&I) problem in its collection system. The STP also experienced effluent limitation violations attributed to the I&I problem.

The proposed amendment to the consent special order settles outstanding notices of violation and incorporates a schedule of compliance to continue to address the I&I problem.

The board will receive written comments relating to the proposed consent special order for 30 days from the date of publication of this notice. Comments should be addressed to Steven W. Hetrick, Department of Environmental Quality, Post Office Box 3000, Harrisonburg, Virginia 22801, and should refer to the consent special order. Comments may also be submitted via electronic mail to swhetrick@deq.state.va.us. In order to be considered, electronic comments must be received prior to the close of the comment period and must include the name, address, and telephone number of the person making the comment.

The proposed order may be examined at the Department of Environmental Quality, Valley Regional Office, 4411 Early Road, Harrisonburg, VA 22801. A copy of the order may be obtained in person or by mail from this office.

VIRGINIA CODE COMMISSION
Notice to State Agencies
Mailing Address: Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219, FAX (804) 692-0625.

Forms for Filing Material for Publication in the Virginia Register of Regulations

All agencies are required to use the appropriate forms when furnishing material for publication in the Virginia Register of Regulations. The forms may be obtained from: Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591.

Internet: Forms and other Virginia Register resources may be printed or downloaded from the Virginia Register web page: http://register.state.va.us.

FORMS:
NOTICE of INTENDED REGULATORY ACTION-RR01
NOTICE of COMMENT PERIOD-RR02
PROPOSED (Transmittal Sheet)-RR03
FINAL (Transmittal Sheet)-RR04
EMERGENCY (Transmittal Sheet)-RR05
NOTICE of MEETING-RR06
AGENCY RESPONSE TO LEGISLATIVE OBJECTIONS-RR08
RESPONSE TO PETITION FOR RULEMAKING-RR13
FAST-TRACK RULEMAKING ACTION-RR14
CALENDAR OF EVENTS

Symbol Key
† Indicates entries since last publication of the Virginia Register
Location accessible to persons with disabilities
Teletype (TTY)/Voice Designation

NOTICE

Only those meetings which are filed with the Registrar of Regulations by the filing deadline noted at the beginning of this publication are listed. Since some meetings are called on short notice, please be aware that this listing of meetings may be incomplete. Also, all meetings are subject to cancellation and the Virginia Register deadline may preclude a notice of such cancellation. If you are unable to find a meeting notice for an organization in which you are interested, please check the Commonwealth Calendar at www.vipnet.org or contact the organization directly.

For additional information on open meetings and public hearings held by the standing committees of the legislature during the interim, please call Legislative Information at (804) 698-1500 or Senate Information and Constituent Services at (804) 698-7410 or (804) 698-7419/TTY, or visit the General Assembly web site's Legislative Information System (http://leg1.state.va.us/lis.htm) and select "Meetings."

VIRGINIA CODE COMMISSION

EXECUTIVE

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Virginia Cattle Industry Board
† July 15, 2004 - Noon -- Open Meeting
Four Points Hotel by Sheraton, U.S. Route 33, 1400 East Market Street, Harrisonburg, Virginia.

During the regular business meeting, the board will approve minutes from the April 2004 meeting in addition to reviewing the financial statements for the period October 1 through July 1. Staff will give program updates for the state and national level. The board will review projects submitted from both staff and outside parties within the industry. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact Reginald B. Reynolds at least five days before the meeting date so that suitable arrangements can be made.

Contact: Reginald B. Reynolds, Executive Director, Virginia Cattle Industry Board, P.O. Box 9, Daleville, VA 24083, telephone (540) 992-1992, FAX (540) 992-4632.

Virginia Cotton Board
† July 8, 2004 - 10:30 a.m. -- Open Meeting
Courtland Extension Office, 21300 Plank Road, Courtland, Virginia.

The minutes of the last meeting will be heard and approved. The board's financial statement will be reviewed and the budget for the 2004-2005 year will be developed. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact Thomas R. Cotton at least five days before the meeting date so that suitable arrangements can be made.

Contact: Thomas R. (Dell) Cotton, Jr., Program Director, Virginia Peanut Board, 1001 Campbell Ave., P.O. Box 59, Franklin, VA 23851-0059, telephone (757) 569-0249, FAX (757) 562-0744.

Virginia Small Grains Board
July 21, 2004 - 8 a.m. -- Open Meeting
Double Tree Hotel, Richmond Airport, 5501 Eubank Road, Richmond, Virginia.

The board will review FY 2003-04 project reports and will receive and approve the 2004-05 project proposals. Minutes from the last board meeting and a current financial statement will be heard and approved. Additionally, action will be taken on any other new business that comes before the group. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodation in order to participate at the meeting should contact the
Calendar of Events

person identified in this notice at least five days before the meeting date so that suitable arrangements can be made for any appropriate accommodation.

Contact: Philip T. Hickman, Program Director, Department of Agriculture and Consumer Services, 1100 Bank St., Room 1005, Richmond, VA 23219, telephone (804) 371-6157, FAX (804) 371-7786.

STATE AIR POLLUTION CONTROL BOARD
June 29, 2004 - 9:30 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia.

A regular board meeting.

Contact: Cindy Berndt, Regulatory Coordinator, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4378, FAX (804) 698-4346, e-mail cmberndt@deq.state.va.us.

ALCOHOLIC BEVERAGE CONTROL BOARD
July 6, 2004 - 9 a.m. -- Open Meeting
July 19, 2004 - 9 a.m. -- Open Meeting
August 2, 2004 - 9 a.m. -- Open Meeting
August 16, 2004 - 9 a.m. -- Open Meeting
August 30, 2004 - 9 a.m. -- Open Meeting
September 13, 2004 - 9 a.m. -- Open Meeting
† September 27, 2004 - 9 a.m. -- Open Meeting
Department of Alcoholic Beverage Control, 2901 Hermitage Road, Richmond, Virginia.

A meeting to receive and discuss reports and activities from staff members and to discuss other matters not yet determined.

Contact: W. Curtis Coleburn, III, Secretary to the Board, Department of Alcoholic Beverage Control, 2901 Hermitage Rd., Richmond, VA 23220, telephone (804) 213-4409, FAX (804) 213-4411, (804) 213-4687/TTY , e-mail wcollen@abc.state.va.us.

ART AND ARCHITECTURAL REVIEW BOARD
July 2, 2004 - 10 a.m. -- Open Meeting
August 6, 2004 - 10 a.m. -- Open Meeting
September 3, 2004 - 10 a.m. -- Open Meeting
Science Museum of Virginia, 2500 West Broad Street, Richmond, Virginia.

A monthly meeting to review projects submitted by state agencies. Art and Architectural Review Board submittal forms and submittal instructions can be downloaded by visiting the DGS forms at www.dgs.state.va.us. Request Submittal Form #DGS-30-905 or DGS Submittal Instructions Form #DGS-30-906.

Contact: Richard L. Ford, AIA Chairman, 101 Shockoe Slip, 3rd Floor, Richmond, VA 23219, telephone (804) 648-5040, FAX (804) 225-0329, toll free (804) 786-6152, or e-mail rford@comarchs.com.

VIRGINIA BOARD FOR ASBESTOS, LEAD, AND HOME INSPECTORS
June 28, 2004 - 9 a.m. -- Open Meeting
† July 23, 2004 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Room 453, Richmond, Virginia.

An informal fact-finding conference.

Contact: David Dick, Assistant Director, Virginia Board for Asbestos, Lead, and Home Inspectors, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8595, FAX (804) 367-2475, (804) 367-9753/TTY , e-mail alhi@dpor.virginia.gov.

August 19, 2004 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A meeting to conduct board business.

Contact: David Dick, Executive Director, Virginia Board for Asbestos, Lead, and Home Inspectors, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8507, FAX (804) 367-6128, (804) 367-9753/TTY , e-mail alhi@dpor.virginia.gov.

BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY
August 19, 2004 - 9:30 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond Virginia.

(Interpreter for the deaf provided upon request)

A quarterly business meeting to include regulatory and disciplinary matters as may be presented on the agenda. Public comment will be received at the beginning of the meeting.

Contact: Elizabeth Young, Executive Director, Board of Audiology and Speech-Language Pathology, Alcoa Building, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9111, FAX (804) 662-9523, (804) 662- 7197/TTY , e-mail elizabeth.young@dhp.virginia.gov.

BOARD FOR BARBERS AND COSMETOLOGY
June 29, 2004 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Room 453, Richmond, Virginia.

An informal fact-finding conference.

Contact: William H. Ferguson, II, Assistant Director, Board for Barbers and Cosmetology, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8575, FAX (804) 367-9753/TTY , e-mail barbercosmo@dpor.virginia.gov.
September 27, 2004 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A general business meeting to consider regulatory issues as may be presented on the agenda. The meeting is open to the public; however, a portion of the board's business may be discussed in closed session. Public comment will be heard at the beginning of the meeting. Persons desiring to participate in the meeting and requiring special accommodations or interpretive services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: William H. Ferguson, II, Executive Director, Board for Barbers and Cosmetology, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590, FAX (804) 367-6295, (804) 367-9753/TTY, e-mail barberscosmo@dpor.virginia.gov.

Cemetery Board

July 9, 2004 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Room 453, Richmond, Virginia.

An informal fact-finding conference.

Contact: Karen W. O'Neal, Regulatory Programs Coordinator, Cemetery Board, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8537, FAX (804) 367-2475, (804) 367-9753/TTY, e-mail Karen.O'Neal@dpor.virginia.gov.

Charitable Gaming Board

September 14, 2004 - 10 a.m. -- Open Meeting
Science Museum of Virginia, 2500 West Broad Street, Discovery Room, Richmond, Virginia.

A general meeting. An agenda will be posted on the agency website.

Contact: Frances C. Jones, Office Manager, Department of Charitable Gaming, 101 N. 14th St., 17th Floor, Richmond, VA 23219, telephone (804) 786-3014, FAX (804) 786-1079, e-mail Frances.Jones@dcr.state.va.us.

State Child Fatality Review Team

July 13, 2004 - 10 a.m. -- Open Meeting
Office of the Chief Medical Examiner, 400 East Jackson Street, Richmond, Virginia.

The business portion of the State Child Fatality Review Team meeting, from 10 a.m. to 10:30 a.m., is open to the public. At the conclusion of the open meeting, the team will go into closed session for confidential case review.

Contact: Virginia Powell, Manager, Fatality Review and Surveillance Programs, Department of Health, 400 East Jackson St., Richmond, VA 23219, telephone (804) 786-6047, FAX (804) 371-8595, toll-free (800) 447-1708, e-mail Virginia.Powell@vdh.virginia.gov.

Virginia College Savings Plan Board

July 13, 2004 - 10 a.m. -- Open Meeting
James Monroe Building, 101 North 14th Street, 5th Floor Boardroom, Richmond, Virginia.

A Board of Directors meeting.

Contact: Lee Hall, Special Projects Assistant, 101 N. 14th St., James Monroe Building, Richmond, VA 23219, telephone (804) 786-3605, FAX (804) 786-2453, e-mail lhall@virginia529.com.

Compensation Board

July 21, 2004 - 11 a.m. -- Open Meeting
Compensation Board, 202 North 9th Street, 10th Floor, Richmond, Virginia.

A monthly board meeting.

Contact: Cindy Waddell, Administrative Staff Assistant, Compensation Board, P.O. Box 710, Richmond, VA 23218, telephone (804) 786-0786, FAX (804) 371-0235, e-mail cindy.waddell@scb.virginia.gov.

Commonwealth Competition Council

July 8, 2004 - 10 a.m. -- Open Meeting
Library of Virginia, 800 East Broad Street, Richmond, Virginia.

A strategic planning session.

Contact: Peggy Robertson, Acting Executive Director, Commonwealth Competition Council, 805 E. Broad St., Room 113, Richmond, VA 23219, telephone (804) 786-0240, FAX (804) 786-1594, e-mail peggy.robertson@ccc.virginia.gov.

Department of Conservation and Recreation

June 29, 2004 - 6:30 p.m. -- Open Meeting
Williamsburg Regional Library, 7770 Croaker Road, Community Room, Williamsburg, Virginia.

A meeting to discuss input from the June 15 public meeting and future park development as the committee continues work on development of a new York River State Park master plan.

Contact: Robert S. Munson, Environmental Program Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-6140, FAX (804) 371-7899, e-mail rsmunson@dcr.state.va.us.
Calendar of Events

† June 30, 2004 - 4 p.m. -- Open Meeting
  Appomattox County Community Center, 220 Community Lane, Appomattox, Virginia.

A meeting of the Holliday Lake State Park Master Plan Advisory Committee to continue the development of a new park master plan.

Contact: Scott Bedwell, Environmental Planner, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 371-2594, FAX (804) 371-7899, e-mail sbedwell@dcr.state.va.us.

† July 28, 2004 - 4 p.m. -- Open Meeting
  Williamsburg Regional Library, 7770 Croaker Road, Community Room, Williamsburg, Virginia.

July 27, 2004 - 6:30 p.m. -- Open Meeting
  Westmoreland State Park, Conference Center, 1650 State Park Road, Montross, Virginia.

A meeting of the York River State Park Master Plan Advisory Committee to continue work on development of a new park master plan.

Contact: Robert Munson, Environmental Program Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-6140, FAX (804) 371-7899, e-mail rmunson@dcr.state.va.us.

August 4, 2004 - 7 p.m. -- Open Meeting
  Westmoreland State Park, Conference Center, 1650 State Park Road, Montross, Virginia.

The Westmoreland State Park master planning process will be explained, and public input will be received on the draft park mission statement and draft goals and objectives.

Contact: Bill Conkle, Park Planner, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-5492, FAX (804) 371-7899, e-mail bconkle@dcr.state.va.us.

† August 11, 2004 - 7 p.m. -- Open Meeting
  Appomattox County Community Center, Route 2, Box 117, Appomattox, Virginia.

The state park master planning process will be explained, and public input will be received on the draft park mission statement and draft goals and objectives for Holliday Lake State Park.

Contact: Scott Bedwell, Environmental Planner, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 371-2594, FAX (804) 371-7899, e-mail sbedwell@dcr.state.va.us.

† August 25, 2004 - 4 p.m. -- Open Meeting
  Appomattox County Community Center, 220 Community Lane, Appomattox, Virginia.

A meeting of the Holliday Lake State Park Master Plan Advisory Committee to discuss input from the August 11, 2004, public meeting and future park development as the committee continues work on development of a new park master plan.

Contact: Scott Bedwell, Environmental Planner, Department of Conservation and Recreation, 203 Governor Street, Suite 326, Richmond, VA 23219, telephone (804) 371-2594, FAX (804) 371-3899, e-mail sbedwell@dcr.state.va.us.

† September 15, 2004 - 7 p.m. -- Open Meeting
  Appomattox County Community Center, 220 Community Lane, Appomattox, Virginia.

The state park master planning process will be explained, and public input will be received on the draft park master plan, including proposed developments at the Holliday Lake State Park.

Contact: Scott Bedwell, Environmental Planner, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 371-2594, FAX (804) 371-7899, e-mail sbedwell@dcr.state.va.us.

BOARD FOR CONTRACTORS

June 29, 2004 - 9 a.m. -- Open Meeting
July 1, 2004 - 2:30 p.m. -- Open Meeting
July 6, 2004 - 2 p.m. -- Open Meeting
July 13, 2004 - 9 a.m. -- Open Meeting
July 15, 2004 - 9 a.m. -- Open Meeting
July 27, 2004 - 9 a.m. -- Open Meeting

Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Richmond, Virginia (Interpreter for the deaf provided upon request)

Informal fact-finding conferences.

Contact: Eric L. Olson, Executive Director, Board for Contractors, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-2785, FAX (804) 367-2474, (804) 367-9753/TTY, e-mail contractors@dpor.virginia.gov.

July 1, 2004 - 10 a.m. -- Open Meeting
August 11, 2004 - 10 a.m. -- Open Meeting

Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A meeting of the Tradesman and Education Committee to conduct committee business. The department fully complies with the Americans with Disabilities Act.

Contact: Eric L. Olson, Executive Director, Board for Contractors, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-2785, FAX (804) 367-2474, (804) 367-9753/TTY, e-mail contractors@dpor.virginia.gov.

July 6, 2004 - 9 a.m. -- Open Meeting
August 24, 2004 - 9 a.m. -- Open Meeting

Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A regular scheduled meeting to address policy and procedural issues, review and render decisions on applications for contractors' licenses, and review and render case decisions on matured complaints against licensees. The meeting is open to the public; however, a portion of the board’s business may be conducted in closed session. The department fully complies with the Americans with Disabilities Act.

Contact: Eric L. Olson, Executive Director, Board for Contractors, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-2785, FAX (804) 367-2474, (804) 367-9753/TTY, e-mail contractors@dpor.virginia.gov.
telepho ne (804) 367-2785, FAX (804) 367-2474, (804) 367-9753/TTY 🏬, e-mail contractors@dpor.virginia.gov.

BOARD OF CORRECTIONS

† July 13, 2004 - 10 a.m. -- Open Meeting
Department of Corrections, 6900 Atmore Drive, 3rd Floor
Board Room, Richmond, Virginia.

A meeting of the Liaison Committee to discuss correctional matters of interest to the board.

Contact: Barbara Woodhouse, Administrative Staff Assistant, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3124, FAX (804) 674-3509, e-mail woodhousebl@vadoc.state.va.us.

† July 13, 2004 - 1 p.m. -- Open Meeting
Department of Corrections, 6900 Atmore Drive, 3rd Floor
Board Room, Richmond, Virginia.

A meeting of the Correctional Services/Policy and Regulations Committee to discuss correctional services and policy/regulation matters to be considered by the board.

Contact: Barbara Woodhouse, Administrative Staff Assistant, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3124, FAX (804) 674-3509, e-mail woodhousebl@vadoc.state.va.us.

† July 14, 2004 - 9:30 a.m. -- Open Meeting
Department of Corrections, 6900 Atmore Drive, Room 3065, Richmond, Virginia.

A meeting of the Administration Committee to discuss administrative matters to be considered by the board.

Contact: Barbara Woodhouse, Administrative Staff Assistant, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3124, FAX (804) 674-3509, e-mail woodhousebi@vadoc.state.va.us.

† July 14, 2004 - 10 a.m. -- Open Meeting
Department of Corrections, 6900 Atmore Drive, 3rd Floor
Board Room, Richmond, Virginia.

A meeting of the board to discuss all matters considered by board committees that now require presentation to and action by the full board.

Contact: Barbara Woodhouse, Administrative Staff Assistant, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3124, FAX (804) 674-3509, e-mail woodhousebi@vadoc.state.va.us.

BOARD OF DENTISTRY

July 30, 2004 - 9 a.m. -- Open Meeting
September 10, 2004 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 1, Richmond, Virginia.

A meeting to discuss regular board business. There will be a public comment period at the start of the meeting.

Contact: Sandra Reen, Executive Director, Board of Dentistry, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23219, telephone (804) 662-9906, FAX (804) 662-9943, (804) 662-7197/TTY 🏬, e-mail sandra.reen@dhp.virginia.gov.

CRIMINAL JUSTICE SERVICES BOARD

September 9, 2004 - 11 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia.

A general business meeting.

Contact: Judith Kirkendall, Regulatory Coordinator, Department of Criminal Justice Services, Eighth St. Office Bldg., 805 E. Broad St., 10th Floor, Richmond, VA 23219, telephone (804) 786-8003, FAX (804) 786-0410, e-mail jkirkendall@dcjs.state.va.us.

BOARD OF DENTISTRY

July 30, 2004 - 9 a.m. -- Open Meeting
September 10, 2004 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 1, Richmond, Virginia.

A meeting to discuss regular board business. There will be a public comment period at the start of the meeting.

Contact: Sandra Reen, Executive Director, Board of Dentistry, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23219, telephone (804) 662-9906, FAX (804) 662-9943, (804) 662-7197/TTY 🏬, e-mail sandra.reen@dhp.virginia.gov.

DESIGN-BUILD/CONSTRUCTION MANAGEMENT REVIEW BOARD

July 15, 2004 - 11 a.m. -- Open Meeting
August 19, 2004 - 11 a.m. -- Open Meeting
† September 16, 2004 - 11 a.m. -- Open Meeting
Department of General Services, Eighth Street Office Building, 3rd Floor, Richmond, Virginia. 🎤

(Interpreter for the deaf provided upon request)

A monthly meeting to review requests submitted by localities to use design-build or construction-management-type contracts. Contact the Division of Engineering and Building to confirm the meeting.

Contact: Rhonda M. Bishon, Administrative Assistant, Department of General Services, 805 E. Broad Street, Room 101, Richmond, VA 23219, telephone (804) 786-3263, FAX (804) 786-3263, email rhonda.bishon@dgs.virginia.gov.

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(804) 371-7934, (804) 786-6152/☎, or e-mail rbishton@dgs.state.va.us.

BOARD OF EDUCATION

July 15, 2004 - 8:30 a.m. -- Open Meeting
Radisson Hotel Historic Richmond, 301 West Franklin Street, Richmond, Virginia☎ (Interpreter for the deaf provided upon request)

A meeting of the State Special Education Advisory Committee. The public is urged to confirm arrangements prior to each meeting by viewing the Department of Education’s public meeting calendar at http://www.pen.k12.va.us/VDOE/meetings.html. This site will contain the latest information on the meeting arrangements and will note any last-minute changes in time or location. Please note that persons requesting the services of an interpreter for the deaf are asked to do so at least 72 hours in advance so that the appropriate arrangements may be made.

Contact: Dr. Margaret N. Roberts, Office of Policy and Public Affairs, Department of Education, P.O. Box 2120, 101 N. 14th St., 25th Floor, Richmond, VA 23219, telephone (804) 225-2540, FAX (804) 225-2524, e-mail mroberts@mail.vak12ed.edu.

July 28, 2004 - 9 a.m. -- Open Meeting
† September 22, 2004 - 9 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, Senate Room B, Richmond, Virginia☎ (Interpreter for the deaf provided upon request)

A regular business meeting of the board. The public is urged to confirm arrangements prior to each meeting by viewing the Department of Education’s public meeting calendar at http://www.pen.k12.va.us/VDOE/meetings.html. This site will contain the latest information on the meeting arrangements and will note any last-minute changes in time or location. Persons who wish to speak or who require the services of an interpreter for the deaf should contact the agency at least 72 hours in advance. Public comment will be received.

Contact: Dr. Margaret N. Roberts, Office of Policy and Public Affairs, Department of Education, P.O. Box 2120, James Monroe Bldg., 101 N. 14th St., 25th Floor, Richmond, VA 23219, telephone (804) 225-2540, FAX (804) 225-2524, e-mail mroberts@mail.vak12ed.edu.

DEPARTMENT OF ENVIRONMENTAL QUALITY

July 20, 2004 - 9 a.m. -- Open Meeting
Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia☎

A regular meeting of the Ground Water Protection Steering Committee.

Contact: Mary Ann Massie, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4042, FAX (804) 698-4032, e-mail mamassie@deq.state.va.us.

BOARD OF FORESTRY

† July 13, 2004 - 7 p.m. -- Open Meeting
Lord Fairfax Community College, 173 Skirmisher Lane, Middletown, Virginia☎ (Interpreter for the deaf provided upon request)

† July 14, 2004 - 7 p.m. -- Open Meeting
Northern Virginia Community College, 8333 Little River Turnpike, Annandale, Virginia☎ (Interpreter for the deaf provided upon request)

† July 20, 2004 - 7 p.m. -- Open Meeting
Southwest Virginia Higher Education Center, Virginia Highlands Community College Campus, Route 372, Abingdon, Virginia☎ (Interpreter for the deaf provided upon request)

An information-gathering session to discuss Senate Joint Resolution 75. The discussion will address landowners concerns and recommendations regarding forest preservation incentives.

Contact: Donna S. Hoy, Administrative Staff Specialist, Department of Forestry, 900 Natural Resources Dr., Suite 800, Charlottesville, VA 22903, telephone (434) 977-6555, FAX (434) 977-7749, (434) 977-6555/TTY ☎, e-mail hoyd@dof.state.va.us.

† July 14, 2004 - 9 a.m. -- Open Meeting
Virginia Inland Port, Route 522 and Route 340 North, Front Royal, Virginia☎ (Interpreter for the deaf provided upon request)

A business meeting.

Contact: Donna S. Hoy, Administrative Staff Specialist, Department of Forestry, 900 Natural Resources Dr., Suite 800, Charlottesville, VA 22903, telephone (434) 977-6555, FAX (434) 977-7749, (434) 977-6555/TTY ☎, e-mail hoyd@dof.state.va.us.

BOARD OF FUNERAL DIRECTORS AND EMBALMERS

September 7, 2004 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia☎

A quarterly business meeting to include regulatory and disciplinary matters as may be presented on the agenda. Public comment will be received at the beginning of the meeting.

Contact: Elizabeth Young, Executive Director, Board of Funeral Directors and Embalmers, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9907, FAX (804) 662-9523, (804) 662-7197/TTY ☎, e-mail elizabeth.young@dhp.virginia.gov.
BOARD FOR GEOLOGY
July 21, 2004 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia

A meeting to conduct board business.

Contact: David E. Dick, Executive Director, Board for Geology, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8507, FAX (804) 367-6128, (804) 367-9753/TTY, e-mail geology@dpor.virginia.gov.

STATE BOARD OF HEALTH
July 22, 2004 - 9 a.m. -- Open Meeting
The Place at Innsbrook, 4036 Cox Road, Glen Allen, Virginia

A quarterly board meeting. The meeting will continue on July 23, 2004.

Contact: Margot Fritts, Policy Analyst, Office of Health Policy, Department of Health, 109 Governor St., 10th Floor, Richmond, VA 23219, telephone (804) 864-7428, FAX (804) 864-7440, e-mail margot.fritts@vdh.virginia.gov.

DEPARTMENT OF HEALTH
† July 22, 2004 - 10:30 a.m. -- Open Meeting
109 Governor Street, Fifth Floor Conference Room, Richmond, Virginia

A meeting of the Sewage Handling and Disposal Regulations Advisory Committee to make recommendations to the commissioner regarding sewage handling and disposal policies, procedures and programs of the department.

Contact: Donna Tiller, Executive Secretary, Department of Health, 109 Governor St., 5th Floor, Richmond, VA 23219, telephone (804) 864-7470, FAX (804) 864-7476, e-mail donna.tiller@vdh.virginia.gov.

Hemophilia Advisory Board
June 29, 2004 - 8 a.m. -- Open Meeting
Powers-Taylor Building, 13 South 13th Street, 8th Floor, Richmond, Virginia

(Interpreter for the deaf provided upon request)

The agenda for this annual meeting will include an update for the Virginia Bleeding Disorders Program, Standards of Care for Hemophilia Services, Outreach to Underserved Adults with Bleeding Disorders, and an update from the Department of Medical Assistance Services on Medicaid issues.

Contact: Jan Kuhn, Program Coordinator, Department of Health, VCU Station, P.O. Box 980461, Richmond, VA 23298, telephone (804) 827-3306, FAX (804) 692-0291, toll-free (866) 228-2816, e-mail jgkuhn@hsc.vcu.edu.

BOARD OF HEALTH PROFESSIONS
July 15, 2004 - 11 a.m. -- Public Hearing
Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room 1, Richmond, Virginia

August 13, 2004 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Health Professions intends to adopt regulations entitled 18 VAC 75-40, Regulations Governing the Criteria for Certification of Dialysis Technicians. The purpose of the proposed action is to establish the criteria for certification as a dialysis technician.


Public comments may be submitted until August 13, 2004, to Elizabeth A. Carter, Ph.D., Executive Director, Board of Health Professions, 6603 West Broad Street, Richmond, VA 23230.

Contact: Elaine J. Yeatts, Agency Regulatory Coordinator, Department of Health Professions, 6603 W. Broad St., Richmond, VA 23230, telephone (804) 662-9918, FAX (804) 662-9114 or email Elaine.yeatts@dhp.virginia.gov.

DEPARTMENT OF HEALTH PROFESSIONS
August 20, 2004 - 9 a.m. -- Open Meeting
Department of Health Professions, Alcoa Building, 6603 West Broad Street, 5th Floor, Conference Room 3, Richmond, Virginia

A meeting of the Intervention Program Committee for the Health Practitioners' Intervention Program (HPIP).

Contact: Donna P. Whitney, Intervention Program Manager, Department of Health Professions, 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9424, FAX (804) 662-7358, e-mail donna.whitney@dhp.virginia.gov.

BOARD FOR HEARING AID SPECIALISTS
July 12, 2004 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia

A general business meeting including consideration of regulatory issues as may be presented on the agenda. The meeting is open to the public; however, a portion of the board's business may be discussed in closed session. Public comment will be heard at the beginning of the meeting. Persons desiring to participate in the meeting and requiring special accommodations or interpretive services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

Contact: William H. Ferguson, II, Executive Director, Board for Hearing Aid Specialists, 3600 West Broad Street, Richmond, VA 23230-4917, telephone (804) 367-8590, FAX...
Calendar of Events

(804) 367-6295, (804) 367-9753/TTY 📞, e-mail hearingaidspec@dpor.virginia.gov.

STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA

† July 19, 2004 - 5 p.m. -- Open Meeting
James Monroe Building, 101 North 14th Street, Richmond, Virginia.

A meeting of the Executive Committee. Agenda materials will be available at www.schev.edu approximately one week prior to the meeting.

Contact: Lee Ann Rung, State Council of Higher Education for Virginia, 101 N 14th St., Richmond, VA 23219, telephone (804) 225-2602, FAX (804) 371-7911, e-mail LeeAnnRung@schev.edu.

† July 20, 2004 - 8:30 a.m. -- Open Meeting
James Monroe Building, 101 North 14th Street, Richmond, Virginia.

Agenda materials will be available at www.schev.edu approximately one week prior to the meeting. A public comment period will be allocated on the meeting agenda. To be scheduled, persons interested in making public comment should contact Lee Ann Rung no later than 5 p.m. three business days prior to the meeting date. At the time of the request, the speaker's name, address and topic must be provided. Each speaker will be given up to three minutes to address SCHEV. Speakers are asked to submit a written copy of their remarks at the time of comment.

Contact: Lee Ann Rung, State Council of Higher Education for Virginia, 101 N 14th St., Richmond, VA 23219, telephone (804) 225-2602, FAX (804) 371-7911, e-mail LeeAnnRung@schev.edu.

BOARD OF HOUSING AND COMMUNITY DEVELOPMENT

August 27, 2004 - 10 a.m. -- Open Meeting
Department of Housing and Community Development, 501 North 2nd Street, Richmond, Virginia.

A regular business meeting of the board.

Contact: Stephen W. Calhoun, Regulatory Coordinator, Department of Housing and Community Development, The Jackson Center, 501 N. 2nd St., Richmond, VA 23219-1321, telephone (804) 371-7000, FAX (804) 371-7090, (804) 371-7089/TTY 📞, e-mail steve.calhoun@dhcd.virginia.gov.

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

State Building Code Technical Review Board

† July 16, 2004 - 10 a.m. -- Open Meeting
Department of Housing and Community Development, 501 North 2nd Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting to hear appeals of decisions under the Virginia Uniform Statewide Building Code and the Virginia Statewide Fire Prevention Code and other regulations of the department. The board also formulates recommendations for future changes to those codes for the Board of Housing and Community Development.

Contact: Vernon W. Hodge, Secretary, Department of Housing and Community Development, 501 N. 2nd St., Richmond, VA 23219, telephone (804) 371-7150.

VIRGINIA INFORMATION TECHNOLOGIES AGENCY

Wireless E-911 Service Board

July 14, 2004 - 9 a.m. -- Open Meeting
110 South 7th Street, 3rd Floor Conference Room, Richmond, Virginia.

A meeting of the Wireless E-911 Service Board Subcommittee. A request will be made to hold the meeting in closed session.

Contact: Steve Marzolf, Public Safety Communications Coordinator, Virginia Information Technologies Agency, 110 S. 7th St., Richmond, VA, telephone (804) 371-0015, FAX (804) 786-4177, e-mail steve.marzolf@vita.virginia.gov.

July 14, 2004 - 10 a.m. -- Open Meeting
110 South 7th Street, 3rd Floor Conference Room, Richmond, Virginia.

A regular meeting.

Contact: Steve Marzolf, Public Safety Communications Coordinator, Virginia Information Technologies Agency, 110 S. 7th St., Richmond, VA, telephone (804) 371-0015, FAX (804) 786-4177, e-mail steve.marzolf@vita.virginia.gov.

VIRGINIA INTERAGENCY COORDINATING COUNCIL

September 8, 2004 - 9:30 a.m. -- Open Meeting
Henrico Area Mental Health, 10299 Woodman Road, Glen Allen, Virginia. (Interpreter for the deaf provided upon request)

A quarterly meeting to advise and assist the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, as lead agency for Part C of IDEA, early intervention for infants and toddlers with disabilities and their families. Discussion focuses on issues related to Virginia's implementation of the Part C program.

Contact: LaKeisha White, Part C Office Specialist, Department of Mental Health, Mental Retardation and Substance Abuse Services, Early Intervention, 9th Floor, P.O. Box 1797, Richmond, VA 23218-1797, telephone (804) 786-3710, FAX (804) 371-7959.
JAMESTOWN-YORKTOWN FOUNDATION
August 4, 2004 - 2 p.m. -- Open Meeting
McGuireWoods, One James Center, 901 East Cary Street, Richmond, Virginia. (Interpreter for the deaf provided upon request)
A regular meeting of the Executive Committee of the Jamestown 2007 Steering Committee.
Contact: Stacy Ruckman, Administrative Office Manager, Jamestown-Yorktown Foundation, P.O. Box 1607, Williamsburg, VA 23187, telephone (757) 253-4253, FAX (757) 253-5299, e-mail sruckman@jyf.state.va.us.

DEPARTMENT OF LABOR AND INDUSTRY
Virginia Migrant and Seasonal Farmworkers Board
July 28, 2004 - 10 a.m. -- Open Meeting
State Capitol, House Room 2, Richmond, Virginia. (Interpreter for the deaf provided upon request)
A regular quarterly meeting.
Contact: Betty B. Jenkins, Board Administrator, Department of Labor and Industry, Powers-Taylor Bldg., 13 S. 13th St., Richmond, VA 23219, telephone (804) 786-2391, FAX (804) 371-6524, e-mail bbj@doli.state.va.us.

BOARD OF MEDICAL ASSISTANCE SERVICES
July 13, 2004 - 10 a.m. -- Open Meeting
Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-8096, FAX (804) 371-4981, e-mail nancy.malczewski@dmas.virginia.gov.

July 15, 2004 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Medical Assistance Services intends to amend regulations entitled 12 VAC 30-90, Methods and Standards for Establishing Payment Rates for Long-Term Care. The purpose of the proposed action is to require a minimum holding period by the individual or small-chain owner and seller of a nursing facility in order for the sale to result in the reimbursement of capital costs, after the sale, under the full fair rental value methodology.
Public comments may be submitted until July 15, 2004.
Contact: N. Stanley Fields, Director, Division of Cost Settlement, Department of Medical Assistance Services, 600 East Broad Street, Richmond, VA 23219, telephone (804) 786-5590, FAX (804) 786-1680 or e-mail Stanley.Fields@dmas.virginia.gov.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
July 21, 2004 - 1 p.m. -- Open Meeting
Department of Medical Assistance Services, 600 East Broad Street, 13th Floor Board Room, Richmond, Virginia.
A meeting of the Medicaid Transportation Advisory Committee to discuss issues and concerns about Medicaid transportation with the committee and the community.
Contact: Donna Garrett, Administrative Assistant, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-0194, FAX (804) 786-5799, e-mail donna.garrett@dmas.virginia.gov.

† August 3, 2004 - 9 a.m. -- Open Meeting
Department of Medical Assistance Services, 600 East Broad Street, 13th Floor Board Room, Richmond, Virginia.
A meeting of the Pharmacy Liaison Committee to discuss current pharmacy issues and programs.
Contact: Javier Menendez, RPh, Pharmacy Manager, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300 Richmond, VA 23219, telephone (804) 786-2196, FAX (804) 343-0634/TTY, e-mail javier.menendez@dmas.virginia.gov.

† August 23, 2004 - 9 a.m. -- Open Meeting
Department of Medical Assistance Services, 600 East Broad Street, Board Room, 13th Floor, Richmond, Virginia.
A meeting of the Pharmacy and Therapeutics Committee to conduct the annual review of Phase I PDL drug classes.
Contact: Adrienne Fegans, Program Operations Administrator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-4112, FAX (804) 371-4981, e-mail adrienne.fegans@dmas.virginia.gov.

† August 27, 2004 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Medical Assistance Services intends to amend regulations entitled 12 VAC 30-120, Waivered Services. The purpose of the proposed action is to conform the Medallion II regulations to the Balanced Budget Act of 1997, and to update these regulations with respect to the Medallion waiver and current program practices.

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Calendar of Events


Public comments may be submitted until August 27, 2004, to Tammy Driscoll, Health Care Services Division, Department of Medical Assistance Services, 600 East Broad Street, Richmond, VA 23219.

Contact: Brian McCormick, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-8856, FAX (804) 786-1680 or e-mail Brian.McCormick@dmas.virginia.gov.

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† August 27, 2004 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Medical Assistance Services intends to amend regulations entitled 12 VAC 30-120, Waivered Services. The purpose of the proposed action is to conformance the Medallion regulations to the Balanced Budget Act of 1997, and to update these regulations with respect to the Medallion waiver and current program practices.


Public comments may be submitted until August 27, 2004, to Alissa Nashwinter, Health Care Services Division, Department of Medical Assistance Services, 600 East Broad Street, Richmond, VA 23219.

Contact: Brian McCormick, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-8856, FAX (804) 786-1680 or e-mail Brian.McCormick@dmas.virginia.gov.

† September 15, 2004 - 1 p.m. -- Open Meeting
Department of Medical Assistance Services, 600 East Broad Street, 13th Floor Board Room, Richmond, Virginia.

A meeting of the Medicaid Transportation Advisory Committee to discuss issues and concerns on Medicaid transportation with the advisory committee and the community.

Contact: Donna Garrett, Administrative Assistant, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-0194, FAX (804) 786-5799, (800) 343-0634/TTY, e-mail donna.garrett@dmas.virginia.gov.

Drug Utilization Review Board

August 5, 2004 - 2 p.m. -- Open Meeting
Department of Medical Assistance Services, 600 East Broad Street, 13th Floor Board Room, Richmond, Virginia.

A quarterly meeting to review new drugs on the market and discuss current drug utilization policy.

Contact: Javier Menendez, Pharmacy Manager, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-2196, (800) 343-0634/TTY, e-mail javier.menendez@dmas.virginia.gov.

BOARD OF MEDICINE

June 30, 2004 - 9 a.m. -- Open Meeting
July 28, 2004 - 9 a.m. -- Open Meeting
Holiday Inn Select, 2801 Plank Road, Fredericksburg, Virginia.

July 14, 2004 - 9:15 a.m. -- Open Meeting
Williamsburg Marriott, 50 Kingsmill Road, Williamsburg, Virginia.

An informal conference committee meeting to inquire into allegations that certain practitioners may have violated laws and regulations governing the practice of medicine and other healing arts in Virginia. The committee will meet in open and closed sessions. Public comment will not be received.

Contact: Peggy Sadler or Renee Dixson, Staff, Department of Health Professions, 6603 W. Broad St., Richmond, VA 23230, telephone (804) 662-7332, FAX (804) 662-9517, (804) 662-7197/TTY, e-mail peggy.sadler@dhp.virginia.gov.

July 16, 2004 - 8:30 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 2, Richmond, Virginia.

The Legislative Committee will consider regulatory matters as may be presented on the agenda. Public comment will be received at the beginning of the meeting.

Contact: William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY, e-mail william.harp@dhp.virginia.gov.

August 13, 2004 - 8 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 2, Richmond, Virginia.

The Executive Committee will consider regulatory and disciplinary matters as may be presented on the agenda. Public comment will be received at the beginning of the meeting.

Contact: William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY, e-mail william.harp@dhp.virginia.gov.

August 5, 2004 - 2 p.m. -- Open Meeting
Department of Medical Assistance Services, 600 East Broad Street, 13th Floor Board Room, Richmond, Virginia.

A meeting to consider issues related to the regulation of acupuncture. Public comment will be received at the beginning of the meeting.

Advisory Board on Acupuncture

† September 22, 2004 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 4, Richmond, Virginia.

A meeting to consider issues related to the regulation of acupuncture. Public comment will be received at the beginning of the meeting.
Calendar of Events

Contact: William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY 📞, e-mail william.harp@dhp.virginia.gov.

Advisory Board on Athletic Training
† September 23, 2004 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 4, Richmond, Virginia.

A meeting to consider issues related to the regulation of athletic training. Public comment will be received at the beginning of the meeting.

Contact: William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY 📞, e-mail william.harp@dhp.virginia.gov.

Advisory Board on Physician Assistants
† September 23, 2004 - 1 p.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 4, Richmond, Virginia.

A meeting to consider issues related to the regulation of physician assistants. Public comment will be received at the beginning of the meeting.

Contact: William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY 📞, e-mail william.harp@dhp.virginia.gov.

Advisory Board of Occupational Therapy
† September 21, 2004 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 4, Richmond, Virginia.

A meeting to consider issues related to the regulation of occupational therapy. Public comment will be received at the beginning of the meeting.

Contact: William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY 📞, e-mail william.harp@dhp.virginia.gov.

Advisory Board on Radiologic Technology
† September 22, 2004 - 1 p.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 4, Richmond, Virginia.

A meeting to consider issues related to the regulation of radiologic technology. Public comment will be received at the beginning of the meeting.

Contact: William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY 📞, e-mail william.harp@dhp.virginia.gov.

Advisory Board on Respiratory Care
† September 21, 2004 - 1 p.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 4, Richmond, Virginia.

A meeting to consider issues related to the regulation of respiratory care. Public comment will be received at the beginning of the meeting.

Contact: William L. Harp, M.D., Executive Director, Board of Medicine, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9908, FAX (804) 662-9943, (804) 662-7197/TTY 📞, e-mail william.harp@dhp.state.virginia.gov.

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

July 1, 2004 - 10 a.m. -- Open Meeting
Virginia Housing Development Authority, 601 Belvidere Street, Richmond, Virginia. Interpreter for the deaf provided upon request

A meeting of the Olmstead Community Integration Oversight Advisory Committee.

Contact: Viktoria Glenn, Administrative Assistant, Department of Rehabilitative Services, 8004 Franklin Farms Dr., P.O. Box K-300, Richmond, VA. 23288, telephone (804) 662-7069, e-mail glennvh@drs.state.va.us.

† August 24, 2004 - 10 a.m. -- Public Hearing
Jefferson Building, 1220 Bank Street, 9th Floor Conference Room, Richmond, Virginia.

A public hearing to receive comments on the Virginia Community Mental Health Services Performance Partnership Block Grant Application for federal fiscal year 2005. Copies of the application are available for review at the Office of Mental Health Services, Jefferson Building, 10th Floor, Richmond, VA 23219, and at each community services board office. Comments may be made at the hearing or in writing by no later than August 24, 2004, to the Office of the Commissioner, DMHMRSAS, P.O. Box 1797, Richmond, VA 23218. Any person wishing to make a presentation at the hearing should contact William T. Ferriss, LCSW. Copies of oral presentations should be filed at the time of the hearing.

Contact: William T. Ferriss, LCSW, Office of Mental Health, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23218, telephone (804) 786-4837, FAX (804) 371-0091, (804) 371-8977/TTY 📞.
Calendar of Events

August 24, 2004 - 1 p.m. -- Open Meeting
† September 24, 2004 - 9 a.m. -- Open Meeting
Virginia Housing and Development Authority, 601 Belvidere Street, Richmond, Virginia.

A meeting of the Olmstead Community Integration Implementation Team.

Contact: Viktoria Glenn, Administrative Assistant, Department of Rehabilitative Services, 8004 Franklin Farms Dr., P.O. Box K-300, Richmond, VA 23288, telephone (804) 662-7069, FAX (804) 662-7662, e-mail glennvh@drs.state.va.us.

VIRGINIA COMMISSION ON MILITARY BASES

July 16, 2004 - 10 a.m. -- Open Meeting
Naval District Washington, West Area Dahlgren, 17320 Dahlgren Road, Warfare Systems Lab Building 1510, 1st Floor, Conference Room 1, Second Floor, Dahlgren, Virginia.

The meeting will be held on base. All attendees must enter through the Main Gate.

Contact: Cynthia H. Arrington, Communications Manager, Virginia Commission on Military Bases, P.O. Box 798, Richmond, VA 23218, telephone (804) 225-3743, FAX (804) 786-1121, e-mail carrington@YesVirginia.org.

STATE MILK COMMISSION

August 25, 2004 - 10:30 a.m. -- Open Meeting
Department of Forestry, Office Building, 900 Natural Resources Drive, Room 2063, Charlottesville, Virginia.

A regular meeting to consider industry issues, distributor licensing, base transfers, and reports from staff. The commission offers anyone in attendance an opportunity to speak at the conclusion of the agenda. Those persons requiring special accommodations should notify the agency meeting contact at least five working days prior to the meeting date so that suitable arrangements can be made.

Contact: Edward C. Wilson, Jr., Deputy Administrator, State Milk Commission, Washington Bldg., 1100 Bank St., Suite 1019, Richmond, VA 23218, telephone (804) 786-2013, FAX (804) 786-3779, e-mail ewilson@smc.state.va.us.

MOTOR VEHICLE DEALER BOARD
† July 12, 2003 - 8:30 a.m. -- Open Meeting
Department of Motor Vehicles, 2300 West Broad Street, Room 702, Richmond, Virginia.

Transaction Recovery Fund Committee - Immediately following Advertising

The full board will meet at 10:30 a.m. Meetings may begin later, but not earlier than scheduled. Meeting end times are approximate. Any person who needs any accommodation in order to participate in the meeting should contact the board at least 10 days before the meeting so that suitable arrangements can be made.

Contact: Alice R. Weedon, Administrative Assistant, Motor Vehicle Dealer Board, 2201 W. Broad St., Suite 104, Richmond, VA 23220, telephone (804) 367-1100, FAX (804) 367-1053, toll-free (877) 270-0203, e-mail dboard@mvb.state.va.us.

† August 4, 2004 - 9 a.m. -- Open Meeting
† August 17, 2004 - 9 a.m. -- Open Meeting
† August 24, 2004 - 9 a.m. -- Open Meeting
† August 30, 2004 - 9 a.m. -- Open Meeting
† September 2, 2004 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room 3, Richmond, Virginia.

† August 31, 2004 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room 1, Richmond, Virginia.

BOARD OF NURSING

July 19, 2004 - 9 a.m. -- Open Meeting
July 21, 2004 - 9 a.m. -- Open Meeting
July 22, 2004 - 9 a.m. -- Open Meeting
† September 20, 2004 - 9 a.m. -- Open Meeting
† September 22, 2004 - 9 a.m. -- Open Meeting
† September 23, 2004 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia.

A panel of the board will conduct formal hearings with licensees or certificate holders. Public comment will not be received.

Contact: Jay P. Douglas, R.N., M.S.M., C.S.A.C., Executive Director, Board of Nursing, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9909, FAX (804) 662-9512, (804) 662-7197/TTY, e-mail nursebd@dhp.virginia.gov.

July 20, 2004 - 9 a.m. -- Open Meeting
† September 21, 2004 - 9 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 2, Richmond, Virginia.

A general business meeting including committee reports, consideration of regulatory action, and disciplinary case decisions as presented on the agenda. Public comment will be received at 11 a.m.

Contact: Jay P. Douglas, R.N., M.S.M., C.S.A.C., Executive Director, Board of Nursing, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9909, FAX (804) 662-9512, (804) 662-7197/TTY, e-mail jay.douglas@dhp.virginia.gov.
A Special Conference Committee comprised of two or three members of the Virginia Board of Nursing will conduct informal conferences with licensees and certificate holders. Public comment will not be received.

**Contact:** Jay P. Douglas, R.N., M.S.M., C.S.A.C., Executive Director, Board of Nursing, 6603 West Broad Street, 5th Floor, Richmond, VA 23230, telephone (804) 662-9909, FAX (804) 662-9512, (804) 662-7197/TTY, e-mail nursebd@dhp.virginia.gov.

**September 9, 2004 - 9:30 a.m. -- Open Meeting**
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia.

A meeting of the Nursing Practice Committee to discuss nursing practice issues.

**Contact:** Jay P. Douglas, Executive Director, Board of Nursing, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9909, FAX (804) 662-9512, e-mail nursebd@dhp.virginia.gov.

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**JOINT BOARDS OF NURSING AND MEDICINE**

**August 25, 2004 - 9 a.m. -- Open Meeting**
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia.

A meeting of the Joint Boards of Nursing and Medicine.

**Contact:** Jay P. Douglas, R.N., M.S.M., C.S.A.C., Executive Director, Board of Nursing, 6603 W. Broad Street, 5th Floor, Richmond, VA 23230, telephone (804) 662-9909, FAX (804) 662-9512, e-mail nursebd@dhp.virginia.gov.

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**BOARD FOR OPTICIANS**

**July 9, 2004 - 9:30 a.m. -- Open Meeting**
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A general business meeting including consideration of regulatory issues as may be presented on the agenda. The meeting is open to the public; however, a portion of the board's business may be discussed in closed session. Public comment will be heard at the beginning of the meeting. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

**Contact:** William H. Ferguson, II, Executive Director, Board for Opticians, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590, FAX (804) 367-6295, (804) 367-9753/TTY, e-mail opticians@dpor.virginia.gov.

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**BOARD OF OPTOMETRY**

† June 30, 2004 - 10 a.m. -- Open Meeting
Department of Health Professions, 6603 West Broad Street, 5th Floor, Room 3, Richmond, Virginia.

The board will receive a report from ARBO, receive recommendations from the TPA Formulary Committee and adopt emergency regulations regarding delegation of informal fact finding to an agency subordinate. The board will also consider any regulatory/disciplinary matters and any general business as may be presented on the agenda. Public comment will be received at the beginning of the meeting.

**Contact:** Elizabeth A. Carter, Ph.D., Executive Director, Board of Optometry, Alcoa Bldg., 6603 West Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9910, FAX (804) 662-7098, (804) 662-7197/TTY, e-mail elizabeth.carter@dhp.virginia.gov.

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**BOARD OF PHYSICAL THERAPY**

**July 16, 2004 - 9 a.m. -- Open Meeting**
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia.

A quarterly business meeting to include regulatory and disciplinary matters as may be presented on the agenda. Public comment will be received at the beginning of the meeting.

**Contact:** Elizabeth Young, Executive Director, Board of Physical Therapy, Alcoa Bldg., 6603 West Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9924, FAX (804) 662-9523, (804) 662-7197/TTY, e-mail elizabeth.young@dhp.virginia.gov.

**July 16, 2004 - 1 p.m. -- Open Meeting**
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia.

A meeting to hear possible violations of the laws and regulations governing the practice of physical therapy.

**Contact:** Elizabeth Young, Executive Director, Board of Physical Therapy, 6603 W. Broad St., Richmond, VA 23230-1712, telephone (804) 662-9924, FAX (804) 662-9523, (804) 662-7197/TTY, e-mail elizabeth.young@dhp.state.va.us.

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**POLYGRAPH EXAMINERS ADVISORY BOARD**

**September 2, 2004 - 10 a.m. -- Open Meeting**
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A meeting to conduct board business. The board fully complies with the Americans with Disabilities Act.

**Contact:** Eric Olson, Executive Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-2785, FAX (804) 367-2475, (804) 367-9753/TTY, e-mail eric.olson@dpor.virginia.gov.
Calendar of Events

BOARD FOR PROFESSIONAL AND OCCUPATIONAL REGULATION

† September 20, 2004 - 10 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 5th Floor, Conference Room 5W, Richmond, Virginia.

A quarterly meeting.

Contact: Judy Spiller, Executive Secretary, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8519, FAX (804) 367-9537, (804) 367-9753/TTY ☎, e-mail judy.spiller@dpor.virginia.gov.

VIRGINIA RACING COMMISSION

July 20, 2004 - 2 p.m. -- Public Hearing
New Kent County Administrators Office, 12007 Courthouse Circle, Board Room, New Kent, Virginia.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Virginia Racing Commission intends to promulgate regulations entitled 11 VAC 10-45, Advance Deposit Account Wagering. The purpose of the proposed action is to establish licensure requirements for individuals and entities conducting advance deposit account wagering in Virginia, including the application and license renewal procedures.


Contact: Nick A. Christner, Regulatory Coordinator, Virginia Racing Commission, P.O. Box 208, 10700 Horsemen's Rd., New Kent, VA 23124, telephone (804) 966-7408, FAX (804) 966-7422, e-mail christner@vrc.state.va.us.

REAL ESTATE APPRAISER BOARD

June 30, 2004 - 10 a.m. -- Open Meeting
July 1, 2004 - 1 p.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Room 453, Richmond, Virginia.

An informal fact-finding conference.

Contact: Karen W. O'Neal, Regulatory Programs Coordinator, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-9537, FAX (804) 367-9753/TTY ☎, e-mail Karen.O'Neal@dpor.virginia.gov.

REAL ESTATE BOARD

August 17, 2004 - 10 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Room 453, Richmond, Virginia.

A meeting to conduct board business.

Contact: Karen W. O'Neal, Regulatory Programs Coordinator, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-9537, FAX (804) 367-9753/TTY ☎, e-mail Karen.O'Neal@dpor.virginia.gov.

REAL ESTATE APPRAISER BOARD

August 17, 2004 - 10 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Room 453, Richmond, Virginia.

A meeting to conduct board business.

Contact: Karen W. O'Neal, Regulatory Programs Coordinator, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-9537, FAX (804) 367-9753/TTY ☎, e-mail Karen.O'Neal@dpor.virginia.gov.

REAL ESTATE BOARD

July 6, 2004 - 9 a.m. -- Open Meeting
July 7, 2004 - 9 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Room 453, Richmond, Virginia.

An informal fact-finding conference.

Contact: Karen W. O'Neal, Regulatory Programs Coordinator, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230,
Calendar of Events

SEWAGE HANDLING AND DISPOSAL APPEAL REVIEW BOARD

August 11, 2004 - 10 a.m. -- Open Meeting
† September 15, 2004 - 10 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, Senate Room B, Richmond, Virginia.

A meeting to hear appeals of health department denials of septic tank permits.

Contact: Susan Sherertz, Secretary to the Board, Department of Health, 109 Governor St., 5th Floor, Richmond, VA 23219, telephone (804) 864-7464, FAX (804) 864-7475, e-mail susan.sherertz@vdh.virginia.gov.

DEPARTMENT OF TAXATION

State Land Evaluation Advisory Council

August 3, 2004 - 11 a.m. -- Open Meeting
September 7, 2004 - 11 a.m. -- Open Meeting
Department of Taxation, 2220 West Broad Street, Richmond, Virginia.

A meeting of the State Land Evaluation Advisory Council to adopt suggested ranges of values for agricultural, horticultural, forest and open-space land use and the use-value assessment program.

Contact: H. Keith Mawyer, Property Tax Manager, Department of Taxation, 2220 W. Broad St., Richmond, VA 23220, telephone (804) 367-8020, FAX (804) 367-8662, e-mail kmawyer@tax.state.va.us.

COMMONWEALTH TRANSPORTATION BOARD

July 2, 2004 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Commonwealth Transportation Board intends to repeal regulations entitled 24 VAC 30-90, Subdivision Street Requirements and adopt regulations entitled 24 VAC 30-91, Subdivision Street Requirements. The purpose of the proposed action is to repeal the existing regulation and promulgate a new one under the same title due to extensive changes to the regulation. Revised items include (i) clarified text to improve comprehensibility and usefulness; (ii) updated obsolete titles and work unit names; (iii) separated geometric standards from regulatory requirements; (iv) updated list of documents incorporated by reference; and (v) assessment of impact of technical issues on the regulations (definition of roles, design processes, speed limits, rights-of-way, sidewalks, flexibility of standards, street signage, traffic calming, surety and maintenance fees, utilities, etc.).


Contact: Kenneth M. Smith, Transportation Engineering Program Supervisor, Local Assistance Division, Department of Transportation, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-2576, FAX (804) 786-2603 or e-mail Ken.Smith@VirginiaDOT.org.

† July 15, 2004 - 10 a.m. -- Open Meeting
VDOT Central Auditorium, 1221 East Broad Street, Richmond, Virginia.

A work session, open to the public, of the CTB, VDOT and DRPT staff providing updates on projects, policy development, budgets and pending action items. A public comment period will not be provided at the workshop.

Contact: Katherine Tracy, Assistant Secretary of the Commonwealth Transportation Board, Department of Transportation, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-3090, FAX (804) 225-4700, e-mail Katherine.Tracy@virginiaDOT.org.

† July 15, 2004 - 10:30 a.m. -- Open Meeting
VDOT Central Auditorium, 1221 East Broad Street, Richmond, Virginia.

A meeting of the CTB to vote on action items presented regarding bids, conveyances, budgets, the Six-Year Improvement Program and any other matter requiring board approval. The meeting is open to the public. Public comments will be received at the outset of the meeting. Remarks are limited to five minutes. Groups are requested
to select a spokesperson. CTB reserves the right to amend these conditions. Committee meetings, which are open to the public, may be held upon call of the chairman and will be posted separately.

**Contact:** Katherine Tracy, Assistant Secretary of the Commonwealth Transportation Board, Department of Transportation, Policy Division, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-3090, FAX (804) 225-4700, e-mail Katherine.Tracy@virginiadot.org.

† July 15, 2004 - 12:30 p.m. -- Open Meeting
VDOT Central Auditorium, 1221 East Broad Street, Richmond, Virginia.‡

A work session of the Vtrans 2025 Multi-Modal Transportation Policy Committee dealing with the development of the long range multimodal transportation plan. The chair and five of the committee members are members of the CTB. Contact Katherine Graham at 804-786-4198 for further information.

**Contact:** Katherine Tracy, Assistant Secretary of the Commonwealth Transportation Board, Department of Transportation, Policy Division, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-3090, FAX (804) 225-4700, e-mail Katherine.Tracy@virginiadot.org.

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**STATE WATER CONTROL BOARD**

July 6, 2004 - 10 a.m. -- Open Meeting
August 3, 2004 - 10 a.m. -- Open Meeting
Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia.‡

A meeting of the advisory committee assisting in the development of amendments to the State Water Control Board Nutrient Enriched Waters Policy.

**Contact:** John M. Kennedy, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4312, FAX (804) 698-4116, e-mail jm.kennedy@deq.state.va.us.

July 14, 2004 - 10 a.m. -- Open Meeting
August 11, 2004 - 10 a.m. -- Open Meeting
Department of Environmental Quality, 629 East Main Street, Richmond, Virginia.‡

A meeting of the technical advisory committee assisting the department in the reissuance of the general VPDES permit for domestic sewage discharges of less than or equal to 1,000 gallons per day.

**Contact:** Lily Choi, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4054, FAX (804) 698-4032, e-mail ychoi@deq.state.va.us.

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July 21, 2004 - 10 a.m. -- Public Hearing
Department of Environmental Quality Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia.‡

**August 13, 2004** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Water Control Board intends to amend regulations entitled 9 VAC 25-191, Virginia Pollutant Discharge Elimination System (VPDES) General Permit for Concentrated Animal Feeding Operations. The purpose of the proposed action is to develop and adopt a general permit regulation to comply with the requirements set forth in 40 CFR Parts 9, 122, 123, and 412, as published in the Federal Register, Volume 68, No. 29, dated February 12, 2003. This general permit regulation will govern the authorization to manage pollutants from concentrated animal feeding operations, including storage and land application of animal waste.


**Contact:** Jon G. Van Soestbergen, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4117, FAX (804) 698-4032 or e-mail jvansoest@deq.state.va.us.

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July 20, 2004 - 2 p.m. -- Public Hearing
Department of Environmental Quality, Valley Regional Office, 4411 Early Road, Harrisonburg, Virginia.

**July 21, 2004 - 10 a.m.** -- Public Hearing
Department of Environmental Quality Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia.‡

**August 13, 2004** - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Water Control Board intends to amend regulations entitled 9 VAC 25-192, Virginia Pollutant Abatement (VPA) General Permit Regulation for Animal Feeding Operations. The purpose of the proposed action is to reissue the existing Virginia Pollution Abatement General Permit for Confined Animal Feeding Operations that governs the authorization to manage pollutants from confined animal feeding operations, including storage and land application of animal waste. This action is not related to implementation of the federal CAFO rule.

Statutory Authority: § 62.1-44.15 of the Code of Virginia.

**Contact:** Jon G. Van Soestbergen, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4117, FAX (804) 698-4032 or e-mail jvansoest@deq.state.va.us.
July 20, 2004 - 2 p.m. -- Public Hearing
Department of Environmental Quality Valley Regional Office, 4411 Early Road, Harrisonburg, Virginia.

July 21, 2004 - 10 a.m. -- Public Hearing
Department of Environmental Quality Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia.

August 13, 2004 - Public comments may be submitted until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Water Control Board intends to amend regulations entitled 9 VAC 25-630, Virginia Pollutant Abatement General Permit for Poultry Waste Management. The purpose of the proposed action is to amend the VPA general permit for poultry waste management, where applicable, to reflect changes to 40 CFR Parts 9, 122, 123, and 412, as published in the Federal Register on February 12, 2003.


Contact: Jon G. Van Soestbergen, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4117, FAX (804) 698-4032 or e-mail jvansoest@deq.state.va.us.

August 31, 2004 - 9:30 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia.

A regular board meeting.

Contact: Cindy Berndt, Regulatory Coordinator, Department of Environmental Quality, P.O. Box 10009 Richmond, VA 23240, telephone (804) 698-4378, FAX (804) 698-4346, e-mail cmberndt@deq.state.va.us.

BOARD FOR WATERWORKS AND WASTEWATER WORKERS OPERATORS

September 14, 2004 - 8:30 a.m. -- Open Meeting
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia.

A meeting to conduct board business.

Contact: David E. Dick, Executive Director, Board for Waterworks and Wastewater Works Operators, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8507, FAX (804) 367-6128, (804) 367-9753/TTY, e-mail waterwasteoperator@dpor.virginia.gov.

INDEPENDENT

VIRGINIA RETIREMENT SYSTEM

† June 29, 2004 - 9 a.m. -- Open Meeting
Virginia Retirement System Headquarters Building, 1200 East Main Street, Richmond, Virginia.

A meeting of the Board of Trustees. No public comment will be received at the meeting.

Contact: LaShaunda B. King, Executive Assistant, Virginia Retirement System, 1200 E. Main St., Richmond, VA 23219, telephone (804) 649-8059, FAX (804) 786-1541, toll-free (888) 827-3847, (804) 344-3190/TTY, e-mail lking@vrs.state.va.us.

† August 17, 2004 - Noon -- Open Meeting
Virginia Retirement System Headquarters Building, 1200 East Main Street, Richmond, Virginia.

A regular meeting of the Optional Retirement Plan Advisory Committee. No public comment will be received at the meeting.

Contact: LaShaunda B. King, Executive Assistant, Virginia Retirement System, 1200 E. Main St., Richmond, VA 23219, telephone (804) 649-8059, FAX (804) 786-1541, toll-free (888) 827-3847, (804) 344-3190/TTY, e-mail lking@vrs.state.va.us.

August 18, 2004 - TBD -- Open Meeting
August 19, 2004 - TBD -- Open Meeting
To be determined at a later date.

Please note that the time and location of the Board of Trustees Annual Retreat will be determined at a later date.

Contact: LaShaunda B. King, Executive Assistant, Virginia Retirement System, 1200 E. Main St., Richmond, VA 23219, telephone (804) 649-8059, FAX (804) 786-1541, toll-free (888) 827-3847, (804) 344-3190/TTY, e-mail lking@vrs.state.va.us.

August 18, 2004 - 11 a.m. -- Open Meeting
Virginia Retirement System Investment Department, Bank of America Building, 1111 East Main Street, Richmond, Virginia.

The following committees will meet:
11 a.m. - Investment Advisory Committee
2:30 p.m. - Benefits and Actuarial Committee
4 p.m. - Administration and Personnel Committee
4 p.m. - Audit and Compliance Committee

Contact: Phyllis Henderson, Administrative Assistant, Virginia Retirement System, 1111 E. Main St., Richmond, VA 23219, telephone (804) 697-6675, FAX (804) 786-1541, toll-free (888) 827-3847, (804) 344-3190/TTY, e-mail phenderson@vrs.state.va.us.

LEGISLATIVE

VIRGINIA CODE COMMISSION

July 14, 2004 - 2 p.m. -- Open Meeting
July 15, 2004 - 9 a.m. -- Open Meeting
General Assembly Building, 910 Capitol Street, 6th Floor, Speaker's Conference Room, Richmond, Virginia.

A two-day meeting to continue with the revisions of Titles 1 and 37.1 and to conduct any other business that may come...
Calendar of Events

before the commission. A brief public comment period is scheduled at the end of the meeting.

Contact: Jane Chaffin, Registrar of Regulations, Virginia Code Commission, General Assembly Bldg., 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, FAX (804) 692-0625, e-mail jchaffin@leg.state.va.us.

August 18, 2004 - 10 a.m. -- Open Meeting
General Assembly Building, 910 Capitol Street, 6th Floor, Speaker's Conference Room, Richmond, Virginia.

A meeting to continue with the revisions of Titles 1, 3.1 and 37.1 and to conduct any other business that may come before the commission. A brief public comment period is scheduled at the end of the meeting.

Contact: Jane Chaffin, Registrar of Regulations, Virginia Code Commission, General Assembly Bldg., 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, FAX (804) 692-0625, e-mail jchaffin@leg.state.va.us.

August 18, 2004 - 10 a.m. -- Open Meeting
General Assembly Building, 910 Capitol St., Richmond, VA 23219, telephone (804) 786-3591, FAX (804) 692-0625, e-mail jchaffin@leg.state.va.us.

VIRGINIA FREEDOM OF INFORMATION ADVISORY COUNCIL

† July 13, 2004 - 11 a.m. -- Open Meeting
† September 16, 2004 - 10 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, 2nd Floor, Room 250, Richmond, Virginia.

FOIA and Geographic Information System Subcommittee meeting.

Contact: Lynda Waddill, Administrative Assistant, or Lisa Wallmeyer, Assistant Director, Virginia Freedom of Information Advisory Council, 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 225-3056, FAX (804) 371-0169, toll-free (866) 448-4100, e-mail foiacouncil@leg.state.va.us.

† September 16, 2004 - 2 p.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia.

A regular meeting.

Contact: Lynda Waddill, Administrative Assistant, or Lisa Wallmeyer, Assistant Director, Virginia Freedom of Information Advisory Council, 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 225-3056, FAX (804) 371-0169, toll-free (866) 448-4100, e-mail foiacouncil@leg.state.va.us.

JOINT COMMISSION ON TECHNOLOGY AND SCIENCE

† June 30, 2004 - 9:30 a.m. -- Open Meeting
† August 17, 2004 - 9:30 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia.

A meeting of the JCOTS’s Integrated Government Advisory Committee.

Contact: Eric Link, Staff Attorney, Joint Commission on Technology and Science, General Assembly Bldg., 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, FAX (804) 371-0169, e-mail jcots@leg.state.va.us.

† July 7, 2004 - 9:30 a.m. -- Open Meeting
† August 18, 2004 - 1:30 p.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia.

A meeting of the JCOTS’s Privacy Advisory Committee.

Contact: Mitchell Goldstein, Director, Joint Commission on Technology and Science, General Assembly Bldg., 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, FAX (804) 371-0169, e-mail jcots@leg.state.va.us.

† August 3, 2004 - 9:30 a.m. -- Open Meeting
† September 21, 2004 - 9:30 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia.

A meeting of the JCOTS Computer Crimes Advisory Committee.

Contact: Mitchell Goldstein, Director, Joint Commission on Technology and Science, General Assembly Bldg., 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, FAX (804) 786-0169, e-mail jcots@leg.state.va.us.

† August 4, 2004 - 1:30 p.m. -- Open Meeting
† September 22, 2004 - 1:30 p.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia.

A meeting of the JCOTS Nanotechnology Advisory Committee.

Contact: Mitchell Goldstein, Director, Joint Commission on Technology and Science, General Assembly Bldg., 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, FAX (804) 786-0169, e-mail jcots@leg.state.va.us.

† September 8, 2004 - 9:30 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia.

A full commission meeting to discuss computer security.

Contact: Mitchell Goldstein, Director, Joint Commission on Technology and Science, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 786-1258, FAX (804) 371-0101, e-mail tbishop@leg.state.va.us.

JOINT LEGISLATIVE AUDIT AND REVIEW COMMISSION

† July 12, 2004 - 10 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, Senate Room A, Richmond, Virginia.

Special report: Interstate Benchmarks; Follow-up: Acclimation of Virginia’s Foreign-Born Population; Exploratory Study: Tenure and Post-Tenure Review Policies; Virginia Retirement System Oversight Reports.

Contact: Trish Bishop, Principal Legislative Analyst, Joint Legislative Audit and Review Commission, General Assembly Building, 910 Capitol St., Richmond, VA 23219, telephone (804) 786-1258, FAX (804) 371-0101, e-mail tbishop@leg.state.va.us.

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Calendar of Events

Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, FAX (804) 371-0169, e-mail jcots@leg.state.va.us.

VIRGINIA UNIFORM LAWS COMMISSIONERS

† July 19, 2004 - 10 a.m. -- Open Meeting
General Assembly Building, 9th and Broad Streets, 7th Floor, West Conference Room, Richmond, Virginia.

A meeting to review Uniform Acts to be considered by the National Conference of Commissioners on Uniform State Laws at its annual meeting.

Contact: Jessica D. French, Senior Attorney, Division of Legislative Services, General Assembly Bldg, 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, FAX (804) 371-0169, e-mail jfrench@leg.state.va.us.

CHRONOLOGICAL LIST

OPEN MEETINGS

June 28
Asbestos, Lead, and Home Inspectors, Virginia Board for Public Broadcasting Board, Virginia

June 29
Air Pollution Control Board, State Barbers and Cosmetology, Board for Conservation and Recreation, Department of Contractors, Board for Health, Department of
- Hemophilia Advisory Board
† Retirement System, Virginia

June 30
† Conservation and Recreation, Department of Medicine, Board of Real Estate Appraiser Board
† Optometry, Board of
† Technology and Science, Joint Commission on

July 1
Contractors, Board for Mental Health, Mental Retardation and Substance Abuse Services, Department of Real Estate Appraiser Board

July 2
Art and Architectural Review Board

July 6
Alcoholic Beverage Control Board Contractors, Board for Real Estate Board Water Control Board, State

July 7
Real Estate Board
† Technology and Science, Joint Commission on

July 8
† Agriculture and Consumer Services, Department of
- Virginia Peanut Board
† Competition Council, Commonwealth

July 9
Cemetery Board Opticians, Board for

July 12
Hearing Aid Specialists, Board for
† Legislative Audit and Review Commission, Joint
† Motor Vehicle Dealer Board

July 13
Child Fatality Review Team, State College Savings Plan Board, Virginia Contractors, Board for Corrections, Board of Forestry, Board of Freedom of Information Advisory Council, Virginia Medical Assistance Services, Board of Psychology, Board of
† Resources Authority, Virginia

July 14
Code Commission, Virginia Corrections, Board of
† Forestry, Board of Information Technologies Agency, Virginia Wireless E-911 Service Board Medicine, Board of
Water Control Board, State

July 15
† Agriculture and Consumer Services, Department of

July 16
Education, Board of Housing and Community Development, Department of
- State Building Code Technical Review Board Medicine, Board of
Military Bases, Virginia Commission on Physical Therapy, Board of

July 19
Alcoholic Beverage Control Board
† Higher Education for Virginia, State Council of Nursing, Board of
† Uniform Laws Commissioners, Virginia

July 20
Agriculture and Consumer Services, Department of
- Virginia Cotton Board Environmental Quality, Department of
† Forestry, Board of
† Higher Education for Virginia, State Council of Nursing, Board of

July 21
Agriculture and Consumer Services, Department of
- Virginia Small Grains Board Compensation Board Geology, Board for Medical Assistance Services, Department of
- Medicaid Transportation Advisory Committee Nursing, Board of
Calendar of Events

July 22
Health, State Board of
† Health, Department of
Nursing, Board of

July 23
† Asbestos, Lead, and Home Inspectors, Virginia Board for

July 27
Conservation and Recreation, Department of
Contractors, Board for

July 28
† Conservation and Recreation, Department of
Education, Board of
Labor and Industry, Department of
- Virginia Migrant and Seasonal Farmworkers Board
Medicine, Board of

July 30
Dentistry, Board of

August 2
Alcoholic Beverage Control Board

August 3
Taxation, Department of
- State Land Evaluation Advisory Council
† Technology and Science, Joint Commission on
Water Control Board, State

August 4
Conservation and Recreation, Department of
Jamestown-Yorktown Foundation
† Nursing, Board of
† Technology and Science, Joint Commission on

August 5
Medical Assistance Services, Department of
- Drug Utilization Review Board

August 6
Art and Architectural Review Board

August 10
† Resources Authority, Virginia

August 11
† Conservation and Recreation, Department of
Contractors, Board for
Sewage Handling and Disposal Appeal Review Board
Water Control Board, State

August 13
Medicine, Board of

August 16
Alcoholic Beverage Control Board

August 17
Medical Assistance Services, Department of
- Pharmacy Liaison Committee
† Nursing, Board of
Real Estate Appraiser Board
† Retirement System, Virginia
† Technology and Science, Joint Commission on

August 18
Code Commission, Virginia
Retirement System, Virginia
† Technology and Science, Joint Commission on

August 19
Asbestos, Lead and Home Inspectors, Virginia Board for
Audiology and Speech-Language Pathology, Board of
Design-Build/Construction Management Review Board
Retirement System, Virginia

August 20
Health Professions, Department of

August 23
† Medical Assistance Services, Department of

August 24
Contractors, Board for
Mental Health, Mental Retardation and Substance Abuse Services, Department of
† Nursing, Board of

August 25
† Conservation and Recreation, Department of
Milk Commission, State
Nursing and Medicine, Joint Boards of

August 26
Counseling, Board of

August 27
Counseling, Board of
Housing and Community Development, Board of

August 30
Alcoholic Beverage Control Board
† Nursing, Board of

August 31
† Nursing, Board of
Water Control Board, State

September 2
† Nursing, Board of
Polygraph Examiners Advisory Board

September 3
Art and Architectural Review Board

September 7
Funeral Directors and Embalmers, Board of
Taxation, Department of
- State Land Evaluation Advisory Council

September 8
Interagency Coordinating Council, Virginia
† Technology and Science, Joint Commission on

September 9
Criminal Justice Services Board
Nursing, Board of

September 10
Dentistry, Board of

September 13
Alcoholic Beverage Control Board

September 14
Charitable Gaming Board
Medical Assistance Services, Board of
Waterworks and Wastewater Works Operators, Board for

September 15
† Conservation and Recreation, Department of
† Medical Assistance Services, Department of
- Medicaid Transportation Advisory Committee
† Sewage Handling and Disposal Appeal Review Board

September 16
† Design-Build/Construction Management Review Board
† Freedom of Information Advisory Council, Virginia

September 20
† Nursing, Board of
† Professional and Occupational Regulation, Board for

September 21
† Medicine, Board of
- Advisory Board on Occupational Therapy
- Advisory Board on Respiratory Care
† Nursing, Board of
† Resources Authority, Virginia
† Technology and Science, Joint Commission on

September 22
† Education, Board of
† Medicine, Board of
  - Advisory Board on Acupuncture
  - Advisory Board on Radiologic Technology
† Nursing, Board of
† Technology and Science, Joint Commission on

September 23
† Medicine, Board of
  - Advisory Board on Athletic Training
  - Advisory Board on Physicians Assistants
† Nursing, Board of
† Public Guardian and Conservator Advisory Board

September 24
† Mental Health, Mental Retardation and Substance Abuse Services, Department of

September 27
† Alcoholic Beverage Control Board
† Barbers and Cosmetology, Board for

PUBLIC HEARINGS

July 15
Health Professions, Board of

July 20
Racing Commission, Virginia
Water Control Board, State

July 21
Water Control Board, State

August 24
† Mental Health, Mental Retardation and Substance Abuse Services, Department of