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# CUMULATIVE TABLE OF VIRGINIA ADMINISTRATIVE CODE SECTIONS ADOPTED, AMENDED, OR REPEALED

The table printed below lists regulation sections, by Virginia Administrative Code (VAC) title, that have been amended, added or repealed in the *Virginia Register* since the regulations were originally published or last supplemented in VAC (the Spring 2005 VAC Supplement includes final regulations published through *Virginia Register* Volume 21, Issue 11, dated February 7, 2005). Emergency regulations, if any, are listed, followed by the designation "emer," and errata pertaining to final regulations are listed. Proposed regulations are not listed here. The table lists the sections in numerical order and shows action taken, the volume, issue and page number where the section appeared, and the effective date of the section.

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
<b>Title 1. Administration</b>			
1 VAC 55-30-10 through 1 VAC 55-30-90 emer	Added	21:19 VA.R. 2599-2602	5/16/05-5/15/06
<b>Title 3. Alcoholic Beverages</b>			
3 VAC 5-30-10	Amended	21:19 VA.R. 2530	6/29/05
3 VAC 5-30-30	Amended	21:19 VA.R. 2531	6/29/05
3 VAC 5-30-60	Amended	21:19 VA.R. 2532	6/29/05
3 VAC 5-30-70	Amended	21:19 VA.R. 2533	6/29/05
3 VAC 5-40-20	Amended	21:19 VA.R. 2533	6/29/05
3 VAC 5-40-20	Amended	21:19 VA.R. 2533	6/29/05
3 VAC 5-40-40	Amended	21:19 VA.R. 2533	6/29/05
3 VAC 5-40-50	Amended	21:19 VA.R. 2533	6/29/05
3 VAC 5-40-50	Amended	21:19 VA.R. 2533	6/29/05
3 VAC 5-70-220	Added	21:19 VA.R. 2533	6/29/05
<b>Title 4. Conservation and Natural Resources</b>			
4 VAC 15-40-20	Amended	21:23 VA.R. 3235	8/24/05
4 VAC 15-40-21	Added	21:23 VA.R. 3235	8/24/05
4 VAC 15-380-120	Readopting	21:23 VA.R. 3236	8/24/05
4 VAC 20-110-20	Amended	21:21 VA.R. 2900	6/1/05
4 VAC 20-170-10 emer	Amended	21:16 VA.R. 2219	4/1/05-4/30/05
4 VAC 20-170-30 emer	Amended	21:16 VA.R. 2219	4/1/05-4/30/05
4 VAC 20-170-30	Amended	21:18 VA.R. 2372	5/1/05
4 VAC 20-252-50	Amended	21:13 VA.R. 1824	2/2/05
4 VAC 20-252-55	Amended	21:13 VA.R. 1824	2/2/05
4 VAC 20-252-130	Amended	21:13 VA.R. 1825	2/2/05
4 VAC 20-252-135 emer	Added	21:16 VA.R. 2219	4/1/05-4/30/05
4 VAC 20-252-135	Added	21:18 VA.R. 2372	5/1/05
4 VAC 20-252-150	Amended	21:13 VA.R. 1825	2/2/05
4 VAC 20-252-160	Amended	21:13 VA.R. 1826	2/2/05
4 VAC 20-270-30 emer	Amended	21:23 VA.R. 3290	6/29/05-7/28/05
4 VAC 20-320-20 emer	Amended	21:16 VA.R. 2220	4/1/05-4/30/05
4 VAC 20-320-20	Amended	21:18 VA.R. 2373	5/1/05
4 VAC 20-320-65 emer	Added	21:16 VA.R. 2220	4/1/05-4/30/05
4 VAC 20-320-65	Added	21:18 VA.R. 2373	5/1/05
4 VAC 20-390-20 through 4 VAC 20-390-50	Amended	21:22 VA.R. 3089-3092	7/1/05
4 VAC 20-430-10 emer	Amended	21:16 VA.R. 2220	4/1/05-4/30/05
4 VAC 20-430-10	Amended	21:18 VA.R. 2373	5/1/05
4 VAC 20-430-15 emer	Amended	21:16 VA.R. 2220	4/1/05-4/30/05
4 VAC 20-430-15	Amended	21:18 VA.R. 2373	5/1/05
4 VAC 20-430-65 emer	Added	21:16 VA.R. 2220	4/1/05-4/30/05
4 VAC 20-430-65	Added	21:18 VA.R. 2373	5/1/05
4 VAC 20-450-30	Amended	21:13 VA.R. 1827	2/2/05
4 VAC 20-620-20	Amended	21:21 VA.R. 2900	6/1/05
4 VAC 20-620-40	Amended	21:14 VA.R. 1992	3/1/05
4 VAC 20-620-50	Amended	21:14 VA.R. 1993	3/1/05
4 VAC 20-620-60	Amended	21:14 VA.R. 1993	3/1/05

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SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
4 VAC 20-620-70	Amended	21:14 VA.R. 1994	3/1/05
4 VAC 20-720-10 emer	Amended	21:12 VA.R. 1563	2/1/05-2/28/05
4 VAC 20-720-20 emer	Amended	21:12 VA.R. 1563	2/1/05-2/28/05
4 VAC 20-720-20	Amended	21:14 VA.R. 1994	3/1/05
4 VAC 20-720-40 emer	Amended	21:12 VA.R. 1564	2/1/05-2/28/05
4 VAC 20-720-40	Amended	21:14 VA.R. 1995	3/1/05
4 VAC 20-720-49 emer	Added	21:14 VA.R. 2016	3/1/05-3/9/05
4 VAC 20-720-50 emer	Amended	21:12 VA.R. 1564	2/1/05-2/28/05
4 VAC 20-720-50	Amended	21:14 VA.R. 1995	3/1/05
4 VAC 20-720-60 emer	Amended	21:12 VA.R. 1565	2/1/05-2/28/05
4 VAC 20-720-110 emer	Amended	21:12 VA.R. 1565	2/1/05-2/28/05
4 VAC 20-910	Erratum	21:20 VA.R. 2736	--
4 VAC 20-910-45	Amended	21:13 VA.R. 1827	2/2/05
4 VAC 20-910-45	Amended	21:21 VA.R. 2901	6/1/05
4 VAC 20-920-45	Added	21:8 VA.R. 914	12/1/04
4 VAC 20-950-45	Amended	21:16 VA.R. 2191	4/1/05
4 VAC 20-950-48	Amended	21:13 VA.R. 1828	2/2/05
4 VAC 20-1065-10 through 4 VAC 20-1065-40	Added	21:12 VA.R. 1523	2/1/05
4 VAC 20-1080-10 through 4 VAC 20-1080-50 emer	Added	21:16 VA.R. 2221	4/1/05-4/30/05
4 VAC 20-1080-10 through 4 VAC 20-1080-50	Added	21:18 VA.R. 2374	5/1/05
4 VAC 25-130 (Forms)	Amended	21:22 VA.R. 3106	--
<b>Title 6. Criminal Justice and Corrections</b>			
6 VAC 20-130-60	Amended	21:16 VA.R. 2192	5/18/05
6 VAC 20-180-10 through 6 VAC 20-180-50	Amended	21:14 VA.R. 1996-1998	4/20/05
6 VAC 20-180-60	Added	21:14 VA.R. 1998	4/20/05
6 VAC 20-250-10 through 6 VAC 20-250-360 emer	Added	21:21 VA.R. 2914-2925	7/1/05-6/30/06
6 VAC 35-140-10	Amended	21:19 VA.R. 2534	7/1/05
6 VAC 35-140-20	Amended	21:19 VA.R. 2536	7/1/05
6 VAC 35-140-22	Added	21:19 VA.R. 2536	7/1/05
6 VAC 35-140-23	Added	21:19 VA.R. 2536	7/1/05
6 VAC 35-140-24	Added	21:19 VA.R. 2536	7/1/05
6 VAC 35-140-30	Amended	21:19 VA.R. 2536	7/1/05
6 VAC 35-140-40	Amended	21:19 VA.R. 2536	7/1/05
6 VAC 35-140-45	Added	21:19 VA.R. 2536	7/1/05
6 VAC 35-140-50 through 6 VAC 35-140-90	Amended	21:19 VA.R. 2536	7/1/05
6 VAC 35-140-110 through 6 VAC 35-140-140	Amended	21:19 VA.R. 2537	7/1/05
6 VAC 35-140-170 through 6 VAC 35-140-190	Amended	21:19 VA.R. 2537	7/1/05
6 VAC 35-140-192	Added	21:19 VA.R. 2537	7/1/05
6 VAC 35-140-200 through 6 VAC 35-140-230	Amended	21:19 VA.R. 2537	7/1/05
6 VAC 35-140-250 through 6 VAC 35-140-270	Amended	21:19 VA.R. 2537	7/1/05
6 VAC 35-140-275	Added	21:19 VA.R. 2537	7/1/05
6 VAC 35-140-280	Amended	21:19 VA.R. 2537	7/1/05
6 VAC 35-140-290	Amended	21:19 VA.R. 2538	7/1/05
6 VAC 35-140-295	Added	21:19 VA.R. 2538	7/1/05
6 VAC 35-140-300 through 6 VAC 35-140-350	Amended	21:19 VA.R. 2538	7/1/05
6 VAC 35-140-385 through 6 VAC 35-140-389	Added	21:19 VA.R. 2538	7/1/05
6 VAC 35-140-400	Amended	21:19 VA.R. 2538	7/1/05
6 VAC 35-140-430 through 6 VAC 35-140-500	Amended	21:19 VA.R. 2538	7/1/05
6 VAC 35-140-510	Repealed	21:19 VA.R. 2538	7/1/05
6 VAC 35-140-530	Amended	21:19 VA.R. 2538	7/1/05
6 VAC 35-140-540	Amended	21:19 VA.R. 2538	7/1/05
6 VAC 35-140-545	Added	21:19 VA.R. 2538	7/1/05
6 VAC 35-140-550 through 610	Amended	21:19 VA.R. 2538-2540	7/1/05
6 VAC 35-140-615	Added	21:19 VA.R. 2540	7/1/05
6 VAC 35-140-620	Amended	21:19 VA.R. 2540	7/1/05
6 VAC 35-140-630	Amended	21:19 VA.R. 2540	7/1/05

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SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
6 VAC 35-140-660	Amended	21:19 VA.R. 2540	7/1/05
6 VAC 35-140-670	Amended	21:19 VA.R. 2540	7/1/05
6 VAC 35-140-680	Amended	21:19 VA.R. 2540	7/1/05
6 VAC 35-140-685	Added	21:19 VA.R. 2540	7/1/05
6 VAC 35-140-690	Amended	21:19 VA.R. 2540	7/1/05
6 VAC 35-140-700	Amended	21:19 VA.R. 2540	7/1/05
6 VAC 35-140-701 through 6 VAC 35-140-709	Added	21:19 VA.R. 2540	7/1/05
6 VAC 35-140-711 through 6 VAC 35-140-715	Added	21:19 VA.R. 2540	7/1/05
6 VAC 35-140-730 through 6 VAC 35-140-770	Amended	21:19 VA.R. 2540	7/1/05
<b>Title 8. Education</b>			
8 VAC 20-21-580	Amended	21:15 VA.R. 2111	5/5/05
8 VAC 20-30-10 through 8 VAC 20-30-40	Amended	21:22 VA.R. 3092-3093	8/15/05
8 VAC 20-30-50	Repealed	21:22 VA.R. 3093	8/15/05
8 VAC 20-30-60	Amended	21:22 VA.R. 3093	8/15/05
8 VAC 20-30-70	Amended	21:22 VA.R. 3093	8/15/05
8 VAC 20-90-10	Amended	21:14 VA.R. 1999	5/2/05
8 VAC 20-90-30	Amended	21:14 VA.R. 2000	5/2/05
8 VAC 20-90-40	Amended	21:14 VA.R. 2003	5/2/05
8 VAC 20-90-70	Amended	21:14 VA.R. 2003	5/2/05
8 VAC 20-210-10	Erratum	21:13 VA.R. 1941	--
8 VAC 20-520-5 emer	Added	21:14 VA.R. 2016	3/1/05-2/28/06
8 VAC 20-520-10 emer	Repealed	21:14 VA.R. 2017	3/1/05-2/28/06
8 VAC 20-520-20 through 8 VAC 20-520-60 emer	Added	21:14 VA.R. 2017-2018	3/1/05-2/28/06
8 VAC 20-680-10	Added	21:12 VA.R. 1559	5/9/05
8 VAC 20-680-20	Added	21:12 VA.R. 1559	5/9/05
8 VAC 20-690-10 through 8 VAC 20-690-50	Added	21:12 VA.R. 1525	3/29/05
8 VAC 20-700-10 through 8 VAC 20-700-50 (emer)	Added	21:13 VA.R. 1928-1929	2/16/05-2/15/06
8 VAC 40-20-20	Amended	21:22 VA.R. 3102	9/28/05
8 VAC 40-20-30	Amended	21:22 VA.R. 3103	9/28/05
<b>Title 9. Environment</b>			
9 VAC 5-10-20	Amended	21:15 VA.R. 2112	5/4/05
9 VAC 5-20-204	Amended	21:15 VA.R. 2119	5/4/05
9 VAC 5-40-6620	Amended	21:15 VA.R. 2120	5/4/05
9 VAC 5-40-7260	Erratum	21:13 VA.R. 1941	--
9 VAC 5-40-7270	Erratum	21:13 VA.R. 1941	--
9 VAC 5-50-260	Amended	21:19 VA.R. 2577	8/29/05
9 VAC 5-60-92	Added	21:19 VA.R. 2577	8/29/05
9 VAC 5-80-1100	Amended	21:19 VA.R. 2577	8/29/05
9 VAC 5-80-1110	Amended	21:19 VA.R. 2578	8/29/05
9 VAC 5-80-1120	Amended	21:19 VA.R. 2583	8/29/05
9 VAC 5-80-1140	Amended	21:19 VA.R. 2584	8/29/05
9 VAC 5-80-1160	Amended	21:19 VA.R. 2584	8/29/05
9 VAC 5-80-1170	Amended	21:19 VA.R. 2584	8/29/05
9 VAC 5-80-1280	Amended	21:19 VA.R. 2585	8/29/05
9 VAC 5-80-1290	Amended	21:19 VA.R. 2586	8/29/05
9 VAC 5-80-1300	Amended	21:19 VA.R. 2586	8/29/05
9 VAC 5-80-1320	Amended	21:19 VA.R. 2587	8/29/05
9 VAC 5-91-20	Amended	21:19 VA.R. 2541	6/29/05
9 VAC 5-91-160	Amended	21:19 VA.R. 2547	6/29/05
9 VAC 5-91-180	Amended	21:19 VA.R. 2547	6/29/05
9 VAC 5-91-740	Amended	21:19 VA.R. 2548	6/29/05
9 VAC 5-91-741	Added	21:19 VA.R. 2548	6/29/05
9 VAC 5-91-742	Added	21:19 VA.R. 2548	6/29/05
9 VAC 5-91-743	Added	21:19 VA.R. 2548	6/29/05
9 VAC 5-91-750	Amended	21:19 VA.R. 2548	6/29/05
9 VAC 5-91-760	Amended	21:19 VA.R. 2548	6/29/05

## Cumulative Table of VAC Sections Adopted, Amended, or Repealed

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
9 VAC 5-230-10 through 9 VAC 5-230-120	Added	21:24 VA.R. 3385-3390	9/7/05
9 VAC 20-20-20	Amended	21:20 VA.R. 2668	7/13/05
9 VAC 20-20-40	Amended	21:20 VA.R. 2668	7/13/05
9 VAC 20-20-60	Amended	21:20 VA.R. 2668	7/13/05
9 VAC 20-20-80	Amended	21:20 VA.R. 2669	7/13/05
9 VAC 20-20-100	Amended	21:20 VA.R. 2669	7/13/05
9 VAC 20-20-110 through 9 VAC 20-20-150	Amended	21:20 VA.R. 2669	7/13/05
9 VAC 20-20-160	Added	21:20 VA.R. 2669	7/13/05
9 VAC 20-30-30	Amended	21:20 VA.R. 2670	7/13/05
9 VAC 20-30-50	Amended	21:20 VA.R. 2670	7/13/05
9 VAC 20-30-70 through 9 VAC 20-30-120	Amended	21:20 VA.R. 2670	7/13/05
9 VAC 20-30-130	Added	21:20 VA.R. 2671	7/13/05
9 VAC 20-40-20	Amended	21:20 VA.R. 2671	7/13/05
9 VAC 20-40-40 through 9 VAC 20-40-150	Amended	21:20 VA.R. 2671-2680	7/13/05
9 VAC 20-40-160	Added	21:20 VA.R. 2680	7/13/05
9 VAC 20-50-20	Amended	21:20 VA.R. 2680	7/13/05
9 VAC 20-50-40 through 9 VAC 20-50-100	Amended	21:20 VA.R. 2680-2693	7/13/05
9 VAC 20-50-110	Added	21:20 VA.R. 2693	7/13/05
9 VAC 20-70-290	Amended	21:20 VA.R. 2693	7/13/05
9 VAC 20-80 (Forms)	Amended	21:13 VA.R. 1930	--
9 VAC 20-130 (Forms)	Amended	21:13 VA.R. 1930	--
9 VAC 25-31-10	Erratum	21:13 VA.R. 1941	--
9 VAC 25-31-100	Erratum	21:14 VA.R. 2022	--
9 VAC 25-31-120	Erratum	21:13 VA.R. 1941	--
9 VAC 25-40-10	Amended	21:23 VA.R. 3236	Suspended
9 VAC 25-40-20	Repealed	21:23 VA.R. 3236	Suspended
9 VAC 25-40-25	Added	21:23 VA.R. 3236	Suspended
9 VAC 25-40-30	Amended	21:23 VA.R. 3236	Suspended
9 VAC 25-40-40	Amended	21:23 VA.R. 3237	Suspended
9 VAC 25-40-50	Amended	21:23 VA.R. 3237	Suspended
9 VAC 25-40-70	Added	21:23 VA.R. 3237	Suspended
9 VAC 25-260-5	Amended	21:18 VA.R. 2375	6/24/05
9 VAC 25-260-10	Amended	21:18 VA.R. 2375	6/24/05
9 VAC 25-260-30	Amended	21:22 VA.R. 3094	8/10/05
9 VAC 25-260-30	Amended	21:22 VA.R. 3094	8/10/05
9 VAC 25-260-30	Amended	21:22 VA.R. 3094	8/10/05
9 VAC 25-260-30	Amended	21:22 VA.R. 3094	8/10/05
9 VAC 25-260-50	Amended	21:18 VA.R. 2377	6/24/05
9 VAC 25-260-185	Added	21:18 VA.R. 2377	6/24/05
9 VAC 25-260-186	Added	21:18 VA.R. 2379	6/24/05
9 VAC 25-260-310	Amended	21:23 VA.R. 3250	Suspended
9 VAC 25-260-350	Amended	21:18 VA.R. 2379	6/24/05
9 VAC 25-260-410	Amended	21:23 VA.R. 3252	Suspended
9 VAC 25-260-530	Amended	21:23 VA.R. 3252	Suspended
9 VAC 25-720-10	Amended	21:23 VA.R. 3238	Suspended
9 VAC 25-720-30 through 9 VAC 25-720-70	Amended	21:23 VA.R. 3240-3246	Suspended
9 VAC 25-720-50	Amended	21:12 VA.R. 1526	3/23/05
9 VAC 25-720-60	Amended	21:17 VA.R. 2302	6/1/05
9 VAC 25-720-80	Amended	21:12 VA.R. 1527	3/23/05
9 VAC 25-720-80	Amended	21:17 VA.R. 2302	6/1/05
9 VAC 25-720-90	Amended	21:12 VA.R. 1527	3/23/05
9 VAC 25-720-100	Amended	21:17 VA.R. 2303	6/1/05
9 VAC 25-720-110	Amended	21:23 VA.R. 3247	Suspended
9 VAC 25-720-120	Amended	21:23 VA.R. 3247	Suspended
9 VAC 25-720-130	Amended	21:12 VA.R. 1528	3/23/05
9 VAC 25-720-130	Amended	21:17 VA.R. 2303	6/1/05

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SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
<b>Title 11. Gaming</b>			
11 VAC 10-70-20	Amended	21:22 VA.R. 3094	6/17/05
11 VAC 10-70-30	Amended	21:22 VA.R. 3095	6/17/05
11 VAC 10-70-40	Amended	21:22 VA.R. 3095	6/17/05
11 VAC 10-70-50	Repealed	21:22 VA.R. 3095	6/17/05
11 VAC 10-70-60	Amended	21:22 VA.R. 3095	6/17/05
11 VAC 10-70-70	Amended	21:22 VA.R. 3096	6/17/05
11 VAC 10-70-80	Amended	21:22 VA.R. 3096	6/17/05
11 VAC 10-70-90	Amended	21:22 VA.R. 3096	6/17/05
11 VAC 10-70-170	Amended	21:22 VA.R. 3096	6/17/05
11 VAC 10-90-10	Amended	21:22 VA.R. 3097	6/17/05
11 VAC 10-90-30	Amended	21:22 VA.R. 3097	6/17/05
11 VAC 10-90-50	Amended	21:22 VA.R. 3097	6/17/05
11 VAC 10-180-10	Amended	21:16 VA.R. 2197	5/18/05
11 VAC 10-180-20	Amended	21:16 VA.R. 2193	3/31/03
11 VAC 10-180-20	Amended	21:16 VA.R. 2198	5/18/05
11 VAC 10-180-30	Repealed	21:16 VA.R. 2199	5/18/05
11 VAC 10-180-40	Repealed	21:16 VA.R. 2200	5/18/05
11 VAC 10-180-50	Repealed	21:16 VA.R. 2200	5/18/05
11 VAC 10-180-60	Amended	21:16 VA.R. 2194	3/31/03
11 VAC 10-180-60 through 11 VAC 10-180-90	Amended	21:16 VA.R. 2202-2207	5/18/05
11 VAC 10-180-80	Amended	21:16 VA.R. 2196	3/31/03
11 VAC 10-180-85	Added	21:16 VA.R. 2206	5/18/05
11 VAC 10-180-90	Amended	21:16 VA.R. 2197	3/31/03
11 VAC 10-180-100	Added	21:16 VA.R. 2207	5/18/05
11 VAC 10-180-110	Added	21:16 VA.R. 2207	5/18/05
<b>Title 12. Health</b>			
12 VAC 5-390-10 through 12 VAC 5-390-660	Repealed	21:23 VA.R. 3254	11/1/05
12 VAC 5-391-10 through 12 VAC 5-391-500	Added	21:23 VA.R. 3254-3272	11/1/05
12 VAC 5-410-10	Amended	21:12 VA.R. 1561	5/9/05
12 VAC 5-590-10	Amended	21:13 VA.R. 1829	4/6/05
12 VAC 5-590-140	Amended	21:16 VA.R. 2209	5/18/05
12 VAC 5-590-150	Amended	21:16 VA.R. 2212	5/18/05
12 VAC 5-590-370	Amended	21:13 VA.R. 1835	4/6/05
12 VAC 5-590-410	Amended	21:13 VA.R. 1860	4/6/05
12 VAC 5-590-420	Amended	21:13 VA.R. 1863	4/6/05
12 VAC 5-590-500	Amended	21:13 VA.R. 1879	4/6/05
12 VAC 5-590-530	Amended	21:13 VA.R. 1880	4/6/05
12 VAC 5-590-540	Amended	21:13 VA.R. 1886	4/6/05
12 VAC 5-590-550	Amended	21:13 VA.R. 1890	4/6/05
12 VAC 5-590, Appendix L	Amended	21:13 VA.R. 1891	4/6/05
12 VAC 5-590, Appendix M	Amended	21:13 VA.R. 1897	4/6/05
12 VAC 5-590, Appendix O	Amended	21:13 VA.R. 1901	4/6/05
12 VAC 30-50-190 emer	Amended	21:23 VA.R. 3291	7/1/05-6/30/06
12 VAC 30-50-300	Amended	21:22 VA.R. 3098	8/10/05
12 VAC 30-50-490 emer	Amended	21:12 VA.R. 1566	2/1/05-1/31/06
12 VAC 30-50-520 emer	Amended	21:20 VA.R. 2715	5/27/05-5/26/06
12 VAC 30-50-530	Amended	21:22 VA.R. 3098	8/10/05
12 VAC 30-60-40 emer	Amended	21:20 VA.R. 2716	7/1/05-6/30/06
12 VAC 30-60-70	Amended	21:19 VA.R. 2592	8/15/05
12 VAC 30-60-350 emer	Amended	21:20 VA.R. 2717	7/1/05-6/30/06
12 VAC 30-70-291 emer	Amended	21:20 VA.R. 2720	5/12/05-5/11/06
12 VAC 30-70-291	Amended	21:23 VA.R. 3274	9/1/05
12 VAC 30-70-291 emer	Amended	21:23 VA.R. 3299	7/1/05-6/30/06
12 VAC 30-70-301	Amended	21:14 VA.R. 2014	6/6/05
12 VAC 30-70-301	Amended	21:23 VA.R. 3274	9/1/05

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12 VAC 30-70-331	Amended	21:20 VA.R. 2696	7/14/05
12 VAC 30-70-391	Amended	21:23 VA.R. 3275	9/1/05
12 VAC 30-70-425 emer	Amended	21:23 VA.R. 3292	7/1/05-6/30/06
12 VAC 30-70-426 emer	Repealed	21:23 VA.R. 3293	7/1/05-6/30/06
12 VAC 30-80-20 emer	Amended	21:23 VA.R. 3293	7/1/05-6/30/06
12 VAC 30-80-30 emer	Amended	21:23 VA.R. 3296	7/1/05-6/30/06
12 VAC 30-80-40	Amended	21:15 VA.R. 2121	7/1/05
12 VAC 30-80-190	Amended	21:23 VA.R. 3275	9/1/05
12 VAC 30-90-19 emer	Amended	21:23 VA.R. 3298	7/1/05-6/30/06
12 VAC 30-90-41	Amended	21:15 VA.R. 2136	7/1/05
12 VAC 30-90-41 emer	Amended	21:20 VA.R. 2717	7/1/05-6/30/06
12 VAC 30-120-10 through 12 VAC 30-120-60 emer	Repealed	21:12 VA.R. 1601	2/1/05-1/31/06
12 VAC 30-120-380 emer	Amended	21:20 VA.R. 2721	7/1/05-6/30/06
12 VAC 30-120-490 through 12 VAC 30-120-550 emer	Repealed	21:12 VA.R. 1601	2/1/05-1/31/06
12 VAC 30-120-700 emer	Amended	21:12 VA.R. 1568	2/1/05-1/31/06
12 VAC 30-120-710 emer	Amended	21:12 VA.R. 1572	2/1/05-1/31/06
12 VAC 30-120-720 emer	Amended	21:12 VA.R. 1572	2/1/05-1/31/06
12 VAC 30-120-730 emer	Amended	21:12 VA.R. 1576	2/1/05-1/31/06
12 VAC 30-120-740 emer	Amended	21:12 VA.R. 1578	2/1/05-1/31/06
12 VAC 30-120-750 emer	Amended	21:12 VA.R. 1579	2/1/05-1/31/06
12 VAC 30-120-752 emer	Amended	21:12 VA.R. 1580	2/1/05-1/31/06
12 VAC 30-120-753 emer	Amended	21:12 VA.R. 1582	2/1/05-1/31/06
12 VAC 30-120-754 emer	Amended	21:12 VA.R. 1583	2/1/05-1/31/06
12 VAC 30-120-756 emer	Amended	21:12 VA.R. 1584	2/1/05-1/31/06
12 VAC 30-120-758 emer	Amended	21:12 VA.R. 1585	2/1/05-1/31/06
12 VAC 30-120-760 emer	Amended	21:12 VA.R. 1586	2/1/05-1/31/06
12 VAC 30-120-762 emer	Amended	21:12 VA.R. 1586	2/1/05-1/31/06
12 VAC 30-120-764 emer	Amended	21:12 VA.R. 1587	2/1/05-1/31/06
12 VAC 30-120-766 emer	Amended	21:12 VA.R. 1588	2/1/05-1/31/06
12 VAC 30-120-768 emer	Amended	21:12 VA.R. 1590	2/1/05-1/31/06
12 VAC 30-120-770 emer	Amended	21:12 VA.R. 1592	2/1/05-1/31/06
12 VAC 30-120-772 emer	Amended	21:12 VA.R. 1596	2/1/05-1/31/06
12 VAC 30-120-774 emer	Amended	21:12 VA.R. 1597	2/1/05-1/31/06
12 VAC 30-120-776 emer	Amended	21:12 VA.R. 1598	2/1/05-1/31/06
12 VAC 30-120-780 emer	Repealed	21:12 VA.R. 1600	2/1/05-1/31/06
12 VAC 30-120-790 emer	Repealed	21:12 VA.R. 1601	2/1/05-1/31/06
12 VAC 30-120-900 through 12 VAC 30-120-990 emer	Added	21:12 VA.R. 1601-1619	2/1/05-1/31/06
12 VAC 30-120-1500 through 12 VAC 120-1590 emer	Added	21:23 VA.R. 3300-3308	7/1/05-6/30/06
12 VAC 30-141-200 emer	Amended	21:20 VA.R. 2721	7/1/05-6/30/06
12 VAC 30-141-500	Amended	21:19 VA.R. 2549	6/29/05
12 VAC 30-141-500 emer	Amended	21:23 VA.R. 3291	7/1/05-6/30/06
<b>Title 13. Housing</b>			
13 VAC 5-63-110	Erratum	21:14 VA.R. 2021	--
<b>Title 14. Insurance</b>			
14 VAC 5-210-10 through 14 VAC 5-210-150	Repealed	21:23 VA.R. 3276	7/1/05
14 VAC 5-211-10 through 14 VAC 5-211-280	Added	21:23 VA.R. 3279-3287	7/1/05
<b>Title 15. Judicial</b>			
15 VAC 5-50-10 through 15 VAC 5-50-210	Repealed	21:17 VA.R. 2304	4/13/05
15 VAC 5-60-10 through 15 VAC 5-60-240	Repealed	21:17 VA.R. 2304	4/13/05
<b>Title 16. Labor and Employment</b>			
16 VAC 25-90-1910.142	Amended	21:21 VA.R. 2901	8/15/05
16 VAC 25-90-1910.151	Amended	21:21 VA.R. 2901	8/15/05
16 VAC 25-90-1910.268	Amended	21:21 VA.R. 2901	8/15/05
16 VAC 25-90-1910.1001	Amended	21:21 VA.R. 2901	8/15/05
16 VAC 25-90-1910.1003	Amended	21:21 VA.R. 2901	8/15/05

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16 VAC 25-90-1910.1017	Amended	21:21 VA.R. 2901	8/15/05
16 VAC 25-90-1910.1018	Amended	21:21 VA.R. 2901	8/15/05
16 VAC 25-90-1910.1025	Amended	21:21 VA.R. 2901	8/15/05
16 VAC 25-90-1910.1027	Amended	21:21 VA.R. 2901	8/15/05
16 VAC 25-90-1910.1028	Amended	21:21 VA.R. 2901	8/15/05
16 VAC 25-90-1910.1029	Amended	21:21 VA.R. 2901	8/15/05
16 VAC 25-90-1910.1043	Amended	21:21 VA.R. 2901	8/15/05
16 VAC 25-90-1910.1044	Amended	21:21 VA.R. 2901	8/15/05
16 VAC 25-90-1910.1045	Amended	21:21 VA.R. 2901	8/15/05
16 VAC 25-90-1910.1047	Amended	21:21 VA.R. 2901	8/15/05
16 VAC 25-90-1910.1048	Amended	21:21 VA.R. 2901	8/15/05
16 VAC 25-90-1910.1051	Amended	21:21 VA.R. 2901	8/15/05
16 VAC 25-100-1915.1001	Amended	21:21 VA.R. 2901	8/15/05
16 VAC 25-175-1926.60	Amended	21:21 VA.R. 2901	8/15/05
16 VAC 25-175-1926.62	Amended	21:21 VA.R. 2901	8/15/05
16 VAC 25-175-1926.1101	Amended	21:21 VA.R. 2901	8/15/05
16 VAC 25-175-1926.1127	Amended	21:21 VA.R. 2901	8/15/05
16 VAC 25-175-1926.60	Amended	21:21 VA.R. 2903	8/15/05
<b>Title 18. Professional and Occupational Licensing</b>			
18 VAC 30-20-290	Added	21:21 VA.R. 2904	7/27/05
18 VAC 50-22-100	Amended	21:20 VA.R. 2696	8/1/05
18 VAC 50-22-140	Amended	21:20 VA.R. 2697	8/1/05
18 VAC 50-22-170	Amended	21:20 VA.R. 2697	8/1/05
18 VAC 50-22-250	Amended	21:20 VA.R. 2697	8/1/05
18 VAC 50-30-90	Amended	21:20 VA.R. 2698	8/1/05
18 VAC 50-30-120	Amended	21:20 VA.R. 2698	8/1/05
18 VAC 50-30-130	Amended	21:20 VA.R. 2699	8/1/05
18 VAC 60-20	Erratum	21:22 VA.R. 3119	--
18 VAC 60-20-10	Amended	21:19 VA.R. 2551	6/29/05
18 VAC 60-20-16	Amended	21:19 VA.R. 2551	6/29/05
18 VAC 60-20-17	Added	21:19 VA.R. 2550	6/29/05
18 VAC 60-20-20	Amended	21:19 VA.R. 2551	6/29/05
18 VAC 60-20-20	Amended	21:19 VA.R. 2555	6/29/05
18 VAC 60-20-50 through 18 VAC 60-20-90	Amended	21:19 VA.R. 2551-2552	6/29/05
18 VAC 60-20-91	Added	21:19 VA.R. 2555	6/29/05
18 VAC 60-20-105	Amended	21:19 VA.R. 2552	6/29/05
18 VAC 60-20-106	Added	21:19 VA.R. 2552	6/29/05
18 VAC 60-20-106	Erratum	21:22 VA.R. 3119	--
18 VAC 60-20-107	Added	21:19 VA.R. 2552	6/29/05
18 VAC 60-20-107	Erratum	21:22 VA.R. 3119	--
18 VAC 60-20-110	Amended	21:19 VA.R. 2552	6/29/05
18 VAC 60-20-120	Amended	21:19 VA.R. 2553	6/29/05
18 VAC 60-20-130	Repealed	21:19 VA.R. 2554	6/29/05
18 VAC 60-20-135	Added	21:19 VA.R. 2554	6/29/05
18 VAC 60-20-190	Amended	21:19 VA.R. 2554	6/29/05
18 VAC 60-20-195	Amended	21:19 VA.R. 2554	6/29/05
18 VAC 62-20-10 through 18 VAC 62-20-180	Added	21:20 VA.R. 2700-2706	7/15/05
18 VAC 65-20-15	Added	21:18 VA.R. 2380	6/15/05
18 VAC 75-40-10	Added	21:16 VA.R. 2215	5/18/05
18 VAC 75-40-20	Added	21:16 VA.R. 2215	5/18/05
18 VAC 75-40-30	Added	21:16 VA.R. 2215	5/18/05
18 VAC 76-20-60	Amended	21:19 VA.R. 2556	6/29/05
18 VAC 76-40-10	Amended	21:19 VA.R. 2596	8/15/05
18 VAC 85-15-10	Added	21:21 VA.R. 2905	7/27/05
18 VAC 85-15-20	Added	21:21 VA.R. 2905	7/27/05
18 VAC 85-15-30	Added	21:21 VA.R. 2905	7/27/05

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18 VAC 85-20-30	Amended	21:20 VA.R. 2707	7/13/05
18 VAC 85-20-100	Amended	21:20 VA.R. 2707	7/13/05
18 VAC 85-20-280	Amended	21:22 VA.R. 3105	9/26/05
18 VAC 85-20-330	Amended	21:19 VA.R. 2597	8/15/05
18 VAC 85-80-61	Added	21:23 VA.R. 3287	8/24/05
18 VAC 90-15-10	Added	21:21 VA.R. 2905	7/27/05
18 VAC 90-15-20	Added	21:21 VA.R. 2905	7/27/05
18 VAC 90-15-30	Added	21:21 VA.R. 2905	7/27/05
18 VAC 90-20-10	Amended	21:21 VA.R. 2906	7/27/05
18 VAC 90-20-181	Added	21:21 VA.R. 2907	7/27/05
18 VAC 90-20-182	Added	21:21 VA.R. 2907	7/27/05
18 VAC 90-20-183	Added	21:21 VA.R. 2907	7/27/05
18 VAC 90-20-230	Amended	21:20 VA.R. 2708	7/13/05
18 VAC 90-20-280	Amended	21:21 VA.R. 2907	7/27/05
18 VAC 90-20-300	Amended	21:21 VA.R. 2907	7/27/05
18 VAC 90-30-80	Amended	21:21 VA.R. 2910	7/27/05
18 VAC 90-30-100	Amended	21:21 VA.R. 2910	7/27/05
18 VAC 90-30-110	Amended	21:21 VA.R. 2910	7/27/05
18 VAC 90-30-120	Amended	21:21 VA.R. 2909	7/27/05
18 VAC 95-10-10	Amended	21:18 VA.R. 2380	7/1/05
18 VAC 95-10-20	Amended	21:18 VA.R. 2380	7/1/05
18 VAC 95-20-10	Amended	21:18 VA.R. 2381	7/1/05
18 VAC 95-20-471	Added	21:19 VA.R. 2557	6/29/05
18 VAC 100-20-53	Added	21:20 VA.R. 2709	8/1/05
18 VAC 100-20-54	Amended	21:20 VA.R. 2708	8/1/05
18 VAC 100-20-54	Erratum	21:23 VA.R. 3311	--
18 VAC 100-20-81	Amended	21:20 VA.R. 2709	8/1/05
18 VAC 105-20-41	Added	21:18 VA.R. 2382	6/15/05
18 VAC 110-20-15	Added	21:15 VA.R. 2122	5/4/05
18 VAC 110-20-276	Added	21:24 VA.R. 3390	9/7/05
18 VAC 110-20-515	Added	21:24 VA.R. 3391	9/7/05
18 VAC 112-20-26	Added	21:19 VA.R. 2557	6/29/05
18 VAC 115-15-10 through 18 VAC 115-15-30	Added	21:22 VA.R. 3099	8/10/05
18 VAC 120-40-50	Amended	21:20 VA.R. 2712	8/1/05
18 VAC 125-15-10	Added	21:20 VA.R. 2712	7/13/05
18 VAC 125-15-20	Added	21:20 VA.R. 2712	7/13/05
18 VAC 125-15-30	Added	21:20 VA.R. 2712	7/13/05
18 VAC 140-20-171	Added	21:21 VA.R. 2913	7/27/05
18 VAC 150-20-15	Added	21:21 VA.R. 2913	7/27/05
18 VAC 150-20-195	Amended	21:23 VA.R. 3289	10/8/05
<b>Title 19. Public Safety</b>			
19 VAC 30-70-210	Amended	21:18 VA.R. 2382	4/15/05
<b>Title 20. Public Utilities and Telecommunications</b>			
20 VAC 5-315 (Forms)	Amended	21:19 VA.R. 2603	--
20 VAC 5-315-20	Amended	21:18 VA.R. 2387	4/26/05
20 VAC 5-315-30	Amended	21:18 VA.R. 2388	4/26/05
20 VAC 5-315-40	Amended	21:18 VA.R. 2388	4/26/05
20 VAC 5-315-90	Repealed	21:18 VA.R. 2389	4/26/05
<b>Title 22. Social Services</b>			
22 VAC 15-30-10	Amended	21:12 VA.R. 1528	6/1/05
22 VAC 15-30-30	Amended	21:12 VA.R. 1532	6/1/05
22 VAC 15-30-50	Amended	21:12 VA.R. 1532	6/1/05
22 VAC 15-30-70	Amended	21:12 VA.R. 1533	6/1/05
22 VAC 15-30-80	Amended	21:12 VA.R. 1533	6/1/05
22 VAC 15-30-90	Amended	21:12 VA.R. 1533	6/1/05

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22 VAC 15-30-110	Amended	21:12 VA.R. 1534	6/1/05
22 VAC 15-30-140	Amended	21:12 VA.R. 1534	6/1/05
22 VAC 15-30-150	Amended	21:12 VA.R. 1534	6/1/05
22 VAC 15-30-160	Amended	21:12 VA.R. 1534	6/1/05
22 VAC 15-30-180	Amended	21:12 VA.R. 1535	6/1/05
22 VAC 15-30-190	Amended	21:12 VA.R. 1535	6/1/05
22 VAC 15-30-200	Amended	21:12 VA.R. 1536	6/1/05
22 VAC 15-30-200	Erratum	21:13 VA.R. 1941	--
22 VAC 15-30-230	Amended	21:12 VA.R. 1536	6/1/05
22 VAC 15-30-250	Amended	21:12 VA.R. 1537	6/1/05
22 VAC 15-30-260	Amended	21:12 VA.R. 1537	6/1/05
22 VAC 15-30-290	Amended	21:12 VA.R. 1538	6/1/05
22 VAC 15-30-310 through 22 VAC 15-30-390	Amended	21:12 VA.R. 1538-1542	6/1/05
22 VAC 15-30-410	Amended	21:12 VA.R. 1542	6/1/05
22 VAC 15-30-430	Amended	21:12 VA.R. 1543	6/1/05
22 VAC 15-30-440	Amended	21:12 VA.R. 1543	6/1/05
22 VAC 15-30-451	Amended	21:12 VA.R. 1545	6/1/05
22 VAC 15-30-461	Amended	21:12 VA.R. 1545	6/1/05
22 VAC 15-30-471	Amended	21:12 VA.R. 1545	6/1/05
22 VAC 15-30-490	Amended	21:12 VA.R. 1546	6/1/05
22 VAC 15-30-500	Amended	21:12 VA.R. 1547	6/1/05
22 VAC 15-30-510	Amended	21:12 VA.R. 1547	6/1/05
22 VAC 15-30-520	Amended	21:12 VA.R. 1548	6/1/05
22 VAC 15-30-540 through 22 VAC 15-30-670	Amended	21:12 VA.R. 1548-1556	6/1/05
22 VAC 15-30-575	Erratum	21:13 VA.R. 1941	--
22 VAC 15-30-585	Added	21:12 VA.R. 1550	6/1/05
22 VAC 15-51-50	Amended	21:20 VA.R. 2713	7/13/05
22 VAC 30-40-10	Amended	21:16 VA.R. 2215	5/18/05
22 VAC 30-40-70	Amended	21:16 VA.R. 2217	5/18/05
22 VAC 30-40-130	Amended	21:16 VA.R. 2218	5/18/05
22 VAC 30-40-140	Amended	21:16 VA.R. 2218	5/18/05
22 VAC 30-40-150	Amended	21:16 VA.R. 2218	5/18/05
22 VAC 40-90-10 through 22 VAC 40-90-60	Amended	21:18 VA.R. 2393	7/1/05
22 VAC 40-90-70	Added	21:18 VA.R. 2395	7/1/05
22 VAC 40-170-10	Amended	21:19 VA.R. 2558	8/1/05
22 VAC 40-170-20	Repealed	21:19 VA.R. 2559	8/1/05
22 VAC 40-170-30 through 22 VAC 40-170-210	Amended	21:19 VA.R. 2560-2567	8/1/05
22 VAC 40-170-230	Amended	21:19 VA.R. 2567	8/1/05
22 VAC 40-191-40	Amended	21:18 VA.R. 2395	7/1/05
22 VAC 40-191-50	Amended	21:18 VA.R. 2399	7/1/05
22 VAC 40-191-90	Amended	21:18 VA.R. 2400	7/1/05
22 VAC 40-660-10 through 22 VAC 40-660-100	Repealed	21:19 VA.R. 2568	8/1/05
22 VAC 40-661-10 through 22 VAC 40-661-90	Added	21:19 VA.R. 2568-2572	8/1/05
<b>Title 24. Transportation and Motor Vehicles</b>			
24 VAC 30-41-30	Amended	21:13 VA.R. 1911	4/6/05
24 VAC 30-41-50	Amended	21:13 VA.R. 1913	4/6/05
24 VAC 30-41-110	Amended	21:13 VA.R. 1913	4/6/05
24 VAC 30-41-190	Amended	21:13 VA.R. 1914	4/6/05
24 VAC 30-41-210	Amended	21:13 VA.R. 1915	4/6/05
24 VAC 30-41-220	Amended	21:13 VA.R. 1916	4/6/05
24 VAC 30-41-230	Amended	21:13 VA.R. 1916	4/6/05
24 VAC 30-41-250	Amended	21:13 VA.R. 1917	4/6/05
24 VAC 30-41-280	Amended	21:13 VA.R. 1917	4/6/05
24 VAC 30-41-290	Amended	21:13 VA.R. 1918	4/6/05
24 VAC 30-41-300	Amended	21:13 VA.R. 1918	4/6/05
24 VAC 30-41-310	Amended	21:13 VA.R. 1918	4/6/05

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## Cumulative Table of VAC Sections Adopted, Amended, or Repealed

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SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
24 VAC 30-41-320	Amended	21:13 VA.R. 1919	4/6/05
24 VAC 30-41-350	Amended	21:13 VA.R. 1920	4/6/05
24 VAC 30-41-430	Amended	21:13 VA.R. 1920	4/6/05
24 VAC 30-41-500	Amended	21:13 VA.R. 1921	4/6/05
24 VAC 30-41-510	Amended	21:13 VA.R. 1921	4/6/05
24 VAC 30-41-520	Amended	21:13 VA.R. 1921	4/6/05
24 VAC 30-41-530	Amended	21:13 VA.R. 1922	4/6/05
24 VAC 30-41-580	Amended	21:13 VA.R. 1922	4/6/05
24 VAC 30-41-650	Amended	21:13 VA.R. 1923	4/6/05
24 VAC 30-41-660	Amended	21:13 VA.R. 1923	4/6/05
24 VAC 30-41-680	Amended	21:13 VA.R. 1923	4/6/05
24 VAC 30-91-10	Erratum	21:12 VA.R. 1776	--
24 VAC 30-91-110	Erratum	21:12 VA.R. 1776	--
24 VAC 30-91-130	Erratum	21:12 VA.R. 1776	--
24 VAC 30-620-10	Amended	21:15 VA.R. 2123	5/22/05
24 VAC 30-620-30	Amended	21:15 VA.R. 2123	5/22/05
24 VAC 30-620-30	Amended	21:22 VA.R. 3099	8/20/05

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# NOTICES OF INTENDED REGULATORY ACTION

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## Symbol Key

† Indicates entries since last publication of the *Virginia Register*

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## TITLE 6. CRIMINAL JUSTICE AND CORRECTIONS

### CRIMINAL JUSTICE SERVICES BOARD

#### † Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Criminal Justice Services Board intends to consider promulgating regulations entitled **6 VAC 20-250, Regulations Relating to Property and Surety Bail Bondsman**. The purpose of the proposed action is to establish a licensure process to include a fingerprint-based background check, licensure fees, compulsory minimum entry-level training standards, and administration of the regulatory system for property and surety bail bondsmen. It authorizes the department to (i) receive complaints concerning the conduct of any person whose activities are monitored by the board; (ii) conduct investigations; (iii) issue disciplinary action; and (iv) revoke, suspend, and refuse to renew a license.

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

Statutory Authority: §§ 9.1-102 and 9.1-185.2 of the Code of Virginia.

Public comments may be submitted until September 21, 2005.

**Contact:** Lisa McGee, Regulatory Program Manager, Department of Criminal Justice Services, 202 N. 9th St., Richmond, VA 23219, telephone (804) 371-2419, FAX (804) 786-6344 or e-mail [lisa.mcgee@dcjs.virginia.gov](mailto:lisa.mcgee@dcjs.virginia.gov).

VA.R. Doc. No. R05-279; Filed August 2, 2005, 11:11 a.m.

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## TITLE 12. HEALTH

### DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

#### Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Medical Assistance Services intends to consider amending regulations entitled **12 VAC 30-50, Amount, Duration and Scope of Medical and Remedial Care Services and 12 VAC 30-141, Family Access to Medical Insurance Security Plan**. The purpose of the proposed action is to reshape the prior authorization regimen for dental services.

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

Statutory Authority: §§ 32.1-324 and 32.1-325 of the Code of Virginia.

Public comments may be submitted until August 24, 2005.

**Contact:** Tammy Driscoll, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-1567, FAX (804) 786-1680 or e-mail [tammy.driscoll@dmas.virginia.gov](mailto:tammy.driscoll@dmas.virginia.gov).

VA.R. Doc. No. R05-248; Filed June 30, 2005, 4:37 p.m.

#### Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Medical Assistance Services intends to consider amending regulations entitled **12 VAC 30-70, Methods and Standards for Establishing Payment Rates: Inpatient Hospital Care**. The purpose of the proposed action is to implement new supplemental payments for certain hospitals.

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

Statutory Authority: §§ 32.1-324 and 32.1-325 of the Code of Virginia.

Public comments may be submitted until August 24, 2005.

**Contact:** Steve Ford, Provider Reimbursement, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7355, FAX (804) 786-1680 or e-mail [steve.ford@dmas.virginia.gov](mailto:steve.ford@dmas.virginia.gov).

VA.R. Doc. No. R05-250; Filed July 1, 2005, 4:41 p.m.

#### Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Medical Assistance Services intends to consider amending regulations entitled **12 VAC 30-70, Methods and Standards for Establishing Payment Rates; Inpatient Hospital Care; 12 VAC 30-80, Methods and Standards for Establishing Payment Rates; Other Types of Care; and 12 VAC 30-90, Methods and Standards for Establishing Payment Rates for Long-Term Care**. The purpose of the proposed action is to comply with recent CMS restrictions on the financing of supplemental payments for services provided by nonstate public hospitals and nursing homes and state hospitals.

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

Statutory Authority: §§ 32.1-324 and 32.1-325 of the Code of Virginia.

Public comments may be submitted until August 24, 2005.

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# Notices of Intended Regulatory Action

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**Contact:** William Lessard, Project Manager, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 225-4593, FAX (804) 786-1680 or e-mail [william.lessard@dmas.virginia.gov](mailto:william.lessard@dmas.virginia.gov).

VA.R. Doc. No. R05-249; Filed June 30, 2005, 4:41 p.m.

## Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Medical Assistance Services intends to consider amending regulations entitled **12 VAC 30-120, Waivered Services**. The purpose of the proposed action is to establish a new program, the Day Support Waiver for Individuals with Mental Retardation.

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

Statutory Authority: §§ 32.1-324 and 32.1-325 of the Code of Virginia.

Public comments may be submitted until August 24, 2005.

**Contact:** Suzanne Klaas, Project Manager, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-225-4239, FAX (804) 786-1680 or e-mail [suzanne.klaas@dmas.virginia.gov](mailto:suzanne.klaas@dmas.virginia.gov).

VA.R. Doc. No. R05-247; Filed June 30, 2005, 4:38 p.m.

## † Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Medical Assistance Services intends to consider amending regulations entitled **12 VAC 30-141, Family Access to Medical Insurance Security Plan: FAMIS MOMS**. The purpose of the proposed action is to implement a new program of medical services for pregnant women and newborns.

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

Statutory Authority: §§ 32.1-324 and 32.1-325 of the Code of Virginia.

Public comments may be submitted until September 21, 2005.

**Contact:** Linda Nablo, Maternal and Child Health, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 225-4212, FAX (804) 786-1680 or e-mail [linda.nablo@dmas.virginia.gov](mailto:linda.nablo@dmas.virginia.gov).

VA.R. Doc. No. R05-257; Filed July 26, 2005, 11:52 a.m.

## † Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Medical Assistance Services intends to consider promulgating regulations entitled **12 VAC 30-141, Family Access to Medical Insurance Security Plan: FAMIS Select**. The purpose of the proposed action is to implement a new health insurance premium assistance component for the FAMIS program to replace the

current program, known as Employee Sponsored Health Insurance (ESHI).

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

Statutory Authority: §§ 32.1-324 and 32.1-325 of the Code of Virginia.

Public comments may be submitted until September 21, 2005.

**Contact:** Linda Nablo, Maternal and Child Health, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 225-4212, FAX (804) 786-1680 or e-mail [linda.nablo@dmas.virginia.gov](mailto:linda.nablo@dmas.virginia.gov).

VA.R. Doc. No. R05-259; Filed July 26, 2005, 11:52 a.m.



## TITLE 16. LABOR AND EMPLOYMENT

### DEPARTMENT OF LABOR AND INDUSTRY

#### Safety and Health Codes Board

## Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Safety and Health Codes Board intends to consider amending regulations entitled **16 VAC 25-60, Administrative Regulation for the Virginia Occupational Safety and Health Program**. The purpose of the proposed action is to comply with changes to statutory law or to address procedural or other administrative changes that have occurred since the Administrative Regulations Manual was last revised.

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

Statutory Authority: § 40.1-22 of the Code of Virginia.

Public comments may be submitted until September 8, 2005.

**Contact:** John Crisanti, Policy Analyst Senior, Department of Labor and Industry, Powers-Taylor Bldg., 13 S. 13th St., Richmond, VA 23219, telephone (804) 786-4300, FAX (804) 786-8418 or e-mail [john.crisanti@doli.virginia.gov](mailto:john.crisanti@doli.virginia.gov).

VA.R. Doc. No. R05-256; Filed July 20, 2005, 9:42 a.m.



## TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

## BOARD OF FUNERAL DIRECTORS AND EMBALMERS

### CEMETERY BOARD

### Notice of Intended Regulatory Action

#### † Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Cemetery Board intends to consider amending regulations entitled **18 VAC 47-20, Cemetery Board Rules and Regulations**. The purpose of the proposed action is to implement the provisions of Chapter 247 of the 2004 Acts of Assembly regarding the regulation of compliance agents employed by cemetery companies and Chapter 192 of the 2004 Acts of Assembly regarding the appointment of a receiver for the protection of preneed burial and perpetual care trust funds.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Funeral Directors and Embalmers intends to consider amending regulations entitled **18 VAC 65-40, Resident Trainee Program for Funeral Services**. The purpose of the proposed action is to allow a resident trainee to complete requirements for 3,000 hours in combination with school or work. The amendments will make other changes to add flexibility and accountability.

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

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

Statutory Authority: §§ 54.1-201 and 54.1-2313 of the Code of Virginia.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Public comments may be submitted until September 23, 2005.

Public comments may be submitted until August 24, 2005.

**Contact:** Christine Martine, Assistant Director, Cemetery Board, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8552, FAX (804) 367-2475 or e-mail cemetery@dpor.virginia.gov.

**Contact:** Elizabeth Young, Executive Director, Board of Funeral Directors and Embalmers, 6606 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9907, FAX (804) 662-9943 or e-mail elizabeth.young@dhp.virginia.gov.

VA.R. Doc. No. R05-254; Filed July 1, 2005, 3:48 p.m.

VA.R. Doc. No. R05-276; Filed August 1, 2005, 2:03 p.m.

## DEPARTMENT OF HEALTH PROFESSIONS

### BOARD OF DENTISTRY

### † Notice of Intended Regulatory Action

#### Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Dentistry intends to consider amending regulations entitled **18 VAC 60-20, Regulations Governing the Practice of Dentistry and Dental Hygiene**. The purpose of the proposed action is to consider an expansion of duties performed by qualified dental assistants to include such tasks as supragingival scaling and carving and packing amalgam.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department of Health Professions intends to consider amending regulations entitled **18 VAC 76-20, Regulations Governing the Prescription Monitoring Program**. The purpose of the proposed action is to comply with the changes in the Code of Virginia related to the Prescription Monitoring Program (PMP) for expansion of schedules of drugs required to be reported to the PMP, inclusion of nonresident pharmacies among the required reporters and access to disclosure of information to pharmacists and other authorized persons and entities.

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

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

Statutory Authority: § 54.1-2400 et seq. of the Code of Virginia.

Statutory Authority: §§ 54.1-2505 and 54.1-2520 of the Code of Virginia.

Public comments may be submitted until August 24, 2005.

Public comments may be submitted until September 21, 2005.

**Contact:** Sandra Reen, Executive Director, Board of Dentistry, 6606 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9906, FAX (804) 662-9943 or e-mail sandra.reen@dhp.virginia.gov.

**Contact:** Ralph Orr, Program Manager, Department of Health Professions, 6606 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9921, FAX (804) 662-9943 or e-mail ralph.orr@dhp.virginia.gov.

VA.R. Doc. No. R05-261; Filed July 25, 2005, 10:40 a.m.

VA.R. Doc. No. R05-242; Filed June 30, 2005, 10:06 a.m.

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# Notices of Intended Regulatory Action

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## BOARD OF NURSING

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Nursing intends to consider promulgating regulations entitled **18 VAC 90-60, Regulations Governing the Registration of Medication Aides**. The purpose of the proposed action is to establish the requirements for training programs and for registration, practice and renewal for medication aides.

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

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Public comments may be submitted until August 24, 2005.

**Contact:** Jay P. Douglas, Executive Director, Board of Nursing, 6606 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9909, FAX (804) 662-9943 or e-mail jay.douglas@dhp.virginia.gov.

VA.R. Doc. No. R05-241; Filed June 30, 2005, 10:06 a.m.

## BOARD OF PHARMACY

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Pharmacy intends to consider promulgating regulations entitled **18 VAC 110-50, Regulations Governing Wholesale Distributors, Manufacturers and Warehousemen**. The purpose of the proposed action is to add a requirement for a pedigree system in wholesale distribution of prescription drugs.

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

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Public comments may be submitted until August 24, 2005.

**Contact:** Elizabeth Scott Russell, R.Ph., Executive Director, Board of Pharmacy, 6606 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9911, FAX (804) 662-9313 or e-mail scottirussell@dhp.virginia.gov.

VA.R. Doc. No. R05-253; Filed July 1, 2005, 3:48 p.m.

## BOARD OF SOCIAL WORK

### † Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Social Work intends to consider amending regulations entitled **18 VAC 140-20, Regulations Governing the Practice of Social Work**. The purpose of the proposed action is to amend for clarity and consistency with other behavioral science practitioners and with the modern practice of social work.

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

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Public comments may be submitted until September 22, 2005.

**Contact:** Evelyn B. Brown, Executive Director, Board of Social Work, 6606 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9914, FAX (804) 662-9943 or e-mail evelyn.brown@dhp.virginia.gov.

VA.R. Doc. No. R05-262; Filed July 25, 2005, 10:41 a.m.

### † Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Social Work intends to consider amending regulations entitled **18 VAC 140-20, Regulations Governing the Practice of Social Work**. The purpose of the proposed action is to allow applicants for licensure as social workers to take the examination after completion of education and prior to practical experience.

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

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Public comments may be submitted until September 22, 2005.

**Contact:** Evelyn B. Brown, Executive Director, Board of Social Work, 6606 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9914, FAX (804) 662-9943 or e-mail evelyn.brown@dhp.virginia.gov.

VA.R. Doc. No. R05-263; Filed July 25, 2005, 10:41 a.m.

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## TITLE 22. SOCIAL SERVICES

### DEPARTMENT FOR THE AGING

#### † Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Department for the Aging intends to consider promulgating regulations entitled **22 VAC 5-30, Virginia Public Guardian and Conservator Program Regulations**. The purpose of the proposed action is to set forth guidance for a statewide program of local and regional public guardian programs.

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

Statutory Authority: § 2.2-712 of the Code of Virginia.

Public comments may be submitted until October 1, 2005.

**Contact:** Janet Dingle Brown, Esq., Guardianship Coordinator and Legal Services Developer, Department for the Aging, 1610 Forest Ave., Suite 100, Richmond, VA 23229, telephone

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## Notices of Intended Regulatory Action

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(804) 662-7049, FAX (804) 662-9354, toll-free 1-800-552-3402 or e-mail [janet.brown@vda.virginia.gov](mailto:janet.brown@vda.virginia.gov).

VA.R. Doc. No. R05-275; Filed August 1, 2005, 11:17 a.m.



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# PROPOSED REGULATIONS

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For information concerning Proposed Regulations, see Information Page.

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## 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.

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## TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

### BOARD FOR BARBERS AND COSMETOLOGY

Title of Regulation: **18 VAC 41-50. Tattooing Regulations (adding 18 VAC 41-50-10 through 18 VAC 41-50-220).**

Statutory Authority: § 54.1-201 of the Code of Virginia.

Public Hearing Date: October 17, 2005 - 10 a.m.

Public comments may be submitted until October 21, 2005.  
(See Calendar of Events section for additional information)

Agency Contact: William H. Ferguson, II, Executive Director, Board for Barbers and Cosmetology, 3600 West Broad Street, Richmond, VA 23230, telephone (804) 367-8590, FAX (804) 367-6295 or e-mail [william.ferguson@dpor.virginia.gov](mailto:william.ferguson@dpor.virginia.gov).

Basis: The proposed regulatory action to promulgate regulations governing the licensure and practice of tattooing under the Board for Barbers and Cosmetology is mandated by Chapter 869 of the 2002 Acts of Assembly.

Section 54.1-201 provides the board the authority to promulgate regulations to administer the regulatory system.

Purpose: The board proposes to promulgate regulations governing the licensure and practice of tattooing as directed by Chapter 869 of the 2002 Acts of Assembly.

The proposed regulatory action is necessary to ensure minimal competence of tattooing practitioners. This regulatory action will establish qualifications for licensure, standards of practice, and requirements for maintaining licensure as a tattooer or tattoo parlor in the Commonwealth of Virginia. This regulatory action will establish fees necessary to administer the licensure program.

As directed by the 2002 General Assembly, this regulatory action is required to protect the health, safety and welfare of citizens of the Commonwealth in that it will provide for and ensure that licensees have met qualifications that demonstrate competency that protects the health, safety and welfare of citizens of the Commonwealth and that health and sanitation standards and safety are adequate in parlors where tattooing services are being provided.

Substance: The proposed regulations contain provisions for the licensing of tattooers under the Board for Barbers and Cosmetology as directed by Chapter 869 of the 2002 Acts of Assembly. In addition to establishing the requirements for licensure, these regulations will ensure competency and integrity of all licensees and provide for and ensure that health and sanitation standards are adequate in facilities where tattoo services are provided.

These regulatory requirements include (i) definitions of words and terms relative to the practice of providing tattooing services that will ensure that licensees understand the scope and limitations of their profession; (ii) general requirements for obtaining a license to provide services as a tattooer; (iii) requirements for becoming a tattooing apprenticeship sponsor; (iv) general requirements for obtaining a license to operate a tattoo parlor; (v) fees for initial, renewal, and reinstatement applications for tattooers and tattoo parlors; (vi) sanitation and safety standards for tattoo parlors that address disinfection and storage of implements, sanitation of equipment, and safety standards pertaining to the use of chemical products, the proper handling of blood spills, and client health guidelines; (vii) measures to be taken to ensure that clients are qualified to receive tattooing services in compliance with § 18.2-371.3 of the Code of Virginia pertaining to minimum age; and (viii) requirements for obtaining certain disclosures and maintenance of records of notification to the client pertaining to risks associated with receiving tattooing services.

Issues: The primary advantage of the proposed regulatory action is that it will establish the licensing requirements for the practice of tattooing. The proposed regulatory action will be an advantage to the public in that it will provide clear and effective regulations to ensure competency and integrity and prevent deceptive or misleading practices by individuals providing tattooing services.

There are no disadvantages to the public or the Commonwealth with regard to regulations governing the licensure and practice of tattooing practitioners.

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 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.

Summary of the proposed regulation. Pursuant to Chapter 869 of the 2002 Acts of Assembly, the Board for Barbers and Cosmetology (board) proposes to establish Tattooing Regulations. The proposed regulations address: (i) requirements for obtaining a tattooer license; (ii) requirements for a tattooing apprenticeship sponsor; (iii) tattoo parlor licensure; (iv) fees; (v) license renewal; (vi) client

qualifications, disclosures, and records; and (vii) grounds for licensure revocation, etc.

Estimated economic impact. Currently tattooists and tattoo parlors are not licensed or certified by the Commonwealth. Pursuant to Chapter 869 of the 2002 Acts of Assembly, the board proposes to establish regulations that require that providers of tattooing services be licensed and detail how licensure may be obtained. Licensure of tattoo artists and tattoo parlors can be beneficial to the public in that transmission of disease and occurrences of injury may be reduced due to required instruction concerning disease transmission and safety procedures, and physical facility and operations requirements that are designed to minimize such risks. The U.S. Food and Drug Administration (FDA) considers tattooing to bear a strong risk of infection; the FDA currently prohibits persons who obtain a tattoo from donating blood for one year, due to the infection risk.<sup>1</sup>

Also, clients will receive their tattoos from either an experienced artist, or from a new artist who is supervised and trained by an experienced artist. Without licensure the artist could be someone with very little experience who is receiving no supervision or training. The requirement that tattooists be either experienced or supervised and trained by someone who is experienced may reduce the frequency that inexperience-related substandard tattoos are provided by professionals.

On the other hand, introducing required licensure will likely reduce the supply of tattooing services and increase the market prices for those services. As will be detailed below, the costs for an individual to offer tattooing services, who has not become licensed via a "grandfather clause," will increase significantly with the introduction of the licensure requirement. Some potential tattoo artists who would have chosen to sell their services without the licensure requirement will likely chose not to sell tattooing services if they must face the time and dollar costs associated with obtaining licensure. Reduced competition for those that do offer services will likely result in higher market prices for those services.<sup>2</sup>

Fewer professional practitioners offering services and higher prices may encourage more individuals, particularly teenagers, to obtain tattoos from friends or other amateurs. According to a recent article in the journal *Contemporary Pediatrics*,

Teenagers often obtain tattoos from friends or other amateurs or tattoo themselves using straight pins, pencils, or pens and mascara, charcoal, or dirt as pigments. ... These types of tattoos carry a high risk of infection and reactions to the materials used as pigments.<sup>3</sup>

To the extent that potential higher prices and reduced numbers of professionals induce some price sensitive and distance sensitive<sup>4</sup> individuals to obtain their tattoos from friends or other amateurs rather than from professionals, the

benefit of potential reduced unsanitary and unsafe practices by professionals may be partially offset.

Tattooer licensure. Section 54.1-703 of the Code of Virginia requires that no person may engage in tattooing without a valid license issued by the board.<sup>5</sup> The board proposes three methods by which individuals can become licensed tattooists in Virginia:<sup>6</sup> (i) passing a board-approved examination, (ii) holding current licensure in another U.S. jurisdiction that has substantially equivalent licensure requirements, or (iii) qualifying under a "grandfather clause." In order to become eligible to sit for a board-approved tattooist licensure examination, the applicant must first successfully complete a board-approved apprenticeship program. In order to become eligible to enroll in a board-approved apprenticeship program, the applicant must first satisfactorily complete a course in health education to include but not limited to blood-borne disease, sterilization, and aseptic techniques related to tattooing, first aid, and CPR.

The proposed regulations specify that an approved apprenticeship program must consist of:<sup>7</sup>

1. At least 350 hours devoted to theory pertaining to microbiology, immunization, safety, blood borne pathogen standards, and professional standards.
2. At least 150 hours devoted to theory pertaining to sanitation and disinfection.
3. At least 1,000 hours devoted to practical training, including at least 100 performances.

All of the above training must be provided by an approved apprenticeship sponsor. To become an approved apprenticeship sponsor, individuals must hold a current Virginia tattooer license and have had at least seven years of legal practice as a tattooist. No demonstration of knowledge or skill through testing or otherwise is required to become an apprenticeship sponsor. Initially most approved apprenticeship sponsors will have received their Virginia tattooer license via the "grandfather clause." Potentially a small number of sponsors may obtain Virginia licensure via holding current licensure in another U.S. jurisdiction that has substantially equivalent licensure requirements.

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<sup>5</sup> Section 54.1-701 of the Code of Virginia states that "The provisions of this chapter shall not apply to: 1. Persons authorized by the laws of the Commonwealth to practice medicine and surgery or osteopathy or chiropractic; 2. Registered nurses licensed to practice in the Commonwealth ..." Read literally, § 54.1-701 exempts physicians, registered nurses and others from the requirement that they obtain a license issued by the board in order to engage in tattooing or body-piercing for pay (§ 54.1-703). The Department of Professional and Occupational Regulation has interpreted the General Assembly's intent to be that no person shall engage in tattooing for pay without a tattooing license.

<sup>6</sup> Applicants must also: 1) have received the full series of Hepatitis B vaccine or provide proof of immunity by blood titer, 2) be in good standing as a tattooer in every jurisdiction where licensed, certified, or registered, 3) disclose their physical address, 4) certify that they have read and understood the Virginia tattooing license laws and the board's tattooing regulations, and 5) not have been convicted in any jurisdiction of a misdemeanor or felony which directly relates to the profession of tattooing.

<sup>7</sup> The proposed regulations also specify that a combined maximum of 700 hours of credit may be granted towards the theory pertaining to microbiology, immunization, safety, blood borne pathogen standards, and professional standards requirements and the practical training requirements for an apprentice who is assessed to already possess competence in those areas.

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<sup>1</sup> Source: Martel, S., and J. E. Anderson (2002).

<sup>2</sup> Source: Kleiner, M. M. (2000).

<sup>3</sup> Source: Martel, S., and J. E. Anderson (2002).

<sup>4</sup> A reduced supply in professional tattoo artists will result in fewer tattoo parlors and increased average distance to a tattoo parlor for potential clients.

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The "grandfather clause" states that persons who (i) apply for licensure between July 1, 2004, and July 1, 2005, (ii) have completed five years of documented work experience as a tattooer, and (iii) have completed health education to include bloodborne disease, sterilization, and aseptic techniques related to tattooing and first aid and CPR that is acceptable to the board, are not required to take the licensure examination. Since individuals that obtain licensure through this method are not required to take the licensure examination, they consequently do not need to complete an apprenticeship either.<sup>8</sup>

In a 2001 study published in the journal *Public Health Reports*,<sup>9</sup> researchers found that "Tattooists have an understanding of the risks associated with exposure to blood, but this knowledge is not fully operationalized in the workplace. Interventions should focus on needle disposal, handwashing, cross-contamination, and cleaning prior to sterilization. Tattooists with (at least) 10 years of experience are most in need of intervention." Thus this study found that tattooists with 10 years or more of experience were more likely to practice in an unsafe manner than less experienced practitioners.

Since most initial apprenticeship sponsors will have obtained their license via the "grandfather clause" that does not require the passing of an examination or any other demonstration of knowledge or skill, and the available research does not provide confidence that all or most experienced tattooists are competent to teach proper procedures to mitigate health and safety risks, the potential benefit of requiring licensure applicants to complete an apprenticeship program may not be large.

Tattoo parlor licensure. Section 54.1-704.1 of the Code of Virginia prohibits tattoo parlors from operating without a board-issued license. In order for a tattoo parlor to be licensed, its physical facilities and operations must meet numerous requirements designed to minimize the transmission of disease and occurrences of injury. Requirements include (but are not limited to):

1. General cleanliness.
2. Physical facilities kept in good repair.
3. Blood spill clean-up kit in the work area.
4. Disinfecting of surfaces that come in contact with blood with an EPA registered germicide solution.
5. Cabinets for the storage of instruments, dyes, pigments, single use articles, carbon stencils, and other utensils for each tattooer.
6. Disposal of all materials applied to the human skin after each use.

<sup>8</sup> For those who apply after July 1, 2005, completion of an apprenticeship program and a passing grade on the licensure examination are required. In addition, before July 1, 2005, even those people who are highly knowledgeable and skilled in safely working with needles (a nurse, for example) must complete an apprenticeship program since they do not have the requisite work experience in the field of tattooing.

<sup>9</sup> Source: Raymond, M. J., P.L. Pirie and L.I. Halcon (2001).

7. Tattooing area be constructed of smooth, hard surfaces that are non-porous, free of open holes or cracks, light colored, and easily cleaned.

8. Lighting of at least 50 foot-candles of illumination in the tattooing and sterilization areas.

9. Adequate mechanical ventilation.

10. Hand-cleaning facilities with unobstructed access to the tattooing area such that the tattooer can return to the tattooing area without having to touch anything with his hands. The hand-cleaning facilities must be equipped with: (i) hot and cold (or tempered) running water under pressure and liquid germicidal soap, or with a sanitizing solution to clean hands, (ii) single-use towels or mechanical hand drying devices, and (iii) a covered refuse container.

11. Animals in the tattooing or sterilization areas.

12. No use of tobacco or alcoholic beverages in the tattooing or sterilization areas.

Compliance with each of these proposed requirements will likely reduce the probability of either disease transmission or injury occurring during the operation of the tattoo parlor. No accurate estimates of the reduced probability of disease transmission or injury are currently available. Thus, a useful comparison of the estimated value of such a reduced probability of disease transmission or injury to the costs of complying with the requirements cannot be currently made.

Fees. In order to pay for the administrative costs of licensing and otherwise regulating tattooists and tattoo parlors, the board must assess fees. The proposed fees are listed in the following table.

Licensure Fee Type	Amount Due
Individual:	
Initial	\$55
Renewal	\$55
Reinstatement	\$110 (includes \$55 renewal fee and \$55 reinstatement fee)
Parlor:	
Initial	\$90
Renewal	\$90
Reinstatement	\$180 (includes \$90 renewal fee and \$90 reinstatement fee)

Individual and parlor licenses expire two years from the last day of the month in which they are issued. The fee for examination or reexamination is subject to contracted charges to the board by an outside vendor. These contracts are competitively negotiated and bargained for in compliance with the Virginia Public Procurement Act (§ 2.2-4300 et seq. of the Code of Virginia). Fees may be adjusted and charged to the candidate in accordance with these contracts. The fee shall not exceed \$225 per candidate.

Businesses and entities affected. The department estimates that 500 individuals and entities will seek licensure as a tattooer or a tattoo parlor. Purchasers and potential purchasers of tattooing services are affected as well.

Localities particularly affected. All Virginia localities are affected by these proposed regulations.

Projected impact on employment. The costs imposed by the proposed regulations will likely discourage some individuals from pursuing tattooing as a profession. Thus, total employment in this profession is likely to be lower than it would be without licensure.

Effects on the use and value of private property. The proposed requirement for a lengthy apprenticeship will likely discourage some individuals from pursuing tattooing as a profession. The fees charged to practitioners and parlors may discourage entry of tattooers and tattoo parlors as well. On the other hand, the reduced competition should enable practicing tattooers and tattoo parlors to charge higher prices for their services. This will tend to increase the value of already existing businesses, and may very well exceed the increased costs of paying licensure fees and other costs associated with licensure (such as meeting some physical facility requirement that would not have been met without licensure requirements, for example).

#### References.

Kleiner, M. M., "Occupational licensing," *The Journal of Economic Perspectives*, Fall 2000, 14:4.

Martel, S., and J. E. Anderson, "Decorating the 'human canvas': Body art and your patients; tattoos and body piercing have caught on as teenage, and even preteen, fashion statements. Here's how to help your patients avoid the pitfalls of this form of self-expression," *Contemporary Pediatrics*, August 2002 v19 i8 p86 (10).

Raymond, M. J., P.L. Pirie and L.I. Halcon, "Infection control among professional tattooists in Minneapolis and St. Paul, MN," *Public Health Reports*, May-June 2001, 16.

Agency Response to Department of Planning and Budget's Economic Impact Analysis. Tattooers and tattoo parlors are currently licensed. On July 1, 2004, §§ 54.1-703 and 54.1-704.1 of the Code of Virginia, requiring license for tattooing and tattoo parlors, and Emergency Tattooing Regulations went into effect. Tattooers and tattoo parlors are currently licensed in accordance with statutes and emergency regulations.

Tattooing Regulations are not introducing required licensure. Chapter 869 of the 2002 Acts of Assembly mandated a separate licensing category for tattooing practitioners as well as the parlors where these services are provided under the Board for Barbers and Cosmetology. These statutes are found in Title 54.1, Chapter 7 of the Code of Virginia and went into effect on July 1, 2004. The proposed regulatory action to promulgate regulations governing the licensure and practice of tattooing under the Board for Barbers and Cosmetology is mandated by Chapter 869 of the 2002 Acts of Assembly.

#### Summary:

*The proposed regulations establish (i) requirements for obtaining a license to provide services as a tattooer; (ii) requirements for becoming a tattooing apprenticeship sponsor; (iii) requirements for obtaining a license to operate a tattoo parlor; (iv) fees for initial, renewal, and reinstatement applications for tattooers and tattoo parlors; (v) license renewal requirements; (vi) sanitation and safety*

*standards for tattoo parlors that address disinfection and storage of implements, sanitation of equipment, and safety standards pertaining to the use of chemical products, the proper handling of blood spills, and client health guidelines; (vii) measures to be taken to ensure that clients are qualified to receive tattooing services in compliance with § 18.2-371.3 of the Code of Virginia pertaining to minimum age; and (viii) requirements for obtaining certain disclosures and maintenance of records of notification to the client pertaining to risks associated with receiving tattooing services.*

## CHAPTER 50. TATTOOING REGULATIONS.

### PART I. GENERAL.

#### **18 VAC 41-50-10. Definitions.**

*The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise. All terms defined in Chapter 7 (§ 54.1-700 et seq.) of Title 54.1 of the Code of Virginia are incorporated in this chapter.*

*"Apprenticeship program" means an approved tattooing training program conducted by an approved apprenticeship sponsor.*

*"Apprenticeship sponsor" means an individual approved to conduct tattooing apprenticeship training who meets the qualifications in 18 VAC 41-50-70.*

*"Aseptic technique" means a hygienic practice that prevents and hinders the direct transfer of microorganisms, regardless of pathogenicity, from one person or place to another person or place.*

*"Endorsement" means a method of obtaining a license by a person who is currently licensed in another state.*

*"Gratuitous services" as used in § 54.1-701.5 of the Code of Virginia means providing tattooing services without receiving compensation or reward, or obligation. Gratuitous services do not include services provided at no charge when goods are purchased.*

*"Licensee" means any person, partnership, association, limited liability company, or corporation holding a license issued by the Board for Barbers and Cosmetology as defined in § 54.1-700 of the Code of Virginia.*

*"Reinstatement" means having a license restored to effectiveness after the expiration date has passed.*

*"Renewal" means continuing the effectiveness of a license for another period of time.*

*"Sterilization area" means a separate room or area separate from workstations with restricted client access in which tattooing instruments are cleaned, disinfected, and sterilized.*

*"Temporary location" means a fixed location at which tattooing is performed for a specified length of time of not more than seven days in conjunction with a single event or celebration.*

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# Proposed Regulations

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PART II.  
ENTRY.

**18 VAC 41-50-20. General requirements for tattooer.**

A. In order to receive a license as a tattooer in compliance with § 54.1-703 of the Code of Virginia, an applicant must meet the following qualifications:

1. The applicant must be in good standing as a tattooer in every jurisdiction where licensed, certified, or registered. The applicant shall disclose to the board at the time of application for licensure any disciplinary action taken in another jurisdiction in connection with the applicant's practice as a tattooer. The applicant shall disclose to the board at the time of application for licensure whether he has been previously licensed in Virginia as a tattooer.

2. The applicant shall disclose his physical address. A post office box is not acceptable.

3. The applicant shall sign, as part of the application, a statement certifying that the applicant has read and understands the Virginia tattooing license laws and the board's tattooing regulations.

4. In accordance with § 54.1-204 of the Code of Virginia, the applicant must not have been convicted in any jurisdiction of a misdemeanor or felony that directly relates to the profession of tattooing. The board shall have the authority to determine, based upon all the information available, including the applicant's record of prior convictions, if the applicant is unfit or unsuited to engage in the profession of tattooing. The board will decide each case by taking into account the totality of the circumstances. Any plea of *nolo contendere* shall be considered a conviction for the purposes of this section. The applicant shall provide a certified copy of a final order, decree or case decision by a court or regulatory agency with the lawful authority to issue such order, decree or case decision, and such copy shall be admissible as *prima facie* evidence of such conviction. This record shall be forwarded by the applicant to the board within 10 days after all appeal rights have expired.

5. The applicant shall provide evidence satisfactory to the board that the applicant has passed the board approved examination, administered either by the board or by a designated testing service.

6. Persons who (i) make application [within one year after the effective date of this chapter]; (ii) have completed five years of documented work experience within the preceding eight years as a tattooer; and (iii) have completed a minimum of five hours of health education to include but not limited to bloodborne disease, sterilization, and aseptic techniques related to tattooing and first aid and CPR that is acceptable to the board are not required to complete subdivision 5 of this subsection.

B. Eligibility to sit for board-approved examination.

1. Training in the Commonwealth of Virginia. Any person completing an approved tattooing apprenticeship program in a Virginia licensed tattoo parlor shall be eligible to sit for the examination.

2. Training outside of the Commonwealth of Virginia, but within the United States and its territories. Any person completing a tattooing training or apprenticeship program that is substantially equivalent to the Virginia program but is outside of the Commonwealth of Virginia must submit to the board documentation of the successful completion of training or apprenticeship to be eligible for examination.

**18 VAC 41-50-30. License by endorsement.**

Upon proper application to the board, any person currently licensed to practice as a tattooer in any other state or jurisdiction of the United States and who has completed a training or apprenticeship program and an examination that is substantially equivalent to that required by this chapter may be issued a tattooer license without an examination. The applicant must also meet the requirements set forth in 18 VAC 41-50-20 A 1 through A 4.

**18 VAC 41-50-40. Examination requirements and fees.**

A. Applicants for initial licensure shall pass an examination approved by the board. The examinations may be administered by the board or by a designated testing service.

B. Any candidate failing to appear as scheduled for examination shall forfeit the examination fee.

**18 VAC 41-50-50. Reexamination requirements.**

Any applicant who does not pass a reexamination within one year of the initial examination date shall be required to submit a new application and examination fee.

**18 VAC 41-50-60. Examination administration.**

A. The examinations may be administered by the board or the designated testing service.

B. The applicant shall follow all procedures established by the board with regard to conduct at the examination. Such procedures shall include any written instructions communicated prior to the examination date and any instructions communicated at the site, either written or oral, on the date of the examination. Failure to comply with all procedures established by the board and the testing service with regard to conduct at the examination may be grounds for denial of application.

C. The fee for examination or reexamination is subject to contracted charges to the board by an outside vendor. These contracts are competitively negotiated and bargained for in compliance with the Virginia Public Procurement Act (§ 2.2-4300 et seq. of the Code of Virginia). Fees may be adjusted and charged to the candidate in accordance with these contracts. The fee shall not exceed \$225 per candidate.

**18 VAC 41-50-70. General requirements for a tattooing apprenticeship sponsor.**

A. Upon filing an application with the Board for Barbers and Cosmetology, any person meeting the qualifications set forth in this section may be eligible to sponsor a tattooing apprentice if the person:

1. Holds a current Virginia tattooer license;

2. Provides documentation of legally practicing tattooing for at least seven years; and

3. Provides documentation indicating that he is in good standing in all jurisdictions where the practice of tattooing is regulated.

B. Apprenticeship sponsors shall be required to maintain a tattooer license.

C. Apprenticeship sponsors shall ensure compliance with the 1500 hour tattooing apprenticeship program and tattooing apprenticeship standards.

**18 VAC 41-50-80. Parlor license.**

A. Any individual wishing to operate a tattoo parlor shall obtain a tattoo parlor license in compliance with § 54.1-704.1 of the Code of Virginia.

B. A tattoo parlor license shall not be transferable and shall bear the same name and address of the business. Any changes in the name, address, or ownership of the parlor shall be reported to the board in writing within 30 days of such changes. New owners shall be responsible for reporting such changes in writing to the board within 30 days of the changes.

C. In the event of a closing of a tattoo parlor, the board must be notified by the owners in writing within 30 days of the closing, and the license must be returned by the owners to the board.

D. Any individual wishing to operate a tattoo parlor in a temporary location must have a tattoo parlor license issued by the board.

**PART III.  
FEES.**

**18 VAC 41-50-90. Fees.**

The following fees apply:

FEE TYPE	AMOUNT DUE	WHEN DUE
<i>Individuals:</i>		
Application	\$55	With application
License by Endorsement	\$55	With application
Renewal	\$55	With renewal card prior to expiration date
Reinstatement	\$110* *includes \$55 renewal fee and \$55 reinstatement fee	With reinstatement application
<i>Parlors:</i>		
Application	\$90	With application
Renewal	\$90	With renewal card prior to expiration date
Reinstatement	\$180* *includes \$90 renewal fee and \$90 reinstatement fee	With reinstatement application

**18 VAC 41-50-100. Refunds.**

All fees are nonrefundable and shall not be prorated.

**PART IV.  
RENEWAL/REINSTATEMENT.**

**18 VAC 41-50-110. License renewal required.**

All tattooer licenses and tattoo parlor licenses shall expire two years from the last day of the month in which they were issued.

**18 VAC 41-50-120. Continuing education requirement.**

All licensed tattooers shall be required to satisfactorily complete a minimum of five hours of health education to include but not limited to bloodborne disease, sterilization, and aseptic techniques related to tattooing, first aid and CPR during their licensed term. Documentation of training completion shall be provided at the time of renewal along with the required fee.

**18 VAC 41-50-130. Notice of renewal.**

The Department of Professional and Occupational Regulation will mail a renewal notice to the licensee outlining the procedures for renewal. Failure to receive this notice, however, shall not relieve the licensee of the obligation to renew. If the licensee fails to receive the renewal notice, a copy of the old license may be submitted as evidence of intent to renew, along with the required fee.

**18 VAC 41-50-140. Failure to renew.**

A. When a tattooer fails to renew his license within 30 days following its expiration date, the licensee shall meet the renewal requirements prescribed in 18 VAC 41-50-130, and apply for reinstatement of the license by submitting to the Department of Professional and Occupational Regulation a reinstatement application along with the required renewal and reinstatement fees.

B. When a tattooer fails to renew his license within two years following the expiration date, reinstatement is no longer possible. To resume practice, the former licensee shall apply for licensure as a new applicant, shall meet all current application requirements, shall pass the board's current examination and shall receive a new license.

C. When a tattoo parlor fails to renew its license within 30 days following the expiration date, it shall be required to apply for reinstatement of the license by submitting to the Department of Professional and Occupational Regulation a reinstatement application along with the required renewal and reinstatement fees.

D. When a tattoo parlor fails to renew its license within two years following the expiration date, reinstatement is no longer possible. To resume practice, the former licensee shall apply for licensure as a new applicant and shall meet all current application requirements.

E. The date a renewal fee is received by the Department of Professional and Occupational Regulation, or its agent, will be used to determine whether the requirement for reinstatement of a license is applicable and an additional fee is required.

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F. When a license is reinstated, the licensee shall have the same license number and shall be assigned an expiration date two years from the previous expiration date of the license.

G. A licensee who reinstates his license shall be regarded as having been continuously licensed without interruption. Therefore, a licensee shall be subject to the authority of the board for activities performed prior to reinstatement.

H. A licensee who fails to reinstate his license shall be regarded as unlicensed from the expiration date of the license forward. Nothing in this chapter shall divest the board of its authority to discipline a licensee for a violation of the law or regulations during the period of time for which the individual was licensed.

## PART V. APPRENTICESHIP PROGRAMS.

### 18 VAC 41-50-150. General requirements.

A. Any person desiring to enroll in the tattooing apprenticeship program shall be required to provide documentation of satisfactory completion of a minimum of five hours of health education to include but not limited to bloodborne disease, sterilization, and aseptic techniques related to tattooing, and first aid and CPR.

B. Any tattooer desiring approval to perform the duties of an apprenticeship sponsor and offer the board's tattooing apprenticeship program shall meet the requirements of 18 VAC 41-50-70.

### 18 VAC 41-50-160. Apprenticeship curriculum requirements.

Apprenticeship curriculum requirements are as follows:

1. Microbiology.
  - a. Microorganisms, viruses, bacteria, fungi;
  - b. Transmission cycle of infectious diseases; and
  - c. Characteristics of antimicrobial agents.
2. Immunization.
  - a. Types of immunizations;
  - b. Hepatitis A – G transmission and immunization;
  - c. HIV/AIDS;
  - d. Tetanus, streptococcal, zoonotic, tuberculosis, pneumococcal, and influenza;
  - e. Measles, mumps, and rubella;
  - f. Vaccines and immunization; and
  - g. General preventative measures to be taken to protect the tattooist and client.
3. Sanitation and disinfection.
  - a. Definition of terms.
    - (1) Sterilization;

(2) Disinfection and disinfectant;

(3) Sterilizer or sterilant;

(4) Antiseptic;

(5) Germicide;

(6) Decontamination; and

(7) Sanitation.

b. The use of steam sterilization equipment and techniques;

c. The use of chemical agents, antiseptics, disinfectants, and fumigants;

d. The use of sanitation equipment;

e. Preservice sanitation procedure; and

f. Post-service sanitation procedure.

4. Safety.

a. Proper needle handling and disposal;

b. How to avoid overexposure to chemicals;

c. The use of Material Safety Data Sheets;

d. Blood spill procedures;

e. Equipment and instrument storage; and

f. First aid and CPR.

5. Bloodborne pathogen standards.

a. OSHA and CDC bloodborne pathogen standards;

b. Control plan for bloodborne pathogens;

c. Exposure control plan for tattooers;

d. Overview of compliance requirements; and

e. Disorders and when not to service a client.

6. Professional standards.

a. History of tattooing;

b. Ethics;

c. Record keeping:

(1) Client health history;

(2) Consent forms; and

(3) HIPPA Standards.

d. Preparing station, making appointments, parlor ethics:

(1) Maintaining professional appearance, notifying clients of schedule changes; and

(2) Promoting services of the parlor and establishing clientele.

e. Parlor management:

(1) Licensing requirements; and

(2) Taxes.

7. Tattooing.

- a. Client consultation;
- b. Client health form;
- c. Client disclosure form;
- d. Client preparation;
- e. Sanitation and safety precautions;
- f. Implement selection and use;
- g. Proper use of equipment; and
- h. Material selection and use.

**18 VAC 41-50-170. Hours of instruction and performances.**

A. Curriculum requirements specified in 18 VAC 41-50-160 shall be taught over a minimum of 1500 hours as follows:

- 1. 350 hours shall be devoted to theory pertaining to subdivisions 1, 2, 4, 5 and 6 of 18 VAC 41-50-160;
- 2. 150 hours shall be devoted to theory pertaining to subdivision 3 of 18 VAC 41-50-160; and
- 3. The remaining 1000 hours shall be devoted to practical training and a total of 100 performances pertaining to subdivision 7 of 18 VAC 41-50-160.

B. An approved tattooing apprenticeship program may conduct an assessment of an apprentice's competence in the theory and practical requirements for tattooing and, based on the assessment, give a maximum of 700 hours of credit towards the requirements in subdivisions A 1 and A 3 of this section. No credit shall be allowed for the 150 hours required in subdivision A 2 of this section.

**PART VI.  
STANDARDS OF PRACTICE.**

**18 VAC 41-50-180. Display of license.**

A. Each tattoo parlor owner shall ensure that all current licenses issued by the board shall be displayed in the reception area of the parlor or in plain view of the public. Duplicate licenses shall be posted in a like manner in every parlor or location where the licensee provides services.

B. Each parlor owner shall ensure that no licensee performs any service beyond the scope of practice for the applicable license.

C. Each parlor owner shall offer to licensees the full series of Hepatitis B vaccine.

D. Each parlor owner shall maintain a record for each licensee of:

- 1. Proof of completion of the full series of Hepatitis B vaccine;
- 2. Proof of immunity by blood titer; or

3. Written declaration of refusal of the owner's offer of a full series of Hepatitis B vaccine.

E. All licensees shall operate under the name in which the license is issued.

**18 VAC 41-50-190. Physical facilities.**

A. A parlor must be in a permanent building or portion of a building, which must be in a location permissible under local zoning codes, if any. If applicable, the parlor shall be separated from any living quarters by complete floor to ceiling partitioning and shall contain no access to living quarters.

B. The parlor or temporary location shall be maintained in a clean and orderly manner.

C. All facilities shall have a blood spill clean-up kit in the work area.

D. Work surfaces shall be cleaned with an EPA registered, hospital grade disinfectant. Surfaces that come in contact with blood or other body fluids shall be immediately disinfected with an EPA registered germicide solution. Appropriate personal protective equipment shall be worn during cleaning and disinfecting procedures.

E. Cabinets for the storage of instruments, dyes, pigments, single-use articles, carbon stencils and other utensils shall be provided for each operator and shall be maintained in a sanitary manner.

F. Bulk single-use articles shall be commercially packaged and handled in such a way as to protect them from contamination.

G. All materials applied to the human skin shall be from single-use articles or transferred from bulk containers to single-use containers and shall be disposed of after each use.

H. The walls, ceilings, and floors shall be kept in good repair. The tattooing area shall be constructed of smooth, hard surfaces that are nonporous, free of open holes or cracks, light colored, and easily cleaned. New parlors shall not include any dark-colored surfaces in the tattooing area. Existing parlors with dark-colored surfaces in the tattooing area shall replace the dark-colored surfaces with light-colored surfaces whenever the facilities are extensively remodeled or upon relocation of the business.

I. Parlors and temporary locations shall have adequate lighting of at least 50-foot candles of illumination in the tattooing and sterilization areas.

J. Adequate mechanical ventilation shall be provided in the parlor.

K. Each parlor or temporary location shall be equipped with hand-cleaning facilities for its personnel with unobstructed access to the tattooing area such that the tattooer can return to the area without having to touch anything with his hands. Hand-cleaning facilities shall be equipped either with hot and cold or tempered running water under pressure and liquid germicidal soap or with a sanitizing solution to clean hands. Hand-cleaning facilities shall be equipped with single-use towels or mechanical hand drying devices and a covered refuse container. Such facilities shall be kept clean and in

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good repair. All facilities must have running water and soap accessible for cleaning of hands contaminated by body fluids.

L. Animals are not permitted in the parlor or temporary location except for guide or service animals accompanying persons with disabilities, or nonmammalian animals in enclosed glass containers such as fish aquariums, which shall be outside of the tattooing or sterilization areas. No animals are allowed in the tattooing or sterilization areas.

M. Use of tobacco products and consumption of alcoholic beverages shall be prohibited in the tattooing or sterilization areas.

N. No food or drink will be stored or consumed in the tattooing or sterilization areas except for client's use in order to sustain optimal physical condition; such food and drink must be individually packaged.

O. If tattooing is performed where cosmetology services are provided, it shall be performed in an area that is separate and enclosed.

## **18 VAC 41-50-200. Tattooer responsibilities**

A. All tattooers shall provide to the owner:

1. Proof of completion of the full series of Hepatitis B vaccine;
2. Proof of immunity by blood titer; or
3. Written declaration of refusal of the owner's offer of a full series of Hepatitis B vaccine.

B. All tattooers shall wear clean outer garments, maintain a high degree of personal cleanliness, and conform to hygienic practices while on duty.

C. All tattooers shall clean their hands thoroughly using hot or tempered water with a liquid germicidal soap or use sanitizing solution to clean hands before and after tattooing and as necessary to remove contaminants.

D. All tattooers must wear single-use examination gloves while assembling tattooing instruments and while tattooing.

E. Each time there is an interruption in the service, each time the gloves become torn or perforated, or whenever the ability of the gloves to function as a barrier is compromised.

1. Gloves should be removed and disposed of; and
2. Hands shall be cleaned and a fresh pair of gloves used.

F. Tattooers shall use standard precautions while tattooing. A tattooer diagnosed with a communicable disease shall provide to the department a written statement from a health care practitioner that the tattooer's condition no longer poses a threat to public health.

G. Tattooers with draining lesions on their hands or face will not be permitted to work until cleared by a health-care professional.

H. The area of the client's skin to be tattooed shall be cleaned with an approved germicidal soap according to label directions.

I. Tattooing inks and dyes shall be placed in a single-use disposable container for each client. Following the procedure, the unused contents and container will be properly disposed of.

J. If shaving is required, razors shall be single-use and disposed of in a puncture resistant container.

K. Each tattooer performing any tattooing procedures in the parlor shall have the education, training and experience, or any combination thereof, to practice aseptic technique and prevent the transmission of bloodborne pathogens. All procedures shall be performed using aseptic technique.

L. A set of individual, sterilized needles shall be used for each client. Single-use disposable instruments shall be disposed of in a puncture resistant container.

M. Used, nondisposable instruments shall be kept in a separate, puncture resistant container until brush scrubbed in hot water soap and then sterilized by autoclaving. Contaminated instruments shall be handled with disposable gloves.

N. Used instruments that are ultrasonically cleaned shall be rinsed under running hot water prior to being placed in the used instrument container;

O. Used instruments that are not ultrasonically cleaned prior to being placed in the used instrument container shall be kept in a germicidal or soap solution until brush scrubbed in hot water and soap and sterilized by autoclaving.

P. The ultrasonic unit shall be sanitized daily with a germicidal solution.

Q. Nondisposable instruments shall be sterilized and shall be handled and stored in a manner to prevent contamination. Instruments to be sterilized shall be sealed in bags made specifically for the purpose of autoclave sterilization and shall include the date of sterilization. If nontransparent bags are utilized, the bag shall also list the contents.

R. Autoclave sterilization bags with a color code indicator that changes color upon proper sterilization shall be utilized during the autoclave sterilization process.

S. Instruments shall be placed in the autoclave in a manner to allow live steam to circulate around them.

T. Contaminated disposable and single-use items shall be disposed of in accordance with state regulations regarding disposal of biological hazardous materials.

## **18 VAC 41-50-210. Client qualifications, disclosures, and records.**

A. Except as permitted in § 18.2-371.3 of the Code of Virginia, a client must be a minimum of 18 years of age and shall present at the time of the tattooing a valid, government issued, positive identification card including, but not limited to, a driver's license, passport, or military identification. The identification must contain a photograph of the individual and a printed date of birth.

B. The tattooer shall verify and document in the permanent client record the client's age, date of birth, and the type of identification provided.

C. No person may be tattooed who appears to be under the influence of alcohol or drugs.

D. Tattooing shall not be performed on any skin surface that manifests any evidence of unhealthy conditions such as rashes, boils, infections, or abrasions.

E. Before receiving a tattoo, each client and client's parent or guardian, if applicable, shall be informed verbally and in writing, using the client disclosure form prescribed by the board, about the possible risk and dangers associated with the application of each tattoo. Signatures of both the client and the tattooer shall be required on the client disclosure form to acknowledge receipt of both the verbal and written disclosures.

F. The tattoo parlor or temporary location shall maintain proper records for each client. The information shall be permanently recorded and made available for examination by the department or authorized agent. Records shall be maintained at the tattoo parlor for at least two years following the date of the last entry. The temporary location client records shall be maintained by the license holder. The permanent records shall include the following:

1. The name, address, and telephone number of the client;
2. The date tattooing was performed;
3. The client's age, date of birth, and a copy of the positive identification provided to the tattooer;
4. The specific color or colors of the tattoo and, when available, the manufacturer's catalogue or identification number of each color used;
5. The location on the body where the tattooing was performed;
6. The name of the tattooer;
7. A statement that the client has received a copy of applicable written care instructions, and that the client has read and understands the instructions; and
8. The signature of the client and if applicable parent or guardian.

**18 VAC 41-50-220. Grounds for license revocation or suspension; denial of application, renewal or reinstatement; or imposition of a monetary penalty.**

A. The board may, in considering the totality of the circumstances, fine any licensee and suspend or revoke or refuse to renew or reinstate any license, or deny any application issued under the provisions of Chapter 7 (§ 54.1-700 et seq.) of Title 54.1 of the Code of Virginia and the regulations of the board if the board finds that:

1. The licensee is incompetent, negligent in practice, or incapable mentally or physically, as those terms are generally understood in the profession, to practice as a tattooer;

2. The licensee or applicant is convicted of fraud or deceit in the practice of tattooing;

3. The licensee or applicant obtained, renewed or reinstated a license by false or fraudulent representation;

4. The licensee or applicant violates or induces others to violate, or cooperates with others in violating, any of the provisions of this chapter or Chapter 7 (§ 54.1-700 et seq.) of Title 54.1 of the Code of Virginia or any local ordinance or regulation governing standards of health and sanitation of the establishment in which tattooers may practice or offer to practice;

5. The licensee or applicant fails to produce, upon request or demand of the board or any of its agents, any document, book, record, or copy thereof in a licensee's or owner's possession or maintained in accordance with this chapter;

6. A licensee fails to notify the board of a change of name or address in writing within 30 days of the change for each and every license. The board shall not be responsible for the licensee's failure to receive notices, communications and correspondence caused by the licensee's failure to promptly notify the board in writing of any change of name or address or for any other reason beyond the control of the board;

7. The licensee or applicant publishes or causes to be published any advertisement that is false, deceptive, or misleading;

8. The licensee or applicant fails to notify the board in writing within 30 days of the suspension, revocation, or surrender of a license, certificate, or permit in connection with a disciplinary action in any other jurisdiction or of any license, certificate, or permit which has been the subject of disciplinary action in any other jurisdiction; or

9. In accordance with § 54.1-204 of the Code of Virginia, the licensee or applicant has been convicted in any jurisdiction of a misdemeanor or felony that directly relates to the profession of tattooing. The board shall have the authority to determine, based upon all the information available, including the applicant's record of prior convictions, if the applicant is unfit or unsuited to engage in the profession of tattooing. The board will decide each case by taking into account the totality of the circumstances. Any plea of nolo contendere shall be considered a conviction for the purposes of this section. The applicant shall provide a certified copy of a final order, decree or case decision by a court or regulatory agency with the lawful authority to issue such order, decree or case decision, and such copy shall be admissible as prima facie evidence of such conviction. This record shall be forwarded by the applicant to the board within 10 days after all appeal rights have expired.

B. In addition to subsection A of this section, the board may, in considering the totality of the circumstances, revoke, suspend or refuse to renew or reinstate the license of any tattoo parlor or impose a fine as permitted by law, or both, if the board finds that:

1. The owner or operator of the tattoo parlor fails to comply with the facility requirements of tattoo parlors provided for in this chapter or in any local ordinances; or

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## Proposed Regulations

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2. *The owner or operator allows a person who has not obtained a license to practice as a tattooer unless the person is duly enrolled as an apprentice.*

C. *In addition to subsection A of this section, the board may, in considering the totality of the circumstances, revoke, suspend or refuse to renew or reinstate the license of any licensee or impose a fine as permitted by law, or both, if the board finds that the licensee fails to take sufficient measures to prevent transmission of communicable or infectious diseases or fails to comply with any local, state or federal law or regulation governing the standards of health and sanitation for the practice of tattooing.*

**NOTICE:** The forms used in administering 18 VAC 41-50, Tattooing Regulations, are listed below. Any amended or added forms are reflected in the listing and are published following the listing.

### FORMS

*Salon, Shop and Parlor License Application, 1213SLSH (7/1/04).*

*Tattooer License Application, 1231 LIC (7/1/04).*

*Tattooer Apprentice Certification Application, 1234TAC (8/1/05).*

Commonwealth of Virginia  
 Department of Professional and Occupational Regulation  
 3600 West Broad Street  
 Post Office Box 11066  
 Richmond, Virginia 23230-1066  
 (804) 367-8509  
[www.dpor.virginia.gov](http://www.dpor.virginia.gov)



**Board for Barbers & Cosmetology  
 SALON, SHOP & PARLOR LICENSE APPLICATION  
 Fee \$90.00**

**A check or money order payable to the TREASURER OF VIRGINIA, or  
 a completed credit card insert must be mailed with your application package.  
 APPLICATION FEES ARE NOT REFUNDABLE.**

1. Type of license you are requesting. Please select only one.
  - Barber Shop (1304)
  - Cosmetology Salon (1202)
  - Nail Salon (1208)
  - Waxing Salon (1218)
  - Hair Braiding Salon (1223)
  - Tattoo Parlor (1232)
2. Name of Salon or Shop \_\_\_\_\_
3. Trade Name of Salon or Shop \_\_\_\_\_
4. Federal Employer Identification Number  -
5. Street Address (PO Box not accepted) \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_
6. Mailing Address (PO Box accepted) \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_
7. E-mail Address \_\_\_\_\_  
Address where electronic communication from the Board can be sent (an owner/manager e-mail address is acceptable).
8. Telephone and Facsimile Numbers ( ) - ( ) -  
Telephone Facsimile
9. Type of business (select only one)
  - Sole Proprietorship  General Partnership  Corporation \*
  - Association  Limited Partnership \*  Limited Liability Company \*\* If your business is a Corporation, Limited Liability Company or Limited Partnership, your business/trade name(s) must be registered with the Virginia State Corporation Commission. For additional information, contact the SCC at (804) 371-9733.
10. Enter the name, address, birth date, and social security number of each owner or manager of the salon, shop or parlor (i.e., sole proprietor, general partners, or association members). Corporate, Limited Partnership and Limited Liability Company names should be entered on line #2 above.

Last Name	First Name	MI	Address	Birth Date	Social Security No. *

OFFICE USE ONLY	DATE	FEE	CLASS OF FEE	LICENSE NUMBER	ISSUE DATE

1213SLSH (07/01/04)

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11. Has the salon/shop/parlor or any owner ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body?
- No
- Yes  If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.
12. Has the salon/shop/parlor or any owner ever been convicted in any jurisdiction of a misdemeanor or felony? *Any plea of nolo contendere shall be considered a conviction.*
- No
- Yes  If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision; and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

*Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472. Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.*

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13. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I will notify the Department if the salon/shop or any owner is subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I certify that the salon/shop has complied with all the laws of Virginia related to barber and cosmetology licensure under the provisions of Title 54.1, Chapter 7 of the Code of Virginia and the Virginia Board for Barbers and Cosmetology Regulations, Wax Technician Regulations, Hair Braiding Regulations, or Tattooing Regulations.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.



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# Proposed Regulations

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11. Are you applying to be a tattooing apprenticeship sponsor?  
No   
Yes  If yes, you must provide documentation of seven years of legal tattooing experience with this completed application.
12. Have you ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body in connection with your practice as a tattooer?  
No   
Yes  If yes, please provide a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.
13. Have you ever been convicted in any jurisdiction of a misdemeanor or felony? *Any plea of nolo contendere shall be considered a conviction.*  
No   
Yes  If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision; and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.  
*Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472. Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.*

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14. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the decision to approve this application. I will notify the Department if I am subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understand, and complied with all the laws of Virginia related to tattooing under the provisions of Title 54.1, Chapter 7 of the *Code of Virginia* and the *Virginia Board for Barbers and Cosmetology Tattooing Regulations*.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.





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# FINAL REGULATIONS

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For information concerning Final Regulations, see Information Page.

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## 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 regulations filed by the Marine Resources Commission are 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 20-80. **Pertaining to the Setting of Fishing Devices Proximate to Chesapeake Bay Bridge-Tunnel (amending 4 VAC 20-80-30).**

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

**Effective Date:** July 29, 2005.

**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 debbie.cawthon@mrc.virginia.gov.

#### Summary:

*The amendment includes fish pots and eel pots in the list of prohibited fishing devices that shall not be set adjacent to the Chesapeake Bay Bridge-Tunnel.*

#### 4 VAC 20-80-30. Fixed fishing devices.

It shall be unlawful for any person to set, place, or fish a fixed fishing device, *fish pot or eel pot* of any type in an area extending 250 yards from either span of Chesapeake Bay Bridge-Tunnel. For purposes of this section, the distance shall be measured from the outer edges of each span and shall apply anywhere along the bridge-tunnel and its causeways.

VA.R. Doc. No. R05-272; Filed July 29, 2005, 12:35 p.m.

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**Title of Regulation:** 4 VAC 20-270. **Pertaining to Crabbing (amending 4 VAC 20-270-30).**

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

**Effective Date:** July 29, 2005.

**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 debbie.cawthon@mrc.virginia.gov.

#### Summary:

*The amendment allows documented medical hardship exceptions to use alternate eight-hour time periods to work their pots and to have another licensed crab pot or peeler pot fisherman work as a mate. This provision is made for the fisherman who receives the medical exception only. Mates who work their own crab pots will work the lawful daily time period established for the commercial harvesting of crabs by crab pot or peeler pot.*

*Neither the fisherman nor the mate may fish, set, retrieve, or bait during the alternate work hours any crab pot or peeler pot that is not owned and licensed by the fisherman granted the exception.*

#### 4 VAC 20-270-30. Daily time limits.

A. It shall be unlawful for any person licensed to catch and sell crabs taken by crab pot or peeler pot to take and harvest crabs from any crab pot or peeler pot, or to retrieve, bait or set any crab pot or peeler pot, except during the lawful daily time periods described in this subsection or subsection B of this section. The lawful daily time periods for the commercial harvesting of crabs by crab pot or peeler pot shall be from 6 a.m. to 2 p.m. during the months of April, September, October, and November and from 5 a.m. to 1 p.m. during the months of May, June, July, and August, except as specified in subsection B of this section. Crab pots or peeler pots already on board a boat at the end of the lawful daily time period, as defined in this subsection or subsection B of this section, may be set during the period starting immediately following the lawful daily time period and ending one hour after the lawful daily time period.

B. Any licensed crab pot or peeler pot fisherman who provides an opinion and supporting documentation from an attending physician to the commissioner of an existing medical condition that prevents him from adhering to the daily time limit established in subsection A of this section may be permitted by the commissioner or his designee to take and harvest crabs from his crab pot or peeler pot, or to retrieve, bait or set his crab pot or peeler pot during an alternate eight-hour daily time limit. That alternative eight-hour daily time limit will be prescribed by the commissioner or his designee in accordance with the medical condition that forms a basis for the exception to the daily time limit as described in subsection A of this section.

*Nothing in this regulation shall prohibit any licensed crab pot or peeler pot fisherman, who has been granted an exception to the eight-hour work schedule, on a medical basis, from using another licensed crab pot or peeler pot fisherman as a mate, provided; however, during the designated alternate work hours, only the crab pots or peeler pots of the fisherman receiving the exception shall be fished. Further, it shall be unlawful for the licensed crab fisherman, who has been granted an exception, or his mate, who is a licensed crab pot*

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*or peeler pot fisherman, to fish, set, retrieve, or bait, during the alternate work hours, any crab pot or peeler pot that is not owned and licensed by the fisherman granted the exception.*

C. It shall be unlawful to take or harvest crabs by crab dredge between sunset and sunrise.

D. The lawful daily time periods for the commercial harvest of crabs by crab pot or peeler pot may be rescinded by the Commissioner of Marine Resources when he determines that a pending weather event is sufficient cause for the removal of crab pots from the tidal waters of the Commonwealth.

VA.R. Doc. No. R05-273; Filed July 29, 2005, 12:19 p.m.

\* \* \* \* \*

**Title of Regulation:** 4 VAC 20-670. Pertaining to Recreational Gear Licenses (amending 4 VAC 20-670-30 and 4 VAC 20-670-50).

**Statutory Authority:** §§ 28.2-201, 28.2-226.1 and 28.2-226.2 of the Code of Virginia.

**Effective Date:** July 29, 2005.

**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 debbie.cawthon@mrc.virginia.gov.

**Summary:**

*The amendments (i) exempt recreational fish cast nets and fish dip nets from the prohibition against using these gear types to catch and possess any species of fish whose commercial fishery is regulated by an annual harvest quota and (ii) allow those individuals who purchase a saltwater license and use a recreational fish dip net, recreational fish cast net or up to two recreational eel pots to be exempt from the reporting requirements listed in this section.*

**4 VAC 20-670-30. Gear restrictions.**

A. It shall be unlawful for any person to use any gill net greater than 300 feet in length when licensed for recreational purposes under this chapter. Any person licensed to use a recreational gill net shall stay within 100 yards of such net when it is overboard. Failure to attend such net in this fashion is a violation of this chapter.

B. It shall be unlawful for any person to use more than five crab pots or more than two eel pots when licensed for recreational purposes under this chapter.

C. Any law or chapter applying to the setting or fishing of commercial gill nets, cast nets, dip nets, crab pots, crab traps, or crab trot lines shall also apply to the gear licensed under this chapter when set or fished for recreational purposes, except that (i) certain commercial gear used for recreational purposes shall be marked in accordance with the provisions described in 4 VAC 20-670-40, (ii) the daily time limits for commercial crab potting and peeler potting established in 4 VAC 20-270-30 shall not apply to the setting and fishing of recreational crab pots licensed under this chapter, and (iii) the closed season and area established in § 28.2-709 of the Code

of Virginia shall not apply to the setting and fishing of recreational crab pots licensed under this chapter.

D. It shall be unlawful for any person to use any recreational gill net, fish cast net, or fish dip net to catch and possess any species of fish whose commercial fishery is regulated by an annual harvest quota.

E. It shall be unlawful for any person using a recreational gill net, fish cast net, or fish dip net to take and possess more than the recreational possession limit for any species regulated by such a limit. When fishing from any boat, using gear licensed under this chapter, the total possession limit shall be equal to the number of persons on board legally eligible to fish multiplied by the individual possession limit for the regulated species, and the captain or operator of the boat shall be responsible for adherence to the possession limit.

F. It shall be unlawful for any person using a recreational gill net, fish cast net, or fish dip net to take and possess any fish which is less than the lawful minimum size established for that species. When the taking of any fish is regulated by different size limits for commercial and recreational fishermen, that size limit applicable to recreational fishermen or to hook-and-line fishermen shall apply to the taking of that species by persons licensed under this chapter.

G. It shall be unlawful for any person licensed to use five crab pots under this chapter to fish these crab pots on Sunday.

H. It shall be unlawful for any person to use any ordinary crab trot line greater than 300 feet in length when licensed for recreational purposes under this chapter.

**4 VAC 20-670-50. Reporting requirements.**

Any person using recreational gear, *other than recreational cast net, recreational fish dip net or recreational eel pot*, described in 4 VAC 20-670-20 ~~of this chapter~~ shall report annually, on forms provided by the commission, the weight and species harvested, location of harvest, days fished, and amount of gear used.

VA.R. Doc. No. R05-274; Filed July 29, 2005, 12:35 p.m.



## TITLE 8. EDUCATION

### STATE BOARD OF EDUCATION

<p><b>REGISTRAR'S NOTICE:</b> The State Board of Education has claimed an exemption from the Administrative Process Act in accordance with § 2.2-4006 A 4 a of the Code of Virginia, which excludes regulations that are necessary to conform to changes in Virginia statutory law or the appropriation act where no agency discretion is involved. The State Board of Education will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.</p>
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**Title of Regulation:** 8 VAC 20-21. Licensure Regulations for School Personnel (amending 8 VAC 20-21-80, 8 VAC 20-21-90, 8 VAC 20-21-660 and 8 VAC 20-21-680).

Statutory Authority: §§ 22.1-16 and 22.1-298 of the Code of Virginia.

Effective Date: September 22, 2005.

Agency Contact: Dr. Margaret N. Roberts, Office of Policy and Communications, 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 [margaret.roberts@doe.virginia.gov](mailto:margaret.roberts@doe.virginia.gov).

Summary:

*The amendments align the provisions of the regulation with amendments to the Code of Virginia as adopted by the 2005 General Assembly and effective July 1, 2005. 8 VAC 20-21-80, 8 VAC 20-21-90, 8 VAC 20-21-660, and 8 VAC 20-21-680 require amendments in order to align the regulations with the following three 2005 legislative actions:*

*House Bill 2790 requires that the Board of Education, in its regulations governing teacher licensure, establish criteria and a procedure to allow persons seeking initial licensure as teachers through an alternative route as defined by board regulations to substitute experiential learning in lieu of coursework. This legislative action requires an amendment to 8 VAC 20-21-80.*

*Senate Bill 949 requires the Board of Education regulations to provide for licensure by reciprocity for individuals who hold a valid out-of-state license. This legislative action requires an amendment to 8 VAC 20-21-90.*

*House Bill 2832 requires the Board of Education to suspend or revoke the administrative or teaching license of any person who knowingly and willfully with the intent to compromise the outcome of an athletic competition procures, sells, or administers anabolic steroids or causes these drugs to be procured, sold, or administered to students, or by failing to report student use of anabolic steroids. This legislative action requires amendments to 8 VAC 20-21-660 and 8 VAC 20-21-680.*

**8 VAC 20-21-80. Alternative routes to licensure.**

A. Career switcher alternative route to licensure for career professions. An alternative route is available to career switchers who seek teaching endorsements pre-K through grade 12 with the exception of special education.

1. An individual seeking an Eligibility License must meet the following requirements: an application process; a bachelor's degree from a regionally accredited institution; the completion of requirements for an endorsement in a teaching area as set forth in this chapter, or the equivalent through verifiable experience or academic study; and Virginia qualifying scores on the professional teacher's assessment as prescribed by the Board of Education. The Eligibility License is awarded at the end of Level I preparation. All components of the career switcher alternative route for career professions must be completed by the candidates.

2. At least five years of full-time work experience or its equivalent is required for participation in the program.

3. The level one requirements must be completed during the course of a single year and may be offered through a variety of delivery systems, including distance learning programs. If an employing agency recommends extending the Eligibility License for a second year, the candidate will enter Level III of the program. Career switcher programs must be certified by the Virginia Department of Education.

a. Level I Preparation. Intensive Level I preparation includes a minimum of 180 clock hours of instruction, including field experience. This phase includes, but is not limited to, curriculum and instruction, including technology, reading, and other specific course content relating to the Standards of Learning, differentiation of instruction, classroom/behavior management, and human growth and development.

b. Level II preparation during first year of employment.

(1) Candidate seeks employment in Virginia with the one-year Eligibility License.

(2) Continued Level II preparation during the first year of employment with a minimum of five seminars that expand the intensive preparation requirements instructional categories and topics. The five seminars will include a minimum of 20 cumulative instructional hours. A variety of instructional delivery techniques will be utilized to implement the seminars.

(3) One year of successful, full-time teaching experience in an accredited public or nonpublic school under the newly created one-year Eligibility License. A trained mentor must be assigned to assist the candidate during the first year of employment. Responsibilities of the mentor include, but are not limited to, the following:

(a) Collaborate with the beginning teacher in the development and implementation of an individualized professional development plan;

(b) Observe, assess, coach, and provide opportunities for constructive feedback, including strategies for self-reflection;

(c) Share resources and materials;

(d) Share best instructional, assessment, and organizational practices; classroom management strategies; and techniques for promoting effective communication; and

(e) Provide general support and direction regarding school policies and procedures.

(4) Upon completion of Levels I and II of the career switcher alternative route to licensure program and submission of a recommendation from the Virginia educational employing agency, the candidate will be eligible to apply for a five-year, renewable license. Renewal requirements for the regular license will be subject to current regulations of the Board of Education.

c. Level III preparation, if required.

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- (1) Post preparation, if required, will be conducted by the Virginia employing educational agency to address the areas where improvement is needed as identified in the candidate's professional improvement plan; and
  - (2) Upon completion of Levels I, II, and III of the career switcher alternative route to licensure program and submission of a recommendation from the Virginia educational employing agency, the candidate will be eligible to receive a five-year renewable license.
4. Verification of program completion will be documented by the certified program provider and the division superintendent or designee.
  5. Certified providers implementing a career switcher program may charge a fee for participation in the program.
  6. Certification of programs.
    - a. The Department of Education will certify career switcher alternative route to licensure programs. Certified providers will receive a five-year certification after the first year, then subsequent reviews will be conducted on a five-year cycle, or as deemed necessary.
    - b. Program providers must document that individuals accepted in the career switcher program meet the following prerequisites:
      - (1) An application process;
      - (2) A bachelor's degree from a regionally accredited institution;
      - (3) At least five years of full-time work experience or its equivalent;
      - (4) The completion of teaching area requirements for an endorsement in a content area as set forth in this chapter or the equivalent through verifiable experience or academic study; and
      - (5) Virginia qualifying scores on the professional teacher's assessment as prescribed by the Board of Education.
    - c. The proposals submitted for certification must include the following:
      - (1) Purpose, description, and program design.
        - (a) A statement outlining the purpose of the career switcher alternative route to licensure;
        - (b) A description of Level I preparation, including how the intensive preparation program will integrate curriculum, instruction, and the field experience;
        - (c) A description of the Level II preparation during the first year of employment;
        - (d) Criteria for the selection, preparation, support, assignment, and compensation of instructors and seminar presenters; and
        - (e) Tasks, methods, and expected outcomes.
      - (2) Collaboration.
        - (a) A description of collaborative and cooperative arrangements with educational agencies;
        - (b) A description of procedures for assigning mentor teachers;
        - (c) Letters of cooperation, agreement, and commitment describing partnerships; and
        - (d) A description of strategies for support and placement of participants seeking employment.
      - (3) Training.
        - (a) Identification of the credentials and qualifications of the program and seminar instructors; and
        - (b) A description of the intensive professional preparation and induction year seminar sites and materials.
      - (4) Project administration and management. A description of how the program will be administered and managed, including the identification of the program manager and fiscal agent.
      - (5) Maintenance of data and annual reporting to the department of education.
        - (a) A description of how records will be maintained and a timeline for reporting progress of participants during the program;
        - (b) The submission of an evaluation summary of the intensive professional preparation program no later than September 30 following Level I preparation;
        - (c) The submission of an interim report describing the program, including the progress of the participants and an assessment of mentor teacher support no later than March 1 of the induction year;
        - (d) The submission of a final report by July 15 following the end of Levels I and II preparation. The data must include the following:
          - (i) The number of participants entering the program;
          - (ii) The number of participants receiving the five-year, renewable license;
          - (iii) Attrition rates of candidates;
          - (iv) Percentage of students requiring an additional year of study;
          - (v) Candidates' evaluation of the program; and
          - (vi) School divisions' evaluation of the program.
      - (6) Evaluation of participants. A description of formative and summative evaluation procedures.
- B. An alternative route is available to individuals employed by an educational agency who seek teaching endorsements pre-K through grade 12.

1. An individual seeking a Provisional License through the alternative route must meet the requirements specified in 8 VAC 20-21-50 A 4.

2. The professional studies requirements for the appropriate level of endorsement sought must be completed. A Virginia educational agency may submit to the Superintendent of Public Instruction for approval an alternative program to meet the professional studies requirements. The alternative program must include training (seminar, internship, course work, etc.) in human growth and development, curriculum and instructional procedures (including technology), foundations of education, and reading.

3. One year of successful, full-time teaching experience in the appropriate teaching area in an accredited public or nonpublic school must be completed. A fully licensed experienced teacher must be available in the school building to assist the beginning teacher employed through the alternative route.

C. Alternative programs developed by institutions of higher education (i) recognize the unique strengths of prospective teachers from nontraditional backgrounds and (ii) prepare these individuals to meet the same standards that are established for others who are granted a Provisional License.

*D. Persons seeking initial licensure as teachers through an alternative route as defined in Board of Education regulations may substitute experiential learning in lieu of coursework in accordance with board criteria and procedures.*

## **8 VAC 20-21-90. Conditions for licensure by reciprocity.**

A. An individual coming into Virginia from any state may qualify for a Virginia teaching license with comparable endorsement areas if the individual has completed a state-approved teacher training program through a regionally accredited four-year college or university, or if the individual holds a valid out-of-state teaching license which must be in force at the time the application for a Virginia license is made. An individual seeking licensure must establish a file in the Department of Education by submitting a complete application packet, which includes official student transcripts. A professional teacher's assessment prescribed by the Board of Education must be satisfied.

B. An individual coming into Virginia will qualify for a Virginia teaching license with comparable endorsement areas if the individual holds national certification from the National Board for Professional Teaching Standards (NBPTS) or a nationally recognized certification program approved by the Board of Education.

*C. Subject to subsection A of this section, licensure by reciprocity is provided for individuals who have obtained a valid out-of-state license that is in force at the time the application for a Virginia license is made. The individual must establish a file in the Department of Education by submitting a complete application packet, which shall include official student transcripts. A professional teacher's assessment for the purpose set forth in § 22.1-298 F of the Code of Virginia and service requirements shall not be imposed for these licensed individuals.*

## **8 VAC 20-21-660. Revocation.**

A. A license issued by the Board of Education may be revoked for the following reasons:

1. Obtaining or attempting to obtain such license by fraudulent means or through misrepresentation of material facts;
2. Falsification of school records, documents, statistics, or reports;
3. Conviction of any felony;
4. Conviction of any misdemeanor involving moral turpitude;
5. Conduct, such as immorality, or personal condition detrimental to the health, welfare, discipline, or morale of students or to the best interest of the public schools of the Commonwealth of Virginia;
6. Misapplication of or failure to account for school funds or other school properties with which the licensee has been entrusted;
7. Acts related to secure mandatory tests as specified in § 22.1-292.1 of the Code of Virginia; ~~or~~
8. *Knowingly and willfully with the intent to compromise the outcome of an athletic competition procures, sells, or administers anabolic steroids or causes such drugs to be procured, sold, or administered to a student who is a member of a school athletic team, or fails to report the use of such drugs by a student to the school principal and division superintendent as required by § 22.1-279.3:1 of the Code of Virginia. Any person whose administrative or teaching license is suspended or revoked by the board pursuant to this section shall be ineligible for three school years for employment in the public schools of the Commonwealth; or*
- ~~9.~~ 9. Other good and just cause of a similar nature.

B. Procedures.

1. Submission of complaints. A complaint may be filed by anyone, but it shall be the duty of a division superintendent, principal or other responsible school employee to file a complaint in any case in which he has knowledge that a holder of a license is guilty of any offense set forth in subsection A of this section. The person making the complaint shall submit it in writing to the appropriate division superintendent.
2. Action by division superintendent; investigation. Upon receipt of the complaint against the holder of a license, a division superintendent or his duly authorized representative shall investigate the charge. If, on the basis of such investigation, the division superintendent finds the complaint to be without merit, he shall so notify the complaining party or parties in writing and then close his file on the matter. This action shall be final unless the local school board, on its own motion, votes to proceed to a hearing on the complaint or unless circumstances are present making subsection A of this section applicable.

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C. Petition for revocation. Should the division superintendent or local school board conclude that there is reasonable cause to believe that a complaint against the holder of a license is well founded, the teacher shall be notified of the complaint by a written petition for revocation of a license signed by the division superintendent. A copy of such petition shall be sent by registered mail, return receipt requested, to the teacher's last known address. If not otherwise known, the last known address shall be the address shown in the records of the Department of Education.

D. Form of petition. The petition for the revocation of a license shall set forth:

1. The name and last known address of the person against whom the petition is being filed;
2. The social security number of and the type of license held by the person against whom the petition is being filed;
3. The offenses alleged and the specific actions which comprise the alleged offenses;
4. The name and address of the party filing the original complaint against the license holder;
5. A copy of the regulations containing a statement of the rights of the person charged under this chapter; and
6. Any other pertinent information.

E. Filing of petition. The original petition shall be entered in the files of the local school board where the license holder is employed.

F. Response to petition. The license holder shall present his written answer to the petition, if any, within 14 days after the date of service of the petition as certified by the United States Postal Service.

1. If the teacher responding to the petition states that he does not wish to contest the charges, he may voluntarily return the license to the division superintendent with a written, signed statement requesting cancellation. The Superintendent of Public Instruction is authorized, upon receipt of the license holder's written, signed request from the division superintendent, to cancel the license.
2. If the license holder files a written answer admitting the charges, or refuses to accept the copy of the petition from the postal authorities, or fails to file a written answer within 14 days after service of the petition or has failed to provide postal authorities with a forwarding address so that the petition can be delivered, the local school board shall proceed to a hearing as described in subdivisions 3 and 4 of this subsection.
3. If the license holder files his written answer denying the charges in the petition, the local school board shall provide a hearing at the time and place of its regular meeting or at such other reasonable time and place it may specify. The license holder or his representative, if any, shall be given at least 14 days' notice of the hearing.
4. Following the hearing, the local school board shall receive the recommendation of the division superintendent and then either dismiss the charges or make such

recommendations as it deems appropriate relative to revocation of a license. A decision to dismiss the charges shall be final, except as specified in subsection G of this section, and the investigative file on the charges shall be closed and destroyed or maintained as a separate sealed file under provision of the Code of Virginia. Any record or material relating to the charges in any other file shall be removed or destroyed. Should the local school board recommend the revocation or suspension of a license, this recommendation, along with the investigative file, shall promptly be forwarded by the division superintendent to the Superintendent of Public Instruction.

G. Revocation on motion of the Board of Education. The Board of Education reserves the right, in situations not covered by this chapter, to act directly in revoking a license. No such revocation will be ordered without the involved license holder being given the opportunity for the hearing specified in 8 VAC 20-21-710 B.

H. Reinstatement of license. A license that has been revoked may be reinstated by the Board of Education after five years if the board is satisfied that reinstatement is in the best interest of the former license holder and the public schools of the Commonwealth of Virginia. The individual must apply to the board for reinstatement. Notification to all appropriate parties will be communicated in writing by the state agency.

## **8 VAC 20-21-680. Suspension.**

A. A license may be suspended for the following reasons:

1. Physical, mental, or emotional incapacity as shown by a competent medical authority;
2. Incompetence or neglect of duty;
3. Failure or refusal to comply with school laws and regulations, including willful violation of contractual obligations;
4. Acts related to secure mandatory tests as specified in § 22.1-292.1 of the Code of Virginia; ~~or~~
5. *Knowingly and willfully with the intent to compromise the outcome of an athletic competition procures, sells, or administers anabolic steroids or causes such drugs to be procured, sold, or administered to a student who is a member of a school athletic team, or fails to report the use of such drugs by a student to the school principal and division superintendent as required by § 22.1-279.3:1 of the Code of Virginia. Any person whose administrative or teaching license is suspended or revoked by the board pursuant to this section shall be ineligible for three school years for employment in the public schools of the Commonwealth; or*
- ~~6.~~ 6. Other good and just cause of a similar nature.

B. Procedures.

1. Submission of complaints. A complaint may be filed by anyone, but it shall be the duty of a division superintendent, principal, or other responsible school employee to file a complaint in any case in which he has knowledge that a holder of a license is guilty of any offense set forth in

subsection A of this section. The person making the complaint shall submit it in writing to the appropriate division superintendent.

2. Action by division superintendent; investigation. Upon receipt of the complaint against the holder of a license, a division superintendent or his duly authorized representative shall investigate the charge. If, on the basis of such investigation, the division superintendent finds the complaint to be without merit, he shall so notify the complaining party or parties in writing and then close his file on the matter. This action shall be final unless the local school board on its own motion votes to proceed to a hearing on the complaint or unless circumstances are present making subsection C of this section applicable.

C. Petition for suspension. Should the division superintendent or local school board conclude that there is reasonable cause to believe that a complaint against the holder of a license is well founded, the teacher shall be notified of the complaint by a written petition for suspension of a license signed by the division superintendent. A copy of such petition shall be sent by registered mail, return receipt requested, to the teacher's last known address. If not otherwise known, the last known address shall be the address shown in the records of the Department of Education.

D. Form of petition. The petition for the suspension of a license shall set forth:

1. The name and last known address of the person against whom the petition is being filed;
2. The social security number and the type of license held by the person against whom the petition is being filed;
3. The offenses alleged and the specific actions that comprise the alleged offenses;
4. The name and address of the party filing the original complaint against the license holder;
5. A statement of the rights of the person charged under this chapter; and
6. Any other pertinent information.

E. Filing of petition. The original petition shall be entered in the files of the local school board where the license holder is employed.

F. Response to petition. The license holder shall present his written answer to the petition, if any, within 14 days after the date of service of the petition as certified by the United States Postal Service.

1. If the teacher responding to the petition states that he does not wish to contest the charges, he may voluntarily return his license to the division superintendent with a written and signed statement requesting suspension. The Superintendent of Public Instruction is authorized, upon receipt of the license holder's written, signed request from the division superintendent, to cancel the license.

2. If the license holder files a written answer admitting the charges, or refuses to accept the copy of the petition from the postal authorities, or fails to file a written answer within

14 days after service of the petition, or has failed to provide postal authorities with a forwarding address so that the petition can be delivered, the local school board shall proceed to a hearing as described in subdivisions 3 and 4 of this subsection.

3. If the license holder files his written answer denying the charges in the petition, the local school board shall provide a hearing at the time and place of its regular meeting or at such other reasonable time and place it may specify. The license holder or his representative, if any, shall be given at least 14 days' notice of the hearing.

4. Following its hearing, the local school board shall receive the recommendation of the division superintendent and then either dismiss the charges or make such recommendations relative to suspension of a license as it deems appropriate. A decision to dismiss the charges shall be final, except as specified in subsection G of this section, and the file on the charges shall be closed and all materials expunged. Should the local school board recommend the suspension of a license, this recommendation, along with supporting evidence, shall promptly be forwarded by the division superintendent to the Superintendent of Public Instruction.

G. Suspension on motion of Board of Education. The Board of Education reserves the right, in situations not covered by this chapter, to act directly in suspending a license. No such suspension will be ordered without the involved license holder being given the opportunity for the hearing as specified in 8 VAC 20-21-710 B.

H. Reinstatement of license. A license may be suspended for a period of time not to exceed five years. The license may be reinstated by the Department of Education, upon request, with verification that all requirements for license renewal have been satisfied. The individual must apply to the board for reinstatement. Notification to all appropriate parties will be communicated in writing by the Department of Education.

VA.R. Doc. No. R05-280; Filed August 3, 2005, 9:01 a.m.



## TITLE 14. INSURANCE

### STATE CORPORATION COMMISSION

**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 that by the Constitution is expressly granted any of the powers of a court of record.

**Title of Regulation:** 14 VAC 5-170. Rules Governing Minimum Standards for Medicare Supplement Policies (amending 14 VAC 5-170-20 through 14 VAC 5-170-105, 14 VAC 5-170-120, 14 VAC 5-170-130, 14 VAC 5-170-150, 14 VAC 5-170-160, 14 VAC 5-170-190, and Appendices A through D).

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Statutory Authority: §§ 12.1-13 and 38.2-223 of the Code of Virginia.

Effective Date: August 15, 2005.

Agency Contact: Ann Colley, Bureau of Insurance, State Corporation Commission, 1300 East Main Street, 5th Floor, Richmond, VA 23219, P. O. Box 1157, Richmond, VA 23218, telephone (804) 371-9813, FAX (804) 371-9944, (800) 552-7945, or e-mail ann.colley@scc.virginia.gov.

Summary:

*The purpose of the amendments is to incorporate changes required by federal law pursuant to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). The MMA provides prescription drug coverage through Medicare Part D. Changes are made to incorporate the Part D coverage and additional Medicare supplement plans as authorized by the MMA. Revisions were also made to reflect the 2005 deductible and copayment amounts under Medicare.*

*Modifications made to the proposed regulation are as follows:*

- 1. 14 VAC 5-170-20 A 1 - changes the date that all Medicare supplement policies are required to comply with the rules from September 1, 2005, to January 1, 2006;*
- 2. 14 VAC 5-170-70 E 1 c - deletes a sentence pertaining to Plans K and L so that these plan requirements are consistent with the other plans;*
- 3. 14 VAC 5-170-70 B 7 b - eliminates redundant language;*
- 4. 14 VAC 5-170-150 D 4 - several minor changes are made to the table for consistency with the model; and*
- 5. A few minor editorial changes.*

AT RICHMOND, JULY 20, 2005

COMMONWEALTH OF VIRGINIA

At the relation of the

STATE CORPORATION COMMISSION

Ex Parte: In the matter of                   CASE NO. INS-2005-00100  
Adopting Revisions to the  
Rules Governing Minimum  
Standards for Medicare  
Supplement Policies

ORDER ADOPTING REVISIONS TO RULES

By order entered herein June 7, 2005, all interested persons were ordered to take notice that subsequent to July 8, 2005, the Commission would consider the entry of an order adopting revisions proposed by the Bureau of Insurance to the Commission's Rules Governing Minimum Standards for Medicare Supplement Policies ("Rules"), set forth in Chapter 170 of Title 14 of the Virginia Administrative Code, unless on or before July 8, 2005, any person objecting to the adoption of the proposed revisions filed a request for hearing with the Clerk of the Commission (the "Clerk").

The Order to Take Notice also required all interested persons to file their comments in support of or in opposition to the proposed revisions on or before July 8, 2005.

America's Health Insurance Plans (AHIP) and Anthem Blue Cross and Blue Shield (Anthem) filed comments to the proposed revisions with the Clerk on July 8, 2005. AHIP and Anthem did not request a hearing.

UnitedHealth Group (UnitedHealth) filed comments to the proposed revisions with the Clerk on July 11, 2005. Although not timely, the Bureau considered the comments. UnitedHealth did not request a hearing.

The revisions to the Rules are necessary as a result of the passage of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), which requires states to amend their Medicare Supplement regulations in order to maintain certification of their state regulatory programs. The MMA provides prescription drug coverage through Medicare Part D, and revisions were made to the Rules to incorporate these requirements.

The Bureau has reviewed the comments and recommends that the proposed Rules be modified at 14 VAC 5-170-20 A 1, concerning the date which all Medicare supplement policies are required to comply with the Rules and 14 VAC 5-170-70 B 7 b, to eliminate redundant language. In addition, the Bureau recommends modification to 14 VAC 5-170-70 E 1 c, 14 VAC 5-170-80 F 2, the table in 14 VAC 5-170-150 D 4 and minor editorial changes as well.

The Bureau filed its Statements of Position in response to the comments filed by AHIP, Anthem and UnitedHealth on July 18, 2005.

THE COMMISSION, having considered the proposed revisions, the filed comments, and the Bureau's response to and recommendation regarding the filed comments, is of the opinion that the attached revisions to the Rules should be adopted.

THEREFORE IT IS ORDERED THAT:

(1) The revisions to Chapter 170 of Title 14 of the Virginia Administrative Code entitled "Rules Governing Minimum Standards for Medicare Supplement Policies," amended at 14 VAC 5-170-20 through 14 VAC 5-170-105, 14 VAC 5-170-120, 14 VAC 5-170-130, 14 VAC 5-170-150, 14 VAC 5-170-160, 14 VAC 5-170-190, and Appendices A through D (14 VAC 5-170-180), which are attached hereto and made a part hereof, should be, and they are hereby, ADOPTED to be effective August 15, 2005.

(2) AN ATTESTED COPY hereof shall be sent by the Clerk of the Commission to Jacqueline K. Cunningham, Deputy Commissioner, Bureau of Insurance, State Corporation Commission who forthwith shall give further notice of the adoption of the revisions to the Rules by mailing a copy of this Order, including a clean copy of the attached final revised Rules, to all insurers licensed by the Bureau of Insurance to transact the business of accident and sickness 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 revised 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 revisions to the Rules available on the Commission's website, <http://www.scc.virginia.gov/caseinfo.htm>.

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

#### **14 VAC 5-170-20. Applicability and scope.**

A. Except as otherwise specifically provided in 14 VAC 5-170-60, 14 VAC 5-170-110, 14 VAC 5-170-120, 14 VAC 5-170-150 and 14 VAC 5-170-200, this chapter shall apply to:

1. All Medicare supplement policies delivered or issued for delivery in this Commonwealth on or after ~~October 24, 2002~~ [ ~~September 1, 2005~~ January 1, 2006 ]; and
2. All certificates issued under group Medicare supplement policies for which certificates have been delivered or issued for delivery in this Commonwealth.

B. This chapter shall not apply to a policy or contract of one or more employers or labor organizations, or of the trustees of a fund established by one or more employers or labor organizations, or combination thereof, for employees or former employees, or a combination thereof, or for members or former members, or a combination thereof, of the labor organizations.

#### **14 VAC 5-170-30. Definitions.**

~~For purposes of this chapter (14 VAC 5-170) The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:~~

"Applicant" means:

1. In the case of an individual Medicare supplement policy, the person who seeks to contract for insurance benefits; and
2. In the case of a group Medicare supplement policy, the proposed certificateholder.

"Attained age rating" means a premium structure under which premiums are based on the covered individual's age at the time of application of the policy or certificate, and for which premiums increase based on the covered individual's increase in age during the life of the policy or certificate.

"Bankruptcy" means when a ~~Medicare+Choice~~ Medicare Advantage organization that is not an issuer has filed, or has had filed against it, a petition for declaration of bankruptcy and has ceased doing business in this Commonwealth.

"Certificate" means any certificate delivered or issued for delivery in this Commonwealth under a group Medicare supplement policy.

"Certificate form" means the form on which the certificate is delivered or issued for delivery by the issuer.

"Community rating" means a premium structure under which premium rates are the same for all covered individuals of all ages in a given area.

"Continuous period of creditable coverage" means the period during which an individual was covered by creditable coverage, if during the period of the coverage the individual did not have a break in coverage greater than 63 days.

"Creditable coverage" means, with respect to an individual, coverage of the individual provided under any of the following:

1. A group health plan;
2. Health insurance coverage;
3. Part A or Part B of Title XVIII of the Social Security Act of 1935 (Medicare) (42 USC § 1395 et seq.);
4. Title XIX of the Social Security Act of 1935 (Medicaid) (42 USC § 1396 et seq.), other than coverage consisting solely of benefits under § 1928;
5. Chapter 55 of Title 10 of the United States Code (CHAMPUS) (10 USC §§ 1071-1107);
6. A medical care program of the Indian Health Service or of a tribal organization;
7. A state health benefits risk pool;
8. A health plan offered under the Federal Employees Health Benefits Act of 1959 (5 USC §§ 8901-8914);
9. A public health plan as defined in federal regulation; and
10. A health benefit plan under § 5(e) of the Peace Corps Act of 1961 (22 USC § 2504(e)).

"Creditable coverage" shall not include one or more, or any combination of, the following:

1. Coverage only for accident or disability income insurance, or any combination thereof;
2. Coverage issued as a supplement to liability insurance;
3. Liability insurance, including general liability insurance and automobile liability insurance;
4. Workers' compensation or similar insurance;
5. Automobile medical expense insurance;
6. Credit-only insurance;
7. Coverage for on-site medical clinics; and
8. Other similar insurance coverage, specified in federal regulations, under which benefits for medical care are secondary or incidental to other insurance benefits.

"Creditable coverage" shall not include the following benefits if they are provided under a separate policy, certificate or contract of insurance or are otherwise not an integral part of the plan:

1. Limited scope dental or vision benefits;

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2. Benefits for long-term care, nursing home care, home health care, community-based care or any combination thereof; and
3. Such other similar, limited benefits as are specified in federal regulations.

"Creditable coverage" shall not include the following benefits if offered as independent, noncoordinated benefits:

1. Coverage only for a specified disease or illness; and
2. Hospital indemnity or other fixed indemnity insurance.

"Creditable coverage" shall not include the following if it is offered as a separate policy, certificate or contract of insurance:

1. Medicare supplement health insurance as defined under § 1882(g)(1) of the Social Security Act of 1935 (42 USC § 1395ss);
2. Coverage supplemental to the coverage provided under Chapter 55 of Title 10 of the United States Code (10 USC §§ 1071-1107); and
3. Similar supplemental coverage provided to coverage under a group health plan.

"Employee welfare benefit plan" means a plan, fund or program of employee benefits as defined in the Employee Retirement Income Security Act of 1974 (29 USC § 1002).

"Insolvency" means when an issuer, duly licensed to transact an insurance business in this Commonwealth in accordance with the provisions of Chapter 10, 41, 42 or 43, respectively, of Title 38.2 of the Code of Virginia, is determined to be insolvent and placed under a final order of liquidation by a court of competent jurisdiction.

"Issue age rating" means a premium structure based upon the covered individual's age at the time of purchase of the policy or certificate. Under an issue age rating structure, premiums do not increase due to the covered individual's increase in age during the life of the policy or certificate.

"Issuer" includes insurance companies, fraternal benefit societies, corporations licensed pursuant to Chapter 42 of Title 38.2 of the Code of Virginia to offer health services plans, health maintenance organizations, and any other entity delivering or issuing for delivery in this Commonwealth Medicare supplement policies or certificates.

"Medicare" means the "Health Insurance for the Aged Act," Title XVIII of the Social Security Amendments of 1965 (~~Public Law 89-97, 79 Stat. 286 (July 30, 1965)) Act (42 USC § 1395 et seq.~~), as then constituted or later amended.

~~"Medicare+Choice Medicare Advantage plan"~~ means a plan of coverage for health benefits under Medicare Part C as defined in § 1859 (42 USC § 1395w-28(b)(1) of the Social Security Act, and includes:

1. Coordinated care plans which provide health care services, including but not limited to health maintenance organization plans (with or without a point-of-service option), plans offered by provider-sponsored organizations, and preferred provider organization plans;

2. Medical savings account plans coupled with a contribution into a ~~Medicare+Choice~~ Medicare Advantage medical savings account; and

3. ~~Medicare+Choice~~ Medicare Advantage private fee-for-service plans.

"Medicare supplement policy" means a group or individual policy of accident and sickness insurance or a subscriber contract of health service plans or health maintenance organizations, other than a policy issued pursuant to a contract under § 1876 of the federal Social Security Act of 1935 (42 USC § 1395 et seq.) or an issued policy under a demonstration project specified in 42 USC § 1395ss(g)(1), which is advertised, marketed or designed primarily as a supplement to reimbursements under Medicare for the hospital, medical or surgical expenses of persons eligible for Medicare. *"Medicare supplement policy" does not include Medicare Advantage plans established under Medicare Part C, Outpatient Prescription Drug plans established under Medicare Part D, or any Health Care Prepayment Plan that provides benefits pursuant to an agreement under § 1833(a)(1)(A) of the Social Security Act.*

"Policy form" means the form on which the policy is delivered or issued for delivery by the issuer.

"Secretary" means the Secretary of the United States Department of Health and Human Services.

## 14 VAC 5-170-40. Policy definitions and terms.

No policy or certificate may be advertised, solicited or issued for delivery in this Commonwealth as a Medicare supplement policy or certificate unless such policy or certificate contains definitions or terms which conform to the requirements of this section.

"Accident," "accidental injury," or "accidental means" shall be defined to employ "result" language and shall not include words which establish an accidental means test or use words such as "external, violent, visible wounds" or similar words of description or characterization.

1. The definition shall not be more restrictive than the following: "Injury or injuries for which benefits are provided means accidental bodily injury sustained by the insured person which is the direct result of an accident, independent of disease or bodily infirmity or any other cause, and occurs while insurance coverage is in force."

2. The definition may provide that injuries shall not include injuries for which benefits are provided or available under any workers' compensation, employers' liability or similar law, or motor vehicle no-fault plan, unless prohibited by law.

"Benefit period" or "Medicare benefit period" shall not be defined more restrictively than as defined in the Medicare program.

"Convalescent nursing home," "extended care facility," or "skilled nursing facility" shall not be defined more restrictively than as defined in the Medicare program.

"Health care expenses" means *for the purposes of 14 VAC 5-170-120*, expenses of health maintenance organizations

associated with the delivery of health care services, which expenses are analogous to incurred losses of insurers.

The expenses shall not include:

- ~~1. Home office and overhead costs;~~
- ~~2. Advertising costs;~~
- ~~3. Commissions and other acquisition costs;~~
- ~~4. Taxes;~~
- ~~5. Capital costs;~~
- ~~6. Administrative costs; and~~
- ~~7. Claims processing costs.~~

"Hospital" may be defined in relation to its status, facilities and available services or to reflect its accreditation by the Joint Commission on Accreditation of Hospitals, but not more restrictively than as defined in the Medicare program.

"Medicare" shall be defined in the policy and certificate. Medicare may be substantially defined as "The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 (42 USC § 1395 et seq.)," or "Title I, Part I of Public Law 89-97, as enacted by the Eighty-Ninth Congress of the United States of America and popularly known as the Health Insurance for the Aged Act, as then constituted and any later amendments or substitutes thereof," or words of similar import.

"Medicare eligible expenses" shall mean expenses of the kinds covered by Medicare *Parts A and B*, to the extent recognized as reasonable and medically necessary by Medicare.

"Physician" shall not be defined more restrictively than as defined in the Medicare program.

"Sickness" shall not be defined to be more restrictive than the following:

"Sickness means illness or disease of an insured person which first manifests itself after the effective date of insurance and while the insurance is in force."

The definition may be further modified to exclude sicknesses or diseases for which benefits are provided under any workers' compensation, occupational disease, employers' liability or similar law.

#### **14 VAC 5-170-50. Policy provisions.**

A. Except for permitted preexisting condition clauses as described in 14 VAC 5-170-60 B 1 and 14 VAC 5-170-70 B 1, no policy or certificate may be advertised, solicited or issued for delivery in this Commonwealth as a Medicare supplement policy if the policy or certificate contains limitations or exclusions on coverage that are more restrictive than those of Medicare.

B. No Medicare supplement policy or certificate may use waivers to exclude, limit or reduce coverage or benefits for specifically named or described preexisting diseases or physical conditions.

C. No Medicare supplement policy or certificate in force in this Commonwealth shall contain benefits which duplicate benefits provided by Medicare.

*D. 1. Subject to 14 VAC 5-170-60 B 4, 5 and 7 and 14 VAC 5-170-70 B 4 and 5, a Medicare supplement policy with benefits for outpatient prescription drugs in existence prior to January 1, 2006, shall be renewed for current policyholders who do not enroll in Part D at the option of the policyholder.*

*2. A Medicare supplement policy with benefits for outpatient prescription drugs shall not be issued after December 31, 2005.*

*3. After December 31, 2005, a Medicare supplement policy with benefits for outpatient prescription drugs shall not be renewed after the policyholder enrolls in Medicare Part D unless:*

*a. The policy is modified to eliminate outpatient prescription coverage for expenses of outpatient prescription drugs incurred after the effective date of individual's coverage under a Part D plan; and*

*b. Premiums are adjusted to reflect the elimination of outpatient prescription drug coverage at the time of Medicare Part D enrollment, accounting for any claims paid, if applicable.*

#### **14 VAC 5-170-60. Minimum benefit standards for policies or certificates issued for delivery prior to July 30, 1992.**

A. No policy or certificate may be advertised, solicited or issued for delivery in this Commonwealth as a Medicare supplement policy or certificate unless it meets or exceeds the following minimum standards. These are minimum standards and do not preclude the inclusion of other provisions or benefits which are not inconsistent with these standards.

B. The following standards apply to Medicare supplement policies and certificates and are in addition to all other requirements of this chapter.

1. A Medicare supplement policy or certificate shall not exclude or limit benefits for a loss incurred more than six months from the effective date of coverage because it involved a preexisting condition. The policy or certificate shall not define a preexisting condition more restrictively than a condition for which medical advice was given or treatment was recommended by or received from a physician within six months before the effective date of coverage.

2. A Medicare supplement policy or certificate shall not indemnify against losses resulting from sickness on a different basis than losses resulting from accidents.

3. A Medicare supplement policy or certificate shall provide that benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible amount and copayment percentage factors. Premiums may be modified to correspond with such changes.

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4. A "noncancellable," "guaranteed renewable," or "noncancellable and guaranteed renewable" Medicare supplement policy shall not:

- a. Provide for termination of coverage of a spouse solely because of the occurrence of an event specified for termination of coverage of the insured, other than the nonpayment of premium; or
- b. Be cancelled or nonrenewed by the issuer solely on the grounds of deterioration of health.

5. a. Except as authorized by the State Corporation Commission, an issuer shall neither cancel nor nonrenew a Medicare supplement policy or certificate for any reason other than nonpayment of premium or material misrepresentation.

b. If a group Medicare supplement insurance policy is terminated by the group policyholder and not replaced as provided in subdivision 5 d of this subsection, the issuer shall offer certificateholders an individual Medicare supplement policy. The issuer shall offer the certificateholder at least the following choices:

- (1) An individual Medicare supplement policy currently offered by the issuer having comparable benefits to those contained in the terminated group Medicare supplement policy; and
- (2) An individual Medicare supplement policy which provides only such benefits as are required to meet the minimum standards as defined in subsection C of this section.

c. If membership in a group is terminated, the issuer shall:

- (1) Offer the certificateholder the conversion opportunities described in subdivision 5 b of this subsection; or
- (2) At the option of the group policyholder, offer the certificateholder continuation of coverage under the group policy.

d. If a group Medicare supplement policy is replaced by another group Medicare supplement policy purchased by the same policyholder, the issuer of the replacement policy shall offer coverage to all persons covered under the old group policy on its date of termination. Coverage under the new group policy shall not result in any exclusion for preexisting conditions that would have been covered under the group policy being replaced.

6. Termination of a Medicare supplement policy or certificate shall be without prejudice to any continuous loss which commenced while the policy was in force, but the extension of benefits beyond the period during which the policy was in force may be predicated upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or to payment of the maximum benefits. *Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.*

7. *If a Medicare supplement policy is modified to eliminate an outpatient prescription drug benefit as a result of*

*requirements imposed by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (42 USC § 1395w-101), the modified policy shall be deemed to satisfy the guaranteed renewal requirements of this subsection.*

C. Minimum benefit standards.

1. Coverage of Part A Medicare eligible expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;

2. Coverage for either all or none of the Medicare Part A inpatient hospital deductible amount;

3. Coverage of Part A Medicare eligible expenses incurred as daily hospital charges during use of Medicare's lifetime hospital inpatient reserve days;

4. Upon exhaustion of all Medicare hospital inpatient coverage including the lifetime reserve days, coverage of 90% of all Medicare Part A eligible expenses for hospitalization not covered by Medicare subject to a lifetime maximum benefit of an additional 365 days;

5. Coverage under Medicare Part A for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations or already paid for under Part B;

6. Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount of Medicare eligible expenses under Part B regardless of hospital confinement, subject to a maximum calendar year out-of-pocket amount equal to the Medicare Part B deductible \$100;

7. Effective January 1, 1990, coverage under Medicare Part B for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations), unless replaced in accordance with federal regulations or already paid for under Part A, subject to the Medicare deductible amount.

## **14 VAC 5-170-70. Benefit standards for policies or certificates issued or delivered on or after July 30, 1992.**

A. The following standards are applicable to all Medicare supplement policies or certificates delivered or issued for delivery in this Commonwealth on or after July 30, 1992. No policy or certificate may be advertised, solicited, delivered or issued for delivery in this Commonwealth as a Medicare supplement policy or certificate unless it complies with these benefit standards.

B. The following standards apply to Medicare supplement policies and certificates and are in addition to all other requirements of this chapter.

1. A Medicare supplement policy or certificate shall not exclude or limit benefits for a loss incurred more than six months from the effective date of coverage because it involved a preexisting condition. The policy or certificate

may not define a preexisting condition more restrictively than a condition for which medical advice was given or treatment was recommended by or received from a physician within six months before the effective date of coverage.

2. A Medicare supplement policy or certificate shall not indemnify against losses resulting from sickness on a different basis than losses resulting from accidents.

3. A Medicare supplement policy or certificate shall provide that benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible amount and copayment percentage factors. Premiums may be modified to correspond with such changes provided that loss ratios are being met.

4. No Medicare supplement policy or certificate shall provide for termination of coverage of a spouse solely because of the occurrence of an event specified for termination of coverage of the insured, other than the nonpayment of premium.

5. Each Medicare supplement policy shall be guaranteed renewable.

a. The issuer shall not cancel or nonrenew the policy solely on the ground of health status of the individual.

b. The issuer shall not cancel or nonrenew the policy for any reason other than nonpayment of premium or material misrepresentation.

c. If the Medicare supplement policy is terminated by the group policyholder and is not replaced as provided under subdivision 5 e of this subsection, the issuer shall offer certificateholders an individual Medicare supplement policy which (at the option of the certificateholder):

(1) Provides for continuation of the benefits (contained in the group policy); or

(2) Provides for benefits that otherwise meet the requirements of this subsection.

d. If an individual is a certificateholder in a group Medicare supplement policy and the individual terminates membership in the group, the issuer shall:

(1) Offer the certificateholder the conversion opportunity described in subdivision 5 c of this subsection; or

(2) At the option of the group policyholder, offer the certificateholder continuation of coverage under the group policy.

e. If a group Medicare supplement policy is replaced by another group Medicare supplement policy purchased by the same policyholder, the issuer of the replacement policy shall offer coverage to all persons covered under the old group policy on its date of termination. Coverage under the new policy shall not result in any exclusion for preexisting conditions that would have been covered under the group policy being replaced.

f. If a Medicare supplement policy is modified to eliminate an outpatient prescription drug benefit as a result of requirements imposed by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (42 USC § 1395w-101), the modified policy shall be deemed to satisfy the guaranteed renewal requirements of this subdivision 5.

6. Termination of a Medicare supplement policy or certificate shall be without prejudice to any continuous loss which commenced while the policy was in force, but the extension of benefits beyond the period during which the policy was in force may be conditioned upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or payment of the maximum benefits. *Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.*

7. a. A Medicare supplement policy or certificate shall provide that benefits and premiums under the policy or certificate shall be suspended at the request of the policyholder or certificateholder for the period (not to exceed 24 months) in which the policyholder or certificateholder has applied for and is determined to be entitled to medical assistance under Title XIX of the Social Security Act of 1935 (42 USC § 1396 et seq.), but only if the policyholder or certificateholder notifies the issuer of such policy or certificate within 90 days after the date the individual becomes entitled to such assistance.

b. If [ ~~such~~ ] suspension occurs and if the policyholder or certificateholder loses entitlement to [ ~~such~~ ] medical assistance, the policy or certificate shall be automatically reinstated (effective as of the date of termination of such entitlement) [ ~~as of the termination of entitlement~~ ] if the policyholder or certificateholder provides notice of loss of entitlement within 90 days after the date of loss and pays the premium attributable to the period [ ~~, effective as of the date of termination of such entitlement~~ ].

c. Each Medicare supplement policy or certificate shall provide that benefits and premiums under the policy shall be suspended (for any period that may be provided by federal regulation) at the request of the policyholder if the policyholder or certificateholder is entitled to benefits under § 226 (b) of the Social Security Act (42 USC § 426) and is covered under a group health plan (as defined in § 1862(b)(1)(A)(v) of the Social Security Act (42 USC § 1395y)). If suspension occurs and if the policyholder or certificateholder loses coverage under the group health plan, the policy shall be automatically reinstated (effective as of the date of loss of coverage) if the policyholder or certificateholder provides notice of loss of coverage within 90 days after the date of the loss.

d. Reinstatement of coverages as described in subdivisions 7 b and c of this subsection:

(1) Shall not provide for any waiting period with respect to treatment of preexisting conditions;

(2) Shall provide for *reinstated* coverage ~~which~~ *that* is substantially equivalent to coverage in effect before the date of such suspension. *If the suspended Medicare*

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*supplement policy provided coverage for outpatient prescription drugs, reinstatement of the policy for Medicare Part D enrollees shall be without coverage for outpatient prescription drugs and shall otherwise provide substantially equivalent coverage to the coverage in effect before the date of suspension; and*

(3) Shall provide for classification of premiums on terms at least as favorable to the policyholder or certificateholder as the premium classification terms that would have applied to the policyholder or certificateholder had the coverage not been suspended.

C. Standards for basic (core) benefits common to all benefit plans A through J. Every issuer shall make available a policy or certificate including only the following basic core package of benefits to each prospective insured. An issuer may make available to prospective insureds any of the other Medicare Supplement Insurance Benefit Plans in addition to the basic core package, but not in lieu of it.

1. Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;

2. Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used;

3. Upon exhaustion of the Medicare hospital inpatient coverage including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the ~~Diagnostic Related Group (DRG) day outlier per diem~~ *applicable prospective payment system (PPS) rate*, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days;

4. Coverage under Medicare Parts A and B for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations;

5. Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount of Medicare Eligible Expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.

D. Standards for additional benefits. The following additional benefits shall be included in Medicare Supplement Benefit Plans "B" through "J" only as provided by 14 VAC 5-170-80.

1. Medicare Part A deductible. Coverage for all of the Medicare Part A inpatient hospital deductible amount per benefit period.

2. Skilled nursing facility care. Coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for posthospital skilled nursing facility care eligible under Medicare Part A.

3. Medicare Part B deductible. Coverage for all of the Medicare Part B deductible amount per calendar year regardless of hospital confinement.

4. Eighty percent of the Medicare Part B excess charges. Coverage for 80% of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

5. One hundred percent of the Medicare Part B excess charges. Coverage for all of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

6. Basic outpatient prescription drug benefit. Coverage for 50% of outpatient prescription drug charges, after a \$250 calendar year deductible, to a maximum of \$1,250 in benefits received by the insured per calendar year, to the extent not covered by Medicare. *The basic outpatient prescription drug benefit may be included for sale or issuance in a Medicare supplement policy until January 1, 2006.*

7. Extended outpatient prescription drug benefit. Coverage for 50% of outpatient prescription drug charges, after a \$250 calendar year deductible to a maximum of \$3,000 in benefits received by the insured per calendar year, to the extent not covered by Medicare. *The extended outpatient prescription drug benefit may be included for sale or issuance in a Medicare supplement policy until January 1, 2006.*

8. Medically necessary emergency care in a foreign country. Coverage to the extent not covered by Medicare for 80% of the billed charges for Medicare-eligible expenses for medically necessary emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first 60 consecutive days of each trip outside the United States, subject to a calendar year deductible of \$250, and a lifetime maximum benefit of \$50,000. For purposes of this benefit, "emergency care" shall mean care needed immediately because of an injury or an illness of sudden and unexpected onset.

9. Preventive medical care benefit. Coverage for the following preventive health services *not covered by Medicare*:

a. An annual clinical preventive medical history and physical examination that may include tests and services from subdivision 9 b of this subsection and patient education to address preventive health care measures.

b. ~~Any one or a combination of the following~~ Preventive screening tests or preventive services, the *selection and frequency of which is considered determined to be medically appropriate by the attending physician.*

~~(1) Digital rectal examination;~~

~~(2) Dipstick urinalysis for hematuria, bacteriuria, and proteinuria;~~

~~(3) Pure tone (air only) hearing screening test, administered or ordered by a physician;~~

~~(4) Serum cholesterol screening (every five years);~~

~~(5) Thyroid function test;~~

~~(6) Diabetes screening.~~

~~c. Tetanus and Diphtheria booster (every 10 years).~~

~~d. Any other tests or preventive measures determined appropriate by the attending physician.~~

Reimbursement shall be for the actual charges up to 100% of the Medicare-approved amount for each service, as if Medicare were to cover the service as identified in American Medical Association Current Procedural Terminology (AMA CPT) codes, to a maximum of \$120 annually under this benefit. This benefit shall not include payment for any procedure covered by Medicare.

10. At-home recovery benefit. Coverage for services to provide short term, at-home assistance with activities of daily living for those recovering from an illness, injury or surgery.

a. For purposes of this benefit, the following definitions shall apply:

"Activities of daily living" include, but are not limited to, bathing, dressing, personal hygiene, transferring, eating, ambulating, assistance with drugs that are normally self-administered, and changing bandages or other dressings.

"Care provider" means a duly qualified or licensed home health aide or homemaker, personal care aide or nurse provided through a licensed home health care agency or referred by a licensed referral agency or licensed nurses registry.

"Home" shall mean any place used by the insured as a place of residence, provided that such place would qualify as a residence for home health care services covered by Medicare. A hospital or skilled nursing facility shall not be considered the insured's place of residence.

"At-home recovery visit" means the period of a visit required to provide at home recovery care, without limit on the duration of the visit, except each consecutive four hours in a 24-hour period of services provided by a care provider is one visit.

b. Coverage requirements and limitations:

(1) At-home recovery services provided must be primarily services which assist in activities of daily living.

(2) The insured's attending physician must certify that the specific type and frequency of at-home recovery services are necessary because of a condition for which a home care plan of treatment was approved by Medicare; and

(3) Coverage is limited to:

(a) No more than the number and type of at-home recovery visits certified as necessary by the insured's attending physician. The total number of at-home recovery visits shall not exceed the number of Medicare approved home health care visits under a Medicare approved home care plan of treatment;

(b) The actual charges for each visit up to a maximum reimbursement of \$40 per visit;

(c) One thousand six hundred dollars per calendar year;

(d) Seven visits in any one week;

(e) Care furnished on a visiting basis in the insured's home;

(f) Services provided by a care provider as defined in this section;

(g) At-home recovery visits while the insured is covered under the policy or certificate and not otherwise excluded;

(h) At-home recovery visits received during the period the insured is receiving Medicare approved home care services or no more than eight weeks after the service date of the last Medicare approved home health care visit.

c. Coverage is excluded for:

(1) Home care visits paid for by Medicare or other government programs; and

(2) Care provided by family members, unpaid volunteers or providers who are not care providers.

~~11. New or innovative benefits. An issuer may, with the prior approval of the State Corporation Commission, offer policies or certificates with new or innovative benefits in addition to the benefits provided in a policy or certificate that otherwise complies with the applicable standards. The new or innovative benefits may include benefits that are appropriate to Medicare supplement insurance, new or innovative, not otherwise available, cost-effective, and offered in a manner which is consistent with the goal of simplification of Medicare supplement policies.~~

*E. Standards for Plans K and L.*

*1. Standardized Medicare supplement benefit plan "K" shall consist of the following:*

*a. Coverage of 100% of the Part A hospital coinsurance amount for each day used from the 61st through the 90th day in any Medicare benefit period;*

*b. Coverage of 100% of the Part A hospital coinsurance amount for each Medicare lifetime inpatient reserve day used from the 91st through the 150th day in any Medicare benefit period;*

*c. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment*

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system (PPS) rate, or other appropriate Medicare standard of payment, subject to lifetime maximum benefit of an additional 365 days [~~—The provider shall accept the issuer's payment as payment in full and may not bill the insured for any balance~~];

d. Medicare Part A deductible: Coverage for 50% of the Medicare Part A inpatient hospital deductible amount per benefit period until the out-of-pocket limitation is met as described in subdivision 1 j of this subsection;

e. Skilled nursing facility care: Coverage for 50% of the coinsurance amount for each day used from the 21st day through the 100th day in a Medicare benefit period for post hospital skilled nursing facility care eligible under Medicare Part A until the out-of-pocket limitation is met as described in subdivision 1 j of this subsection;

f. Hospice care: Coverage for 50% of cost sharing for all Part A Medicare eligible expenses and respite care until the out-of-pocket limitation is met as described in subdivision 1 j of this subsection;

g. Coverage for 50%, under Medicare Part A or B, of the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations until the out-of-pocket limitation is met as described in subdivision 1 j of this subsection;

h. Except for coverage provided in subdivision 1 j of this subsection, coverage for 50% of the cost sharing otherwise applicable under Medicare Part B after the policyholder pays the Part B deductible until the out-of-pocket limitation is met as described in subdivision 1 j of this subsection;

i. Coverage of 100% of the cost sharing for Medicare Part B preventive services after the policyholder pays the Part B deductible; and

j. Coverage of 100% of all cost sharing under Medicare Parts A and B for the balance of the calendar year after the individual has reached the out-of-pocket limitation on annual expenditures under Medicare Parts A and B of \$4,000 in 2006, indexed each year by the appropriate inflation adjustment specified by the Secretary of the U.S. Department of Health and Human Services.

2. Standardized Medicare supplement benefit plan "L" shall consist of the following:

a. The benefits described in subdivisions 1 a, b, c and i of this subsection;

b. The benefit described in subdivisions 1 d, e, f, g and h of this subsection, but substituting 75% for 50%; and

c. The benefit described in subdivision 1 j of this subsection, but substituting \$2,000 for \$4,000.

## 14 VAC 5-170-80. Standard Medicare supplement benefit plans.

A. An issuer shall make available to each prospective policyholder and certificateholder a policy form or certificate

form containing only the basic core benefits, as defined in 14 VAC 5-170-70 C.

B. No groups, packages or combinations of Medicare supplement benefits other than those listed in this section shall be offered for sale in this Commonwealth, except as may be permitted in ~~14 VAC 5-170-70 D 14 subsection G of this section~~ and 14 VAC 5-170-90.

C. Benefit plans shall be uniform in structure, language, designation, and format to the standard benefit plans "A" through "L" listed in this subsection and conform to the definitions in 14 VAC 5-170-30. Each benefit shall be structured in accordance with the format provided in 14 VAC 5-170-70 C and , D, or E and list the benefits in the order shown in this subsection. For purposes of this section, "structure, language, and format" means style, arrangement and overall content of a benefit.

D. An issuer may use, in addition to the benefit plan designations required in subsection C, other designations to the extent permitted by law.

E. Make-up of benefit plans:

1. Standardized Medicare supplement benefit plan "A" shall be limited to the basic (core) benefits common to all benefit plans, as defined in 14 VAC 5-170-70 C.

2. Standardized Medicare supplement benefit plan "B" shall include only the following: The core benefits as defined in 14 VAC 5-170-70 C, plus the Medicare Part A deductible as defined in 14 VAC 5-170-70 D 1.

3. Standardized Medicare supplement benefit plan "C" shall include only the following: The core benefits as defined in 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, Medicare Part B deductible, and medically necessary emergency care in a foreign country as defined in 14 VAC 5-170-70 D 1, 2, 3, and 8 respectively.

4. Standardized Medicare supplement benefit plan "D" shall include only the following: The core benefits as defined in 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, medically necessary emergency care in a foreign country, and the at-home recovery benefit as defined in 14 VAC 5-170-70 D 1, 2, 8, and 10 respectively.

5. Standardized Medicare supplement benefit plan "E" shall include only the following: The core benefits as defined in 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, medically necessary emergency care in a foreign country, and preventive medical care as defined in 14 VAC 5-170-70 D 1, 2, 8, and 9 respectively.

6. Standardized Medicare supplement benefit plan "F" shall include only the following: The core benefits as defined in 14 VAC 5-170-70 C, plus the Medicare Part A deductible, the skilled nursing facility care, the Part B deductible, 100% of the Medicare Part B excess charges, and medically necessary emergency care in a foreign country as defined in 14 VAC 5-170-70 D 1, 2, 3, 5, and 8 respectively.

7. Standardized Medicare supplement benefit high deductible plan "F" shall include only the following: 100% of

covered expenses following the payment of the annual high deductible plan "F" deductible. The covered expenses include the core benefits as defined in 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, the Medicare Part B deductible, 100% of the Medicare Part B excess charges, and medically necessary emergency care in a foreign country as defined in 14 VAC 5-170-70 D 1, 2, 3, 5, and 8 respectively. The annual high deductible plan "F" deductible shall consist of out-of-pocket expenses, other than premiums, for services covered by the Medicare supplement plan "F" policy and shall be in addition to any other specific benefit deductibles. The calendar year deductible shall be \$1,500 for 1998 and 1999. It shall be adjusted annually thereafter by the Secretary to reflect the change in the Consumer Price Index for all urban consumers for the 12-month period ending on August 31st of the preceding year and rounded to the nearest multiple of \$10.

8. Standardized Medicare supplement benefit plan "G" shall include only the following: The core benefits as defined in 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, 80% of the Medicare Part B excess charges, medically necessary emergency care in a foreign country, and the at-home recovery benefit as defined in 14 VAC 5-170-70 D 1, 2, 4, 8, and 10 respectively.

9. Standardized Medicare supplement benefit plan "H" shall include only the following: The core benefits as defined in 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, basic prescription drug benefit and medically necessary emergency care in a foreign country as defined in 14 VAC 5-170-70 D 1, 2, 6, and 8 respectively. *The basic prescription drug benefit shall not be included in a Medicare supplement policy sold after December 31, 2005.*

10. Standardized Medicare supplement benefit plan "I" shall include only the following: The core benefits as defined in 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, 100% of the Medicare Part B excess charges, basic prescription drug benefit, medically necessary emergency care in a foreign country, and at-home recovery benefit as defined in 14 VAC 5-170-70 D 1, 2, 5, 6, 8, and 10 respectively. *The basic prescription drug benefit shall not be included in a Medicare supplement policy sold after December 31, 2005.*

11. Standardized Medicare supplement benefit plan "J" shall include only the following: The core benefits as defined in 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, Medicare Part B deductible, 100% of the Medicare Part B excess charges, extended prescription drug benefit, medically necessary emergency care in a foreign country, preventive medical care, and at-home recovery benefit as defined in 14 VAC 5-170-70 D 1, 2, 3, 5, 7, 8, 9, and 10 respectively. *The extended prescription drug benefit shall not be included in a Medicare supplement policy sold after December 31, 2005.*

12. Standardized Medicare supplement benefit high deductible plan "J" shall include only the following: 100% of

covered expenses following the payment of the annual high deductible plan "J" deductible. The covered expenses include the core benefits as defined in 14 VAC 5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, Medicare Part B deductible, 100% of the Medicare Part B excess charges, extended outpatient prescription drug benefit, medically necessary emergency care in a foreign country, preventive medical care benefit, and at-home recovery benefit as defined in 14 VAC 5-170-70 D 1, 2, 3, 5, 7, 8, 9, and 10 respectively. The annual high deductible plan "J" deductible shall consist of out-of-pocket expenses, other than premiums, for services covered by the Medicare supplement plan "J" policy and shall be in addition to any other specific benefit deductibles. The calendar year deductible shall be \$1,500 for 1998 and 1999. It shall be adjusted annually thereafter by the Secretary to reflect the change in the Consumer Price Index for all urban consumers for the 12-month period ending on August 31st of the preceding year and rounded to the nearest multiple of \$10. *The extended outpatient prescription drug benefit shall not be included in a Medicare supplement policy sold after December 31, 2005.*

*F. Make-up of two Medicare supplement plans mandated by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (42 USC § 1395w-101):*

1. Standardized Medicare supplement benefit plan "K" shall consist of only those benefits described in 14 VAC 5-170-70 E 1.

2. Standardized Medicare supplement benefit plan "L" shall consist of only those benefits described in 14 VAC 5-170-70 E 2.

*G. New or innovative benefits. An issuer may, with the prior approval of the State Corporation Commission, offer policies or certificates with new or innovative benefits in addition to the benefits provided in a policy or certificate that otherwise complies with the applicable standards. The new or innovative benefits may include benefits that are appropriate to Medicare supplement insurance, new or innovative, not otherwise available, cost-effective, and offered in a manner that is consistent with the goal of simplification of Medicare supplement policies. After December 31, 2005, the innovative benefit shall not include an outpatient prescription drug benefit.*

**14 VAC 5-170-90. Medicare select policies and certificates.**

A. 1. This section shall apply to Medicare Select policies and certificates, as defined in this section.

2. No policy or certificate may be advertised as a Medicare Select policy or certificate unless it meets the requirements of this section.

3. A Medicare Select issuer subject to these rules is deemed a health carrier responsible for a "managed care health insurance plan" or "MCHIP" as defined in § 38.2-5800 of the Code of Virginia.

B. For the purposes of this section:

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"Complaint" means any dissatisfaction expressed by an individual concerning a Medicare Select issuer or its network providers.

"Grievance" means dissatisfaction expressed in writing by an individual insured under a Medicare Select policy or certificate with the administration, claims practices, or provision of services concerning a Medicare Select issuer or its network providers.

"Medicare Select issuer" means an issuer offering, or seeking to offer, a Medicare Select policy or certificate.

"Medicare Select policy" or "Medicare Select certificate" mean respectively a Medicare supplement policy or certificate that contains restricted network provisions.

"Network provider" means a provider of health care, or a group of providers of health care, which has entered into a written agreement with the issuer to provide benefits insured under a Medicare Select policy.

"Restricted network provision" means any provision which conditions the payment of benefits, in whole or in part, on the use of network providers.

"Service area" means the geographic area within which an issuer is authorized to offer a Medicare Select policy.

C. The State Corporation Commission may authorize an issuer to offer a Medicare Select policy or certificate, pursuant to this section and § 4358 of the Omnibus Budget Reconciliation Act (OBRA) of 1990 (42 USC § 1395ss(t)) if the State Corporation Commission finds that the issuer has satisfied all of the requirements of this chapter. The State Corporation Commission shall, in lieu of the requirements set forth in subsections D, E, and F of this section, accept a Certificate of Quality Assurance issued by the Virginia Commissioner of Health pursuant to § 32.1-137.2 A of the Code of Virginia, provided that the Virginia Commissioner of Health has issued such a certificate. If the Virginia Commissioner of Health has reviewed the application of the issuer and has denied or disapproved a Certificate of Quality Assurance, or has revoked a Certificate of Quality Assurance previously issued, the issuer's plan of operation shall be deemed not to be in compliance with the requirements of this section, and the issuer shall not be authorized to offer Medicare Select policies or certificates in this Commonwealth.

D. A Medicare Select issuer shall not issue a Medicare Select policy or certificate in this Commonwealth until its plan of operation has been approved by the State Corporation Commission.

E. A Medicare Select issuer shall file a proposed plan of operation with the State Corporation Commission in a format prescribed by the State Corporation Commission. The plan of operation shall contain at least the following information:

1. Evidence that all covered services that are subject to restricted network provisions are available and accessible through network providers, including a demonstration that:
  - a. Services can be provided by network providers with reasonable promptness with respect to geographic location, hours of operation and after-hour care. The

hours of operation and availability of after-hour care shall reflect usual practice in the local area. Geographic availability shall reflect the usual travel times within the community.

b. The number of network providers in the service area is sufficient, with respect to current and expected policyholders, either:

- (1) To deliver adequately all services that are subject to a restricted network provision; or
- (2) To make appropriate referrals.

c. There are written agreements with network providers describing specific responsibilities.

d. Emergency care is available 24 hours per day and seven days per week.

e. In the case of covered services that are subject to a restricted network provision and are provided on a prepaid basis, there are written agreements with network providers prohibiting such providers from billing or otherwise seeking reimbursement from or recourse against any individual insured under a Medicare Select policy or certificate. This subdivision shall not apply to supplemental charges or coinsurance amounts as stated in the Medicare Select policy or certificate.

2. A statement or map providing a clear description of the service area.

3. A description of the grievance procedure to be utilized.

4. A description of the quality assurance program, including:

- a. The formal organizational structure;
- b. The written criteria for selection, retention, and removal of network providers; and
- c. The procedures for evaluating quality of care provided by network providers, and the process to initiate corrective action when warranted.

5. A list and description, by specialty, of the network providers.

6. Copies of the written information proposed to be used by the issuer to comply with subsection I of this section.

7. Any other information requested by the State Corporation Commission.

F. 1. A Medicare Select issuer shall file any proposed changes to the plan of operation, except for changes to the list of network providers, with the State Corporation Commission prior to implementing such changes. Such changes shall be approved or disapproved in writing by the State Corporation Commission within 30 days after receipt of a complete filing by the State Corporation Commission. Such changes shall be considered approved by the State Corporation Commission after 30 days unless specifically disapproved in writing. Within 10 days after approval of such changes by the State Corporation Commission, the issuer shall provide a copy of the approved changes to the Virginia Department of Health (VDH) at its Center for Quality Health Care Services and

Consumer Protection. A copy of the notice to VDH shall be filed with the State Corporation Commission.

2. An updated list of network providers shall be filed with the State Corporation Commission at least quarterly.

G. A Medicare Select policy or certificate shall not restrict payment for covered services provided by non-network providers if:

1. The services are for symptoms requiring emergency care or are immediately required for an unforeseen illness, injury or a condition; and
2. It is not reasonable to obtain such services through a network provider.

H. A Medicare Select policy or certificate shall provide payment for full coverage under the policy for covered services that are not available through network providers.

I. A Medicare Select issuer shall make full and fair disclosure in writing of the provisions, restrictions, and limitations of the Medicare Select policy or certificate to each applicant. This disclosure shall include at least the following:

1. An outline of coverage sufficient to permit the applicant to compare the coverage and premiums of the Medicare Select policy or certificate with:
  - a. Other Medicare supplement policies or certificates offered by the issuer; and
  - b. Other Medicare Select policies or certificates.
2. A description (including address, phone number and hours of operation) of the network providers, including primary care physicians, specialty physicians, hospitals, and other providers.
3. A description of the restricted network provisions, including payments for coinsurance and deductibles when providers other than network providers are utilized. *Except to the extent specified in the policy or certificate, expenses incurred when using out-of-network providers do not count toward the out-of-pocket annual limit contained in Plans K and L.*
4. A description of coverage for emergency and urgently needed care and other out-of-service area coverage.
5. A description of limitations on referrals to restricted network providers and to other providers.
6. A description of the policyholder's rights to purchase any other Medicare supplement policy or certificate otherwise offered by the issuer.
7. A description of the Medicare Select issuer's quality assurance program and grievance procedure.

J. Prior to the sale of a Medicare Select policy or certificate, a Medicare Select issuer shall obtain from the applicant a signed and dated form stating that the applicant has received the information provided pursuant to subsection I of this section and that the applicant understands the restrictions of the Medicare Select policy or certificate.

K. A Medicare Select issuer shall have and use procedures for hearing complaints and resolving written grievances from the subscribers. Such procedures shall be aimed at mutual agreement for settlement and may include arbitration procedures.

1. The grievance procedure shall be described in the policy and certificates and in the outline of coverage.
2. At the time the policy or certificate is issued, the issuer shall provide detailed information to the policyholder describing how a grievance may be registered with the issuer.
3. Grievances shall be considered in a timely manner and shall be transmitted to appropriate decision makers who have authority to fully investigate the issue and take corrective action.
4. If a grievance is found to be valid, corrective action shall be taken promptly.
5. All concerned parties shall be notified about the results of a grievance.
6. The issuer shall report no later than each March 31st to the State Corporation Commission regarding its grievance procedure. The report shall be in a format prescribed by the State Corporation Commission and shall contain the number of grievances filed in the past year and a summary of the subject, nature, and resolution of such grievances.

L. At the time of initial purchase, a Medicare Select issuer shall make available to each applicant for a Medicare Select policy or certificate the opportunity to purchase any Medicare supplement policy or certificate otherwise offered by the issuer.

M. 1. At the request of an individual insured under a Medicare Select policy or certificate, a Medicare Select issuer shall make available to the individual insured the opportunity to purchase a Medicare supplement policy or certificate offered by the issuer which has comparable or lesser benefits and which does not contain a restricted network provision. The issuer shall make such policies or certificates available without requiring evidence of insurability after the Medicare Select policy or certificate has been in force for six months.

2. For the purposes of this subsection, a Medicare supplement policy or certificate will be considered to have comparable or lesser benefits unless it contains one or more significant benefits not included in the Medicare Select policy or certificate being replaced. For the purposes of this subdivision, a significant benefit means coverage for the Medicare Part A deductible, ~~coverage for prescription drugs,~~ coverage for at-home recovery services or coverage for Part B excess charges.

N. Medicare Select policies and certificates shall provide for continuation of coverage in the event the Secretary determines that Medicare Select policies and certificates issued pursuant to this section should be discontinued due to either the failure of the Medicare Select Program to be reauthorized under law or its substantial amendment.

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1. Each Medicare Select issuer shall make available to each individual insured under a Medicare Select policy or certificate the opportunity to purchase any Medicare supplement policy or certificate offered by the issuer which has comparable or lesser benefits and which does not contain a restricted network provision. The issuer shall make such policies and certificates available without requiring evidence of insurability.

2. For the purposes of this subsection, a Medicare supplement policy or certificate will be considered to have comparable or lesser benefits unless it contains one or more significant benefits not included in the Medicare Select policy or certificate being replaced. For the purposes of this subdivision, a significant benefit means coverage for the Medicare Part A deductible, ~~coverage for prescription drugs,~~ coverage for at-home recovery services or coverage for Part B excess charges.

O. A Medicare Select issuer shall comply with reasonable requests for data made by state or federal agencies, including the United States Department of Health and Human Services, for the purpose of evaluating the Medicare Select Program.

## 14 VAC 5-170-100. Open enrollment.

A. An issuer shall not deny or condition the issuance or effectiveness of any Medicare supplement policy or certificate available for sale in this Commonwealth, nor discriminate in the pricing of such a policy or certificate because of the health status, claims experience, receipt of health care, or medical condition of an applicant in the case of an application for a policy or certificate that is submitted prior to or during the six month period beginning with the first day of the first month in which an individual is both 65 years of age or older and is enrolled for benefits under Medicare Part B. Each Medicare supplement policy and certificate currently available from an issuer shall be made available to all applicants who qualify under this subsection without regard to age.

B. 1. If an applicant qualifies under subsection A of this section and submits an application during the time period referenced in subsection A and, as of the date of application, has had a continuous period of creditable coverage of at least six months, the issuer shall not exclude benefits based on a preexisting condition.

2. If the applicant qualifies under subsection A of this section and submits an application during the time period referenced in subsection A and, as of the date of application, has had a continuous period of creditable coverage that is less than six months, the issuer shall reduce the period of any preexisting condition exclusion by the aggregate of the period of creditable coverage applicable to the applicant as of the enrollment date. The Secretary shall specify the manner of the reduction under this subsection.

C. Except as provided in subsection B of this section, 14 VAC 5-170-105, and 14 VAC 5-170-210, subsection A shall not be construed as preventing the exclusion of benefits under a policy, during the first six months, based on a preexisting condition for which the policyholder or certificateholder

received treatment or was otherwise diagnosed during the six months before the coverage became effective.

## 14 VAC 5-170-105. Guaranteed issue for eligible persons.

A. Guaranteed issue provisions follow:

1. Eligible persons are those individuals described in subsection B of this section who seek to enroll under the policy during the period specified in subsection C of this section, and who submit evidence of the date of termination ~~or~~, disenrollment, or *Medicare Part D enrollment* with the application for a Medicare supplement policy.

2. With respect to eligible persons, an issuer shall not deny or condition the issuance or effectiveness of a Medicare supplement policy described in subsection E of this section that is offered and is available for issuance to new enrollees by the issuer, shall not discriminate in the pricing of such a Medicare supplement policy because of health status, claims experience, receipt of health care or medical condition, and shall not impose an exclusion of benefits based on a preexisting condition under such a Medicare supplement policy.

B. An eligible person is an individual described in any of the following subdivisions:

1. The individual is enrolled under an employee welfare benefit plan that provides health benefits that supplement the benefits under Medicare, and the plan terminates, or the plan ceases to provide substantially all such supplemental health benefits to the individual;

2. The individual is enrolled with a ~~Medicare+Choice~~ *Medicare Advantage* organization under a ~~Medicare+Choice Medicare Advantage~~ plan under Part C of Medicare, and any of the following circumstances apply, or the individual is 65 years of age or older and is enrolled with a Program of All Inclusive Care for the Elderly (PACE) provider under § 1894 of the Social Security Act (42 USC § 1395eee), and there are circumstances similar to those described below that would permit discontinuance of the individual's enrollment with such provider if such individual were enrolled in a ~~Medicare+Choice Medicare Advantage~~ plan:

a. The certification of the organization or plan has been terminated;

b. The organization has terminated or otherwise discontinued providing the plan in the area in which the individual resides;

c. The individual is no longer eligible to elect the plan because of a change in the individual's place of residence or other change in circumstances specified by the Secretary, but not including termination of the individual's enrollment on the basis described in § 1851(g)(3)(B) of the federal Social Security Act (42 USC § 1395w-21) (where the individual has not paid premiums on a timely basis or has engaged in disruptive behavior as specified in standards under § 1856 of the Social Security Act (42 USC § 1395w-26)), or the plan is terminated for all individuals within a residence area;

- d. The individual demonstrates, in accordance with guidelines established by the Secretary, that:
- (1) The organization offering the plan substantially violated a material provision of the organization's contract under § 1859 of the Social Security Act (42 USC §§ 1395w-21 et seq.) in relation to the individual, including the failure to provide an enrollee on a timely basis medically necessary care for which benefits are available under the plan or the failure to provide such covered care in accordance with applicable quality standards; or
  - (2) The organization, or agent or other entity acting on the organization's behalf, materially misrepresented the plan's provisions in marketing the plan to the individual; or
- e. The individual meets such other exceptional conditions as the Secretary may provide.
3. a. The individual is enrolled with:
- (1) An eligible organization under a contract under § 1876 of the Social Security Act (Medicare cost);
  - (2) A similar organization operating under demonstration project authority, effective for periods before April 1, 1999;
  - (3) An organization under an agreement under § 1833(a)(1)(A) of the Social Security Act (health care prepayment plan); or
  - (4) An organization under a Medicare Select policy; and
- b. The enrollment ceases under the same circumstances that would permit discontinuance of an individual's election of coverage under subdivision B 2 of this section.
4. The individual is enrolled under a Medicare supplement policy and the enrollment ceases because:
- a. (1) Of the insolvency of the issuer or bankruptcy of the nonissuer organization; or
  - (2) Of other involuntary termination of coverage or enrollment under the policy;
  - b. The issuer of the policy substantially violated a material provision of the policy; or
  - c. The issuer, or an agent or other entity acting on the issuer's behalf, materially misrepresented the policy's provisions in marketing the policy to the individual.
5. a. The individual was enrolled under a Medicare supplement policy and terminates enrollment and subsequently enrolls, for the first time, with any ~~Medicare+Choice~~ Medicare Advantage organization under a ~~Medicare+Choice~~ Medicare Advantage plan under Part C of Medicare, any eligible organization under a contract under § 1876 of the Social Security Act (Medicare cost), any similar organization operating under demonstration project authority, any PACE provider under § 1894 of the Social Security Act (42 USC § 1395 eee), or a Medicare Select policy; and
- b. The subsequent enrollment under subdivision 5 a of this subsection is terminated by the enrollee during any period within the first 12 months of such subsequent enrollment (during which the enrollee is permitted to terminate such subsequent enrollment under § 1851(e) of the federal Social Security Act) (42 USC § 1395w-21); or
6. The individual, upon first becoming eligible for benefits under Part A of Medicare at age 65, enrolls in a ~~Medicare+Choice~~ Medicare Advantage plan under Part C of Medicare, or with a PACE provider under § 1894 of the Social Security Act (42 USC § 1395eee) and disenrolls from the plan or program by not later than 12 months after the effective date of enrollment; or
7. *The individual enrolls in a Medicare Part D plan during the initial enrollment period and, at the time of enrollment in Part D, was enrolled under a Medicare supplement policy that covers outpatient prescription drugs; the individual terminates enrollment in the Medicare supplement policy and submits evidence of enrollment in Medicare Part D along with the application for a policy described in subdivision E 4 of this section.*
- C. Guaranteed issue time periods.
1. In the case of an individual described in subdivision B 1 of this section, the guaranteed issue period begins on the later of (i) the date the individual receives a notice of termination or cessation of all supplemental health benefits (or, if a notice is not received, notice that a claim has been denied because of such a termination or cessation); or (ii) the date that the applicable coverage terminates or ceases and ends 63 days after the date of the applicable notice thereafter.
  2. In the case of an individual described in subdivisions B 2, 3, 5 or 6 of this section whose enrollment is terminated involuntarily, the guaranteed issue period begins on the date that the individual receives a notice of termination and ends 63 days after the date the applicable coverage is terminated.
  3. In the case of an individual described in subdivision B 4 a of this section, the guaranteed issue period begins on the earlier of (i) the date that the individual receives a notice of termination, a notice of the issuer's bankruptcy or insolvency, or other such similar notice if any, or (ii) the date that the applicable coverage is terminated, and ends on the date that is 63 days after the date the coverage is terminated.
  4. In the case of an individual described in subdivisions B 2, B 4 b, B 4 c, B 5 or B 6 of this section who disenrolls voluntarily, the guaranteed issue period begins on the date that is 60 days before the effective date of disenrollment and ends on the date that is 63 days after the effective date of the disenrollment.
  5. *In the case of an individual described in subdivision B 7 of this section, the guaranteed issue period begins on the date the individual receives notice pursuant to § 1882(v) (2) (B) of the Social Security Act from the Medicare supplement issuer during the 60-day period immediately preceding the initial Part D enrollment period and ends on the date that is*

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63 days after the effective date of the individual's coverage under Medicare Part D.

5. 6. In the case of an individual described in subsection B of this section but not described in subdivisions 1 through 4 of this subsection, the guaranteed issue period begins on the effective date of disenrollment and ends on the date that is 63 days after the effective date of disenrollment.

D. Extended medigap access for interrupted trial periods.

1. In the case of an individual described in subdivision B 5 of this section (or deemed to be so described pursuant to this subdivision) whose enrollment with an organization or provider described in subdivision B 5 a of this section is involuntarily terminated within the first 12 months of enrollment, and who, without an intervening enrollment, enrolls with another such organization or provider, the subsequent enrollment shall be deemed to be an initial enrollment described in subdivision B 5 of this section.

2. In the case of an individual described in subdivision B 6 of this section (or deemed to be so described pursuant to this subdivision) whose enrollment with a plan or in a program described in subdivision B 6 of this section is involuntarily terminated within the first 12 months of enrollment, and who, without an intervening enrollment, enrolls in another plan or program, the subsequent enrollment shall be deemed to be an initial enrollment described in subdivision B 6 of this section.

3. For purposes of subdivisions B 5 and 6 of this section, no enrollment of an individual with an organization or provider described in subdivision B 5 a of this section, or with a plan or in a program described in subdivision B 6 of this section, may be deemed to be an initial enrollment under this subdivision after the two-year period beginning on the date on which the individual first enrolled with such an organization provider, plan or program.

E. The Medicare supplement policy to which eligible persons are entitled under:

1. Subdivisions B 1, 2, 3, and 4 of this section is a Medicare supplement policy which has a benefit package classified as Plan A, B, C or , F, F with a high deductible, K, or L offered by any issuer.

2. ~~Subdivision a.~~ *Subject to subdivision 2 b of this subsection, subdivision B 5 of this section is the same Medicare supplement policy in which the individual was most recently previously enrolled, if available from the same issuer, or if not so available, a policy described in subdivision 1 of this subsection.*

*b. After December 31, 2005, if the individual was most recently enrolled in a Medicare supplement policy with an outpatient prescription drug benefit, a Medicare supplement policy described in this subdivision is:*

*(1) The policy available from the same issuer but modified to remove outpatient prescription drug coverage; or*

*(2) At the election of the policyholder, an A, B, C, F, F with a high deductible, K or L policy that is offered by any issuer.*

3. Subdivision B 6 of this section shall include any Medicare supplement policy offered by any issuer.

*4. Subdivision B 7 of this section is a Medicare supplement policy that has a benefit package classified as Plan A, B, C, F, F with a high deductible, K or L, and that is offered and is available for issuance to new enrollees by the same issuer that issued the individual's Medicare supplement policy with outpatient prescription drug coverage.*

F. Notification provisions are:

1. At the time of an event described in subsection B of this section because of which an individual loses coverage or benefits due to the termination of a contract or agreement, policy or plan, the organization that terminates the contract or agreement, the issuer terminating the policy, or the administrator of the plan being terminated, respectively, shall notify the individual of his rights under this section, and of the obligations of issuers of Medicare supplement policies under subsection A of this section. Such notice shall be communicated in writing contemporaneously with the notification of termination.

2. At the time of an event described in subsection B of this section because of which an individual ceases enrollment under a contract or agreement, policy or plan, the organization that offers the contract or agreement, regardless of the basis for the cessation of enrollment, the issuer offering the policy, or the administrator of the plan, respectively, shall notify the individual of his rights under this section, and of the obligations of issuers of Medicare supplement policies under subsection A of this section. Such notice shall be communicated in writing within 10 working days of the issuer receiving notification of disenrollment.

**14 VAC 5-170-120. Loss ratio standards and refund or credit of premium; annual filing; public hearing.**

A. 1. Loss ratio standards. A Medicare supplement policy form or certificate form shall not be delivered or issued for delivery unless the policy form or certificate form can be expected, as estimated for the entire period for which rates are computed to provide coverage, to return to policyholders and certificateholders in the form of aggregate benefits (not including anticipated refunds or credits) provided under the policy form or certificate form:

a. At least 75% of the aggregate amount of premiums earned in the case of group policies; or

b. At least 65% of the aggregate amount of premiums earned in the case of individual policies, calculated on the basis of incurred claims experience or incurred health care expenses where coverage is provided by a health maintenance organization on a service rather than reimbursement basis and earned premiums for such period and in accordance with accepted actuarial principles and practices. *Incurred health care expenses*

where coverage is provided by a health maintenance organization shall not include:

- (1) Home office and overhead costs;
- (2) Advertising costs;
- (3) Commissions and other acquisition costs;
- (4) Taxes;
- (5) Capital costs;
- (6) Administrative costs; and
- (7) Claims processing costs.

2. All filings of rates and rating schedules shall demonstrate that expected claims in relation to premiums comply with the requirements of this section when combined with actual experience to date. Filings of rate revisions shall also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage can be expected to meet the appropriate loss ratio standards.

3. For policies issued prior to July 30, 1992, expected claims in relation to premiums shall meet:

- a. The originally filed anticipated loss ratio when combined with the actual experience since inception;
- b. The appropriate loss ratio requirement from subdivisions 1 a and b of this subsection when combined with actual experience beginning with July 1, 1991, to date; and
- c. The appropriate loss ratio requirement from subdivisions 1 a and b of this subsection over the entire future period for which the rates are computed to provide coverage.

B. 1. Refund or credit calculation. An issuer shall collect and file with the State Corporation Commission by May 31 of each year the data contained in the applicable reporting form contained in Appendix A for each type in a standard Medicare supplement benefit plan.

2. If on the basis of the experience as reported the benchmark ratio since inception (ratio 1) exceeds the adjusted experience ratio since inception (ratio 3), a refund or credit calculation is required. The refund calculation shall be done on a statewide basis for each type in a standard Medicare supplement benefit plan. For purposes of the refund or credit calculation, experience on policies issued within the reporting year shall be excluded.

3. For the purposes of this section, for policies or certificates issued prior to July 30, 1992, the issuer shall make the refund or credit calculation separately for all individual policies (including all group policies subject to an individual loss ratio standard when issued) combined and all other group policies combined for experience after April 28, 1996. ~~The first such report shall be due by May 31, 1998.~~

4. A refund or credit shall be made only when the benchmark loss ratio exceeds the adjusted experience loss ratio and the amount to be refunded or credited exceeds a

de minimis level. The refund shall include interest from the end of the calendar year to the date of the refund or credit at a rate specified by the Secretary, but in no event shall it be less than the average rate of interest for 13-week Treasury notes. A refund or credit against premiums due shall be made by September 30 following the experience year upon which the refund or credit is based.

C. Annual filing of premium rates. An issuer of Medicare supplement policies and certificates issued before or after July 30, 1992, in this Commonwealth shall file annually its rates, rating schedule, and supporting documentation including ratios of incurred losses to earned premiums by policy duration for approval by the State Corporation Commission in accordance with the filing requirements and procedures prescribed by the State Corporation Commission. The supporting documentation shall also demonstrate in accordance with actuarial standards of practice using reasonable assumptions that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. The demonstration shall exclude active life reserves. An expected third-year loss ratio which is greater than or equal to the applicable percentage shall be demonstrated for policies or certificates in force less than three years. The supporting documentation shall also include a certification by a qualified actuary that to the best of the actuary's knowledge and judgment, the following items are true with respect to the filing:

1. The assumptions present the actuary's best judgment as to the reasonable value for each assumption and are consistent with the issuer's business plan at the time of the filing;
2. The anticipated lifetime loss ratio, future loss ratios, and except for policies issued prior to July 30, 1992, third-year loss ratios all exceed the applicable ratio;
3. Except for policies issued prior to July 30, 1992, the filed rates maintain the proper relationship between policies which had different rating methodologies;
4. The filing was prepared based on the current standards of practices as promulgated by the Actuarial Standards Board, including the data quality standard of practice, as described at [www.actuary.org](http://www.actuary.org);
5. The filing is in compliance with the applicable laws and regulations in this Commonwealth; and
6. The premiums are reasonable in relation to the benefits provided.

As soon as practicable, but prior to the effective date of enhancements in Medicare benefits, every issuer of Medicare supplement policies or certificates in this Commonwealth shall file with the State Corporation Commission, in accordance with the applicable filing procedures of this Commonwealth:

1. a. Appropriate premium adjustments necessary to produce loss ratios as anticipated for the current premium for the applicable policies or certificates. The supporting documents as necessary to justify the adjustment shall accompany the filing.

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b. An issuer shall make such premium adjustments necessary to produce an expected loss ratio under the policy or certificate to conform with minimum loss ratio standards for Medicare supplement policies and which are expected to result in a loss ratio at least as great as that originally anticipated in the rates used to produce current premiums by the issuer for the Medicare supplement policies or certificates. No premium adjustment which would modify the loss ratio experience under the policy other than the adjustments described herein shall be made with respect to a policy at any time other than upon its renewal date or anniversary date.

c. If an issuer fails to make premium adjustments acceptable to the State Corporation Commission, the State Corporation Commission may order premium adjustments, refunds or premium credits deemed necessary to achieve the loss ratio required by this section.

2. Any appropriate riders, endorsements or policy forms needed to accomplish the Medicare supplement policy or certificate modifications necessary to eliminate benefit duplications with Medicare. The riders, endorsements or policy forms shall provide a clear description of the Medicare supplement benefits provided by the policy or certificate.

D. Public hearings. The State Corporation Commission may conduct a public hearing to gather information concerning a request by an issuer for an increase in a rate for a policy form or certificate form issued before or after July 30, 1992, if the experience of the form for the previous reporting period is not in compliance with the applicable loss ratio standard. The determination of compliance is made without consideration of any refund or credit for such reporting period. Public notice of the hearing shall be furnished in a manner deemed appropriate by the State Corporation Commission.

## **14 VAC 5-170-130. Filing and approval of policies and certificates and premium rates.**

A. An issuer shall not deliver or issue for delivery a policy or certificate to a resident of this Commonwealth unless the policy form or certificate form has been filed with and approved by the State Corporation Commission in accordance with filing requirements and procedures prescribed by the State Corporation Commission.

*In addition, no rider, endorsement or amendment, including any rider, endorsement or amendment designed to delete outpatient prescription drug benefits as required by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (42 USC § 1395w-101), shall be attached to or printed or stamped upon a policy or certificate form delivered or issued for delivery in this Commonwealth unless the form of the rider, endorsement or amendment has been filed with and approved by the State Corporation Commission.*

B. An issuer shall not use or change premium rates for a Medicare supplement policy or certificate unless the rates, rating schedule, and supporting documentation have been filed with and approved by the State Corporation Commission in accordance with the filing requirements and procedures prescribed by the State Corporation Commission.

The filing shall also include a certification by a qualified actuary that to the best of the actuary's knowledge and judgment, the following items are true with respect to the filing:

1. The assumptions present the actuary's best judgment as to the reasonable value for each assumption and are consistent with the issuer's business plan at the time of the filing;
2. The anticipated lifetime loss ratio, future loss ratios, and except for policies issued prior to July 30, 1992, third-year loss ratio all exceed the applicable ratio;
3. The filing was prepared based on the current standards or practices as promulgated by the Actuarial Standards Board including the data quality standard of practice as described at [www.actuary.org](http://www.actuary.org);
4. The filing is in compliance with applicable laws and regulations in this Commonwealth; and
5. The premiums are reasonable in relation to the benefits provided.

C. 1. Except as provided in subdivision 2 of this subsection, an issuer shall not file for approval more than one form of a policy or certificate of each type for each standard Medicare supplement benefit plan.

2. An issuer may offer, with the approval of the State Corporation Commission, up to four additional policy forms or certificate forms of the same type for the same standard Medicare supplement benefit plan, one for each of the following cases:

- a. The inclusion of new or innovative benefits;
- b. The addition of either direct response or agent marketing methods;
- c. The addition of either guaranteed issue or underwritten coverage;
- d. The offering of coverage to individuals eligible for Medicare by reason of disability.

3. For the purposes of this section, a "type" means an individual policy, a group policy, an individual Medicare Select policy or a group Medicare Select policy.

D. 1. Except as provided in subdivision 1 a of this subsection, an issuer shall continue to make available for purchase any policy form or certificate form issued after July 30, 1992, that has been approved by the State Corporation Commission. A policy form or certificate form shall not be considered to be available for purchase unless the issuer has actively offered it for sale in the previous 12 months.

- a. An issuer may discontinue the availability of a policy form or certificate form if the issuer provides to the State Corporation Commission in writing its decision at least 30 days prior to discontinuing the availability of the form of the policy or certificate.
- b. An issuer that discontinues the availability of a policy form or certificate form pursuant to subdivision 1 a of this subsection shall not file for approval a new policy form or certificate form of the same type for the same standard

Medicare supplement benefit plan as the discontinued form for a period of five years after the issuer provides notice to the State Corporation Commission of the discontinuance. The period of discontinuance may be reduced if the State Corporation Commission determines that a shorter period is appropriate.

2. The sale or other transfer of Medicare supplement business to another issuer shall be considered a discontinuance for the purposes of this subsection.

3. A change in the rating structure or methodology shall be considered a discontinuance under subdivision 1 of this subsection unless the issuer complies with the following requirements:

a. The issuer provides an actuarial memorandum, in a form and manner prescribed by the State Corporation Commission, describing the manner in which the revised rating methodology and resultant rates differ from the existing rating methodology and existing rates.

b. The issuer does not subsequently put into effect a change of rates or rating factors that would cause the percentage differential between the discontinued and subsequent rates as described in the actuarial memorandum to change. The State Corporation Commission may approve a change to the differential which is in the public interest.

E. 1. Except as provided in subdivision 2 of this subsection, the experience of all policy forms or certificate forms of the same type in a standard Medicare supplement benefit plan shall be combined for purposes of the refund or credit calculation prescribed in 14 VAC 5-170-120.

2. Forms assumed under an assumption reinsurance agreement shall not be combined with the experience of other forms for purposes of the refund or credit calculation.

#### **14 VAC 5-170-150. Required disclosure provisions.**

##### **A. General rules.**

1. Medicare supplement policies and certificates shall include a renewal or continuation provision. The language or specifications of such provision shall be consistent with the type of contract issued. The provision shall be appropriately captioned, shall appear on the first page of the policy, and shall include any reservation by the issuer of the right to change premiums and any automatic renewal premium increases based on the policyholder's age. Medicare supplement policies or certificates which are attained age rated shall include a clear and prominent statement, in at least 14 point type, disclosing that premiums will increase due to changes in age and the frequency under which such changes will occur.

2. Except for riders or endorsements by which the issuer effectuates a request made in writing by the insured, exercises a specifically reserved right under a Medicare supplement policy, or is required to reduce or eliminate benefits to avoid duplication of Medicare benefits, all riders or endorsements added to a Medicare supplement policy after date of issue or at reinstatement or renewal which reduce or eliminate benefits or coverage in the policy shall

require a signed acceptance by the insured. After the date of policy or certificate issue, any rider or endorsement which increases benefits or coverage with a concomitant increase in premium during the policy term shall be agreed to in writing signed by the insured, unless the benefits are required by the minimum standards for Medicare supplement policies, or if the increased benefits or coverage is required by law. Where a separate additional premium is charged for benefits provided in connection with riders or endorsements, the premium charge shall be set forth in the policy.

3. Medicare supplement policies or certificates shall not provide for the payment of benefits based on standards described as "usual and customary," "reasonable and customary" or words of similar import.

4. If a Medicare supplement policy or certificate contains any limitations with respect to preexisting conditions, such limitations shall appear as a separate paragraph of the policy and be labeled as "Preexisting Condition Limitations."

5. Medicare supplement policies and certificates shall have a notice prominently printed on the first page of the policy or certificate or attached thereto stating in substance that the policyholder or certificateholder shall have the right to return the policy or certificate within 30 days of its delivery and to have all premiums made for the policy refunded if, after examination of the policy or certificate, the insured person is not satisfied for any reason.

6. Issuers of accident and sickness policies or certificates which provide hospital or medical expense coverage on an expense incurred or indemnity basis to a person or persons eligible for Medicare shall provide to those applicants a Guide to Health Insurance for People with Medicare in the form developed jointly by the National Association of Insurance Commissioners and the ~~Health Care Financing Administration~~ *Centers for Medicare and Medicaid Services* and in a type size no smaller than 12 point type. Delivery of the guide shall be made whether or not such policies or certificates are advertised, solicited or issued as Medicare supplement policies or certificates as defined in this chapter. Except in the case of direct response issuers, delivery of the guide shall be made to the applicant at the time of application and acknowledgement of receipt of the guide shall be obtained by the issuer. Direct response issuers shall deliver the guide to the applicant upon request but not later than at the time the policy is delivered.

For the purposes of this section, "form" means the language, format, type size, type proportional spacing, bold character, and line spacing.

##### **B. Notice requirements.**

1. As soon as practicable, but no later than 30 days prior to the annual effective date of any Medicare benefit changes, an issuer shall notify its policyholders and certificateholders of modifications it has made to Medicare supplement insurance policies or certificates in a format acceptable to the State Corporation Commission. The notice shall:

a. Include a description of revisions to the Medicare program and a description of each modification made to

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the coverage provided under the Medicare supplement policy or certificate; and

b. Inform each policyholder or certificateholder as to when any premium adjustment is to be made due to changes in Medicare.

2. The notice of benefit modifications and any premium adjustments shall be in outline form and in clear and simple terms so as to facilitate comprehension.

3. Such notices shall not contain or be accompanied by any solicitation.

*C. Issuers shall comply with any notice requirements of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (42 USC § 1395w-101).*

*G. D. Outline of coverage requirements for Medicare Supplement Policies.*

1. Issuers shall provide an outline of coverage to all applicants at the time the application is presented to the prospective applicant and, except for direct response policies, shall obtain an acknowledgement of receipt of the outline from the applicant; and

2. If an outline of coverage is provided at the time of application and the Medicare supplement policy or certificate is issued on a basis which would require revision of the outline, a substitute outline of coverage properly describing the policy or certificate shall accompany such policy or certificate when it is delivered and contain the following statement, in no less than 12 point type, immediately above the company name:

"NOTICE: Read this outline of coverage carefully. It is not identical to the outline of coverage provided upon application and the coverage originally applied for has not been issued."

3. The outline of coverage provided to applicants pursuant to this section consists of four parts: a cover page, premium information, disclosure pages, and charts displaying the features of each benefit plan offered by the issuer. The outline of coverage shall be in the language and format prescribed below in no less than 12 point type. All plans A through L shall be shown on the cover page, and the plan(s) that are offered by the issuer shall be prominently identified. Premium information for plans that are offered shall be shown on the cover page or immediately following the cover page and shall be prominently displayed. The premium and mode shall be stated for all plans that are offered to the prospective applicant. All possible premiums for the prospective applicant shall be illustrated.

4. The following items shall be included in the outline of coverage in the order prescribed in the following table.

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[COMPANY NAME]

Outline of Medicare Supplement Coverage-Cover Page: 1 of 2  
Benefit Plan(s) \_\_\_\_\_ [insert letter(s) of plan(s) being offered]

~~Medicare supplement insurance can be sold in only ten standard plans plus two high deductible plans.\* This chart~~ *These charts*  
[ ~~shows show~~ ] the benefits included in each ~~plan of the Standard Medicare Supplemental plans~~. Every company must make  
available Plan "A." Some plans may not be available in your state.

*See outlines of coverages section for details about all plans.*

Basic Benefits: ~~Included in all Plans. For Plans A - J.~~

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) ~~or in the case of hospital-outpatient  
department services under a prospective payment system, applicable copayments~~ [ *or copayments* ] for hospital outpatient  
services.

Blood: First three pints of blood each year.

A	B	C	D	E	F	F*	G	H	I	J	J*
Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible			Part B Deductible					Part B Deductible	Part B Deductible
					Part B Excess (100%)	Part B Excess (80%)			Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At-Home Recovery				At-Home Recovery		At-Home Recovery	At-Home Recovery	At-Home Recovery
								Basic Drug Benefit (\$1,250 Limit)	Basic Drug Benefit (\$1,250 Limit)	Extended Drug Benefit (\$3,000 Limit)	Extended Drug Benefit (\$3,000 Limit)
				Preventive Care <i>not covered by Medicare</i>						Preventive Care <i>not covered by Medicare</i>	Preventive Care <i>not covered by Medicare</i>

\* Plans F and J also have an option called a high deductible Plan F and a high deductible Plan J. These high deductible plans pay the same or offer the same benefits as Plans F and J after one has paid a calendar year \$1,620 1,730 deductible. Benefits from high deductible Plans F and J will not begin until out-of-pocket expenses [ ~~are~~ ] \$1,620 [ *exceed* ] 1,730. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but [ ~~do not~~ ] [ *do* ] not include [ ~~in Plan J~~ ] the plan's separate prescription drug deductible or, in Plans F and J, the plan's separate foreign travel emergency deductible.

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[COMPANY NAME]  
Outline of Medicare Supplement Coverage-Cover Page 2

Basic Benefits for Plans K and L include similar services as plans A-J, but cost-sharing for the basic benefits is at different levels.

J	K**	L**
Basic Benefits	100% of Part A Hospitalization Coinsurance plus coverage for 365 days after Medicare benefits end 50% Hospice cost-sharing 50% of Medicare-eligible expenses for the first three pints of blood 50% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services	100% of Part A Hospitalization Coinsurance plus coverage for 365 days after Medicare benefits end 75% Hospice cost-sharing 75% of Medicare-eligible expenses for the first three pints of blood 75% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services
Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance
Part A Deductible	50% Part A Deductible	75% Part A Deductible
Part B Deductible		
Part B Excess (100%)		
Foreign Travel Emergency		
At-Home Recovery		
Preventive Care NOT covered by Medicare		
	\$4,000 Out of Pocket Annual Limit***	\$2,000 Out of Pocket Annual Limit***

\*\* Plans K and L provide for different cost-sharing for items and services than Plans A – J. Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called "Excess Charges." You will be responsible for paying excess charges.

\*\*\*The out-of-pocket annual limit will increase each year for inflation.

See Outlines of Coverage for details and exceptions.

## **PREMIUM INFORMATION**

Boldface Type

We [insert issuer's name] can only raise your premium if we raise the premium for all policies like yours in this Commonwealth. [If the premium is based on attained age of the insured, include the following information:

1. When premiums will change;
2. The current premium for all ages;
3. A statement that premiums for other Medicare Supplement policies that are issue age or community rated do not increase due to changes in your age; and
4. A statement that while the cost of this policy at the covered individual's present age may be lower than the cost of a Medicare supplement policy that is based on issue age or community rated, it is important to compare the potential cost of these policies over the life of the policy.]

## **DISCLOSURES**

Boldface Type

Use this outline to compare benefits and premiums among policies.

## **READ YOUR POLICY VERY CAREFULLY**

**Boldface Type**

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

## **RIGHT TO RETURN POLICY**

Boldface Type

If you find that you are not satisfied with your policy, you may return it to [insert issuer's address]. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

## **POLICY REPLACEMENT**

Boldface Type

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

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## **NOTICE**

Boldface Type

This policy may not fully cover all of your medical costs.

[for agents:]

Neither [insert company's name] nor its agents are connected with Medicare.

[for direct response:]

[insert company's name] is not connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare & You" for more details.

## **COMPLETE ANSWERS ARE VERY IMPORTANT**

Boldface Type

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. [If the policy or certificate is guaranteed issue, this paragraph need not appear.]

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

[Include for each plan prominently identified in the cover page, a chart showing the services, Medicare payments, plan payments and insured payments for each plan, using the same language, in the same order, using uniform layout and format as shown in the charts below. No more than four plans may be shown on one chart. For purposes of illustration, charts for each plan are included in this regulation. An issuer may use additional benefit plan designations on these charts pursuant to 14 VAC 5-170-80.]

[Include an explanation of any innovative benefits on the cover page and in the chart, in a manner approved by the State Corporation Commission.]

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PLAN A

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but <del>\$812 912</del> All but <del>\$203 228</del> a day All but <del>\$406 456</del> a day \$0 \$0	\$0 <del>\$203 228</del> a day <del>\$406 456</del> a day 100% of Medicare Eligible Expenses \$0	<del>\$812 912</del> (Part A Deductible) \$0 \$0 \$0 All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but <del>\$101.50 114</del> a day \$0	\$0 \$0 \$0	\$0 Up to <del>\$101.50 114</del> a day All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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## PLAN A

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$400 110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 Generally 80% \$0	\$0 Generally 20% \$0	\$400 110 (Part B deductible) \$0 All Costs
<b>PART B EXCESS CHARGES</b> <i>(Above Medicare-Approved Amounts)</i>	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints Next \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$400 110 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

## PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$400 110 (Part B Deductible) \$0

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PLAN B

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days  Beyond the Additional 365 days	All but <del>\$812</del> 912 All but <del>\$203</del> 228 a day  All but <del>\$406</del> 456 a day  \$0  \$0	\$812 912 (Part A Deductible) \$203 228 a day  \$406 456 a day  100% of Medicare Eligible Expenses \$0	\$0 \$0  \$0  \$0  All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day  101st day and after	All approved amounts All but <del>\$401.50</del> 114 a day \$0	\$0 \$0  \$0	\$0 Up to <del>\$401.50</del> 114 a day All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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## PLAN B

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$400 110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts <b>Part B Excess Charges (Above Medicare Approved Amounts)</b>	\$0 Generally 80% \$0	\$0 Generally 20% \$0	\$400 110 (Part B Deductible) \$0 All Costs
<b>PART B EXCESS CHARGES</b> <i>(Above Medicare-Approved Amounts)</i>	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints Next \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$400 110 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

## PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> <b>MEDICARE-APPROVED SERVICES</b> Medically necessary skilled care services and medical supplies Durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$400 110 (Part B Deductible) \$0

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PLAN C

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but <del>\$812</del> 912 All but <del>\$203</del> 228 a day All but <del>\$406</del> 456 a day \$0 \$0	<del>\$812</del> 912 (Part A Deductible) <del>\$203</del> 228 a day \$406 456 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but <del>\$101.50</del> 114 a day \$0	\$0 Up to <del>\$101.50</del> 114 a day \$0	\$0 \$0 All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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## PLAN C

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$400 110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$400 110 of Medicare-Approved Amounts*	\$0	\$400 110 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
<del>Part B Excess Charges (Above Medicare Approved Amounts)</del>	<del>\$0</del>	<del>\$0</del>	<del>All Costs</del>
<b>PART B EXCESS CHARGES (Above Medicare-Approved Amounts)</b>	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	All Costs	\$0
Next \$400 110 of Medicare-Approved Amounts*	\$0	\$400 110 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

## PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b>			
<b>MEDICARE-APPROVED SERVICES</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$400 110 of Medicare-Approved Amounts*	\$0	\$400 110 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0

## OTHER BENEFITS - NOT COVERED BY MEDICARE

<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b>			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

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## PLAN D

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but <del>\$812</del> 912 All but <del>\$203</del> 228 a day All but <del>\$406</del> 456 a day 0 0	<del>\$812</del> 912 (Part A Deductible) <del>\$203</del> 228 a day <del>\$406</del> 456 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but <del>\$101.50</del> 114 a day \$0	\$0 Up to <del>\$101.50</del> 114 a day \$0	\$0 \$0 All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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## PLAN D

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$400 110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts <del>Part B Excess Charges (Above Medicare Approved Amounts)</del>	\$0 Generally 80% \$0	\$0 Generally 20% \$0	\$400 110 (Part B Deductible) \$0 All Costs
<b>PART B EXCESS CHARGES</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints Next \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$400 110 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

## PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$400 110 (Part B Deductible) \$0
<b>AT-HOME RECOVERY SERVICES - NOT COVERED BY MEDICARE</b> Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare-approved a Home Care Treatment Plan Benefit for each visit  Number of visits covered (must be received within 8 weeks of last Medicare-Approved visit)  Calendar year maximum	\$0 \$0 \$0	Actual charges to \$40 a visit Up to the number of Medicare-approved visits not to exceed 7 each week \$1,600	Balance

## OTHER BENEFITS - NOT COVERED BY MEDICARE

<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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PLAN E

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but <del>\$812</del> 912 All but <del>\$203</del> 228 a day All but <del>\$406</del> 456 a day \$0 \$0	\$812 912 (Part A Deductible) \$203 228 a day \$406 456 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0 All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but <del>\$101.50</del> 114 a day \$0	\$0 Up to <del>\$101.50</del> 114 a day \$0	\$0 \$0 All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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## PLAN E

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$400 110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$400 110 of Medicare-Approved Amounts*	\$0	\$0	\$400 110 (Part B Deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
<del>Part B Excess Charges (Above Medicare Approved Amounts)</del>	<del>\$0</del>	<del>\$0</del>	<del>All Costs</del>
<b>PART B EXCESS CHARGES</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	All Costs	\$0
Next \$400 110 of Medicare-Approved Amounts*	\$0	\$0	\$400 110 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

## PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b>			
<b>MEDICARE-APPROVED SERVICES</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$400 110 of Medicare-Approved Amounts*	\$0	\$0	\$400 110 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0

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PLAN E

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
<b>***PREVENTIVE MEDICAL CARE BENEFIT<sup>±</sup> - NOT COVERED BY MEDICARE</b> Some annual physical and preventive tests and services such as: <del>digital rectal exam, hearing screening, dipstick urinalysis, diabetes screening, thyroid function test, tetanus and diphtheria booster and education</del> , administered or ordered by your doctor when not covered by Medicare First \$120 each calendar year Additional charges	\$0 \$0	\$120 \$0	\$0 All Costs

\*\*\*Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

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## PLAN F or HIGH DEDUCTIBLE PLAN F

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\*This high deductible plan pays the same ~~or offers the same~~ benefits as Plan F after one has paid a calendar year ~~\$1620~~ 1730 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are ~~\$1620~~ 1730. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY <del>\$1620</del> 1730 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO <del>\$1620</del> 1730 DEDUCTIBLE,** YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but <del>\$812</del> 912 All but <del>\$203</del> 228 a day  All but <del>\$406</del> 456 a day  \$0  \$0	\$ <del>812</del> 912 (Part A Deductible) \$ <del>203</del> 228 a day  \$ <del>406</del> 456 a day  100% of Medicare Eligible Expenses \$0	\$0 \$0  \$0  All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but <del>\$101.50</del> 114 a day \$0	\$0 Up to <del>\$101.50</del> 114 a day \$0	\$0 \$0 All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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PLAN F or HIGH DEDUCTIBLE PLAN F

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$400 110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

\*\*This high deductible plan pays the same or offers the same benefits as Plan F after one has paid a calendar year \$4620 1730 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$4620 1730. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$4620 1730 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$4620 1730 DEDUCTIBLE,** YOU PAY
<b>MEDICAL EXPENSES</b> - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts <del>Part B Excess Charges (Above Medicare Approved Amounts)</del>	\$0 Generally 80% \$0	\$400 110 (Part B Deductible) Generally 20% 400%	\$0 \$0 All costs
<b>PART B EXCESS CHARGES</b> (Above Medicare-Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$400 110 (Part B Deductible) 20%	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$4620 1730 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$4620 1730 DEDUCTIBLE,** YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$400 110 (Part B Deductible) 20%	\$0 \$0 \$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$4620 1730 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$4620 1730 DEDUCTIBLE,** YOU PAY
<b>FOREIGN TRAVEL</b> - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum

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## PLAN G

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but \$ <del>812</del> 912 All but \$ <del>203</del> 228 a day All but \$ <del>406</del> 456 a day \$0 \$0	\$ <del>812</del> 912 (Part A Deductible) \$ <del>203</del> 228 a day \$ <del>406</del> 456 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$ <del>101.50</del> 114 a day \$0	\$0 Up to \$ <del>101.50</del> 114 a day \$0	\$0 \$0 All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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PLAN G

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$400 110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts <del>Part B Excess Charges (Above Medicare Approved Amounts)</del>	\$0 Generally 80% \$0	\$0 Generally 20% 80%	\$400 110 (Part B Deductible) \$0 20%
<b>PART B EXCESS CHARGES</b> (Above Medicare-Approved Amounts)	\$0	80%	20%
<b>BLOOD</b> First 3 pints Next \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$400 110 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$400 110 (Part B Deductible) \$0
<b>AT HOME RECOVERY SERVICES - NOT COVERED BY MEDICARE</b> Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare-approved a Home Care Treatment Plan Benefit for each visit  Number of visits covered (must be received within 8 weeks of last Medicare-approved visit)  Calendar year maximum	\$0 \$0 \$0	Actual Charges to \$40 a visit Up to the number of Medicare-approved visits not to exceed 7 each week \$1,600	Balance Balance

OTHER BENEFITS - NOT COVERED BY MEDICARE

<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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## PLAN H

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but \$ <del>812</del> 912 All but \$ <del>203</del> 228 a day  All but \$ <del>406</del> 456 a day  \$0  \$0	\$ <del>812</del> 912 (Part A Deductible) \$ <del>203</del> 228 a day  \$ <del>406</del> 456 a day  100% of Medicare Eligible Expenses \$0	\$0 \$0  \$0  \$0  All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$ <del>401.50</del> 114 a day \$0	\$0 Up to \$ <del>401.50</del> 114 a day \$0	\$0 \$0 All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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PLAN H

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$400 110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts <del>Part B Excess Charges (Above Medicare Approved Amounts)</del>	\$0 Generally 80% \$0	\$0 Generally 20% \$0	\$400 110 (Part B Deductible) \$0 All Costs
<b>PART B EXCESS CHARGES</b> (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
<b>BLOOD</b> First 3 pints Next \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$400 110 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment First \$400 110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$400 110 (Part B Deductible) \$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
<b>BASIC OUTPATIENT PRESCRIPTION DRUGS - NOT COVERED BY MEDICARE</b> First \$250 each calendar year Next \$2,500 each calendar year  Over \$2,500 each calendar year	\$0 \$0 \$0	\$0 50%—\$1,250 calendar year maximum benefit \$0	\$250 50% All Costs

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## PLAN I

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but \$ <del>812</del> 912 All but \$ <del>203</del> 228 a day All but \$ <del>406</del> 456 a day \$0 \$0	\$ <del>812</del> 912 (Part A Deductible) \$ <del>203</del> 228 a day \$ <del>406</del> 456 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$ <del>401.50</del> 114 a day \$0	\$0 Up to \$ <del>401.50</del> 114 a day \$0	\$0 \$0 All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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PLAN I

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$400 110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First <del>\$400</del> 110 of Medicare-Approved Amounts*	\$0	\$0	<del>\$400</del> 110 (Part B Deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
<del>Part B Excess Charges (Above Medicare Approved Amounts)</del>	<del>\$0</del>	<del>100%</del>	<del>\$0</del>
<b>PART B EXCESS CHARGES (Above Medicare-Approved Amounts)</b>	\$0	100%	\$0
<b>BLOOD</b>			
First 3 pints	\$0	All Costs	\$0
Next <del>\$400</del> 110 of Medicare-Approved Amounts*	\$0	\$0	<del>\$400</del> 110 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First <del>\$400</del> 110 of Medicare-Approved Amounts*	\$0	\$0	<del>\$400</del> 110 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
<b>AT HOME RECOVERY SERVICES - NOT COVERED BY MEDICARE</b>			
Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare-approved a Home Care Treatment Plan			
Benefit for each visit	\$0	Actual charges to \$40 a visit	Balance
Number of visits covered (must be received within 8 weeks of last Medicare-Approved visit)	\$0	Up to the number of Medicare-Approved visits not to exceed 7 each week	Balance
Calendar year maximum	\$0	\$1,600	

OTHER BENEFITS - NOT COVERED BY MEDICARE

<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b>			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges*	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum
<b>BASIC OUTPATIENT PRESCRIPTION DRUGS - NOT COVERED BY MEDICARE</b>			
First \$250 each calendar year	\$0	\$0	\$250
Next \$2,500 each calendar year	\$0	50% - \$1,250 calendar year maximum benefit	50%
Over \$2,500 each calendar year	\$0	\$0	All Costs

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PLAN J or HIGH DEDUCTIBLE PLAN J  
 MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\*This high deductible plan pays the same or offers the same benefits as Plan J after one has paid a calendar year \$~~4620~~ 1730 deductible. Benefits from high deductible Plan J will not begin until out-of-pocket expenses are \$~~4620~~ 1730. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's ~~separate prescription drug deductible or the plan's~~ separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$ <del>4620</del> 1730 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$ <del>4620</del> 1730 DEDUCTIBLE,** YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but \$ <del>812</del> 912 All but \$ <del>203</del> 228 a day All but \$ <del>406</del> 456 a day \$0 \$0	\$ <del>812</del> 912 (Part A Deductible) \$ <del>203</del> 228 a day \$ <del>406</del> 456 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$ <del>401.50</del> 114 a day \$0	\$0 Up to \$ <del>401.50</del> 114 a day \$0	\$0 \$0 All Costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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PLAN J or HIGH DEDUCTIBLE PLAN J

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*Once you have been billed \$400 110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

\*\*This high deductible plan pays the same or offers the same benefits as Plan J after one has paid a calendar year (\$1620 1730) deductible. Benefits from high deductible Plan J will not begin until out-of-pocket expenses are \$1620 1730. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate prescription drug deductible or the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$1620 1730 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$1620 1730 DEDUCTIBLE,** YOU PAY
<b>MEDICAL EXPENSES</b> - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$400 110 of Medicare-Approved Amounts*	\$0	\$400 110 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges (Above Medicare Approved Amounts)</b>	\$0	100%	\$0
<b>PART B EXCESS CHARGES</b> (Above Medicare-Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b>			
First 3 pints	\$0	All Costs	\$0
Next \$400 110 of Medicare-Approved Amounts*	\$0	\$400 110 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

PARTS A & B

<b>HOME HEALTH CARE</b> MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$400 110 of Medicare-Approved Amounts*	\$0	\$400 110 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
<b>AT-HOME RECOVERY SERVICES - NOT COVERED BY MEDICARE</b> Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare-approved a Home Care Treatment Plan			
Benefit for each visit	\$0	Actual charges to \$40 a visit	Balance
Number of visits covered (must be received within 8 weeks of last Medicare-Approved visit)	\$0	Up to the number of Medicare-Approved visits not to exceed 7 each week	
Calendar year maximum	\$0	\$1,600	

# Final Regulations

## PLAN J or HIGH DEDUCTIBLE PLAN J

### OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$1620 1730 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$1620 1730 DEDUCTIBLE,** YOU PAY
<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
<b>EXTENDED OUTPATIENT PRESCRIPTION DRUGS - NOT COVERED BY MEDICARE</b> First \$250 each calendar year Next \$6,000 each calendar year  Over \$6,000 each calendar year	\$0 \$0  \$0	\$0 50% - \$3,000 calendar year maximum benefit \$0	\$250 50%  All costs
<b>***PREVENTIVE MEDICAL CARE BENEFIT - NOT COVERED BY MEDICARE***</b> Some annual physical and preventive tests and services such as: digital rectal exam, hearing screening, dipstick urinalysis, diabetes screening, thyroid function test, tetanus and diphtheria booster and education, administered or ordered by your doctor when not covered by Medicare First \$120 each calendar year Additional charges	\$0 \$0	\$120 \$0	\$0 All costs

\*\*\*Medicare benefits are subject to change. Please consult the latest "Guide to Health Insurance for People with Medicare."

Eff. 8/05

PLAN K

\*You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$4000 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>HOSPITALIZATION**</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days  Beyond the additional 365 days	All but \$912 All but \$228 a day  All but \$456 a day  \$0  \$0	\$456 (50% of Part A deductible) \$228 a day  \$456 a day  100% of Medicare eligible expenses \$0	\$456 (50% of Part A deductible)♦ \$0  \$0  \$0  All costs
<b>SKILLED NURSING FACILITY CARE**</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$114 a day \$0	\$0 Up to \$57 a day \$0	\$0 Up to \$57 a day ♦ All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	50% \$0	50%♦ \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	Generally, most Medicare-eligible expenses for out-patient drugs and inpatient respite care	50% of coinsurance or copayments	50% of coinsurance or copayments♦

# Final Regulations

## PLAN K

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*\*\*\* Once you have been billed \$110 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>MEDICAL EXPENSES -</b> <b>IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,</b> <i>First \$110 of Medicare-Approved Amounts****</i> <i>Preventive Benefits for Medicare covered services</i> <i>Remainder of Medicare-Approved Amounts</i>	\$0  <i>Generally 75% or more of Medicare-approved amounts</i> <i>Generally 80%</i>	\$0  <i>Remainder of Medicare-approved amounts</i> <i>Generally 10%</i>	\$110 (Part B deductible)**** ♦  <i>All costs above Medicare-approved amounts</i> <i>Generally 10% ♦</i>
<b>PART B EXCESS CHARGES</b> <i>(Above Medicare-Approved Amounts)</i>	\$0	\$0	<i>All costs (and they do not count toward annual out-of-pocket limit of \$4000)*</i>
<b>BLOOD</b> <i>First 3 pints</i> <i>Next \$110 of Medicare-Approved Amounts****</i> <i>Remainder of Medicare-Approved Amounts</i>	\$0 \$0 <i>Generally 80%</i>	50% \$0 <i>Generally 10%</i>	50%♦ \$110 (Part B deductible)**** ♦ <i>Generally 10% ♦</i>
<b>CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

\* This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$4000 per year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

## PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>HOME HEALTH CARE</b> <b>MEDICARE-APPROVED SERVICES</b> <i>Medically necessary skilled care services and medical supplies</i> <i>Durable medical equipment</i> <i>First \$110 of Medicare-Approved Amounts*****</i> <i>Remainder of Medicare-Approved Amounts</i>	100%  \$0 80%	\$0  \$0 10%	\$0  \$110 (Part B deductible) ♦ 10%♦

\*\*\*\*\*Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

Eff. 8/05

## PLAN L

\*You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$2000 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\*\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>HOSPITALIZATION**</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the additional 365 days	All but \$912  All but \$228 a day  All but \$456 a day  \$0 \$0	\$684 (75% of Part A deductible)  \$228 a day  \$456 a day  100% of Medicare eligible expenses \$0	\$228 (25% of Part A deductible)♦ \$0  \$0  \$0 All costs
<b>SKILLED NURSING FACILITY CARE**</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$114 a day \$0	\$0 Up to \$85.50 a day \$0	\$0 Up to \$28.50 a day♦ All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	75% \$0	25%♦ \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	Generally, most Medicare eligible expenses for out-patient drugs and inpatient respite care	75% of coinsurance or copayments	25% of coinsurance or copayments ♦

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## PLAN L

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

\*\*\*\* Once you have been billed \$110 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>MEDICAL EXPENSES -</b> <b>IN OR OUT OF THE HOSPITAL AND</b> <b>OUTPATIENT HOSPITAL</b> <b>TREATMENT, such as physician's</b> <b>services, inpatient and outpatient</b> <b>medical and surgical services and</b> <b>supplies, physical and speech</b> <b>therapy, diagnostic tests, durable</b> <b>medical equipment</b> First \$110 of Medicare-Approved Amounts**** Preventive Benefits for Medicare-covered services Remainder of Medicare- Approved Amounts	\$0  Generally 75% or more of Medicare-approved amounts Generally 80%	\$0  Remainder of Medicare- approved amounts Generally 15%	\$110 (Part B deductible)**** ♦  All costs above Medicare- approved amounts Generally 5%♦
<b>PART B EXCESS CHARGES</b> (Above Medicare-Approved Amounts)	\$0	\$0	All costs (and they do not count toward annual out-of- pocket limit of \$2000)*
<b>BLOOD</b> First 3 pints Next \$110 of Medicare-Approved Amounts**** Remainder of Medicare-Approved Amounts	\$0 \$0 Generally 80%	75% \$0 Generally 15%	25%♦ \$110 (Part B deductible)♦ Generally 5%♦
<b>CLINICAL LABORATORY</b> <b>SERVICES -</b> <b>TESTS FOR DIAGNOSTIC</b> <b>SERVICES</b>	100%	\$0	\$0

\* This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$2000 per year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

### PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>HOME HEALTH CARE</b> <b>MEDICARE-APPROVED SERVICES</b> Medically necessary skilled care services and medical supplies Durable medical equipment First \$110 of Medicare-Approved Amounts***** Remainder of Medicare-Approved Amounts	100%  \$0 80%	\$0  \$0 15%	\$0  \$110 (Part B deductible)♦ 5%♦

\*\*\*\*\*Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

D. E. Notice regarding policies or certificates which are not Medicare supplement policies.

1. Any accident and sickness insurance policy or certificate issued for delivery in this Commonwealth to persons eligible for Medicare, other than a Medicare supplement policy, a policy issued pursuant to a contract under § 1876 of the federal Social Security Act (42 USC § 1395 et seq.), a disability income policy, or other policy identified in 14 VAC 5-170-20 B, shall notify insureds under the policy that the policy is not a Medicare supplement policy or certificate. The notice shall either be printed or attached to the first page of the outline of coverage delivered to insureds under the policy, or if no outline of coverage is delivered, to the first page of the policy, or certificate delivered to insureds. The notice shall be in no less than 12 point type and shall contain the following language:

"THIS [POLICY OR CERTIFICATE] IS NOT A MEDICARE SUPPLEMENT [POLICY OR CONTRACT]. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company."

2. Applications provided to persons eligible for Medicare for the health insurance policies or certificates described in subdivision 1 of this subsection shall disclose, using the applicable statement in Appendix C, the extent to which the policy duplicates Medicare. The disclosure statement shall be provided as a part of, or together with, the application for the policy or certificate.

E. F. Notice requirements for attained age rated Medicare supplement policies or certificates. Issuers of Medicare supplement policies or certificates which use attained age rating shall provide a notice to all prospective applicants at the time the application is presented, and except for direct response policies or certificates, shall obtain an acknowledgement of receipt of the notice from the applicant. The notice shall be in no less than 12 point type and shall contain the information included in Appendix D. The notice shall be provided as part of, or together with, the application for the policy or certificate.

**14 VAC 5-170-160. Requirements for application forms and replacement coverage.**

A. Application forms shall include the following questions designed to elicit information as to whether, as of the date of the application, the applicant ~~currently has another~~ Medicare supplement ~~or other~~, Medicare Advantage, Medicaid coverage, or another health insurance policy or certificate in force or whether a Medicare supplement policy or certificate is intended to replace any other accident and sickness policy or certificate presently in force. A supplementary application or other form to be signed by the applicant and agent containing such questions and statements may be used.

[Statements]

- 1. You do not need more than one Medicare supplement policy.
- 2. If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.

3. You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.

4. *If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your *suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.**

5. *If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.*

5- 6. Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

[Questions]

*If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare supplement plans. Please include a copy of the notice from your prior insurer with your application. PLEASE ANSWER ALL QUESTIONS. (Please mark yes or no below with an "X".)*

To the best of your knowledge,

1. ~~Do you have another Medicare supplement policy or certificate in force?~~

a. ~~If so, with which company?~~

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~~b. If so, do you intend to replace your current Medicare supplement policy with this policy [certificate]?~~

Yes\_\_\_ No\_\_\_

~~2. Do you have any other health insurance coverage that provides benefits similar to this Medicare supplement policy?~~

4. a. Do you have another Medicare supplement policy in force?

Yes\_\_\_ No\_\_\_

~~a. If so, with which company?~~

b. If so, with what company, and what plan do you have (optional for Direct Mailers)? \_\_\_\_\_

~~b. What kind of policy?~~

c. If so, do you intend to replace your current Medicare supplement policy with this policy?

Yes\_\_\_ No\_\_\_

~~3. Are you covered for medical assistance through the state Medicaid program:~~

~~a. As a Specified Low Income Medicare Beneficiary (SLMB)?~~

5. Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union, or individual plan)

Yes\_\_\_ No\_\_\_

~~b. As a Qualified Medicare Beneficiary (QMB)?~~

~~c. For other Medicaid medical benefits?~~

a. If so, with what company and what kind of policy?

1. a. Did you turn age 65 in the last 6 months?

Yes\_\_\_ No\_\_\_

b. Did you enroll in Medicare Part B in the last 6 months?

Yes\_\_\_ No\_\_\_

c. If yes, what is the effective date? \_\_\_\_\_

2. Are you covered for medical assistance through the state Medicaid program?

b. What are your dates of coverage under the other policy?

START \_\_\_/\_\_\_/\_\_\_ END \_\_\_/\_\_\_/\_\_\_

(NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please answer NO to this question.)

Yes\_\_\_ No\_\_\_

(If you are still covered under the other policy, leave "END" blank.)

If yes,

a. Will Medicaid pay your premiums for this Medicare supplement policy?

Yes\_\_\_ No\_\_\_

b. Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium?

Yes\_\_\_ No\_\_\_

3. a. If you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your start and end dates below. If you are still covered under this plan, leave "END" blank.

START \_\_\_/\_\_\_/\_\_\_ END \_\_\_/\_\_\_/\_\_\_

b. If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplement policy?

Yes\_\_\_ No\_\_\_

c. Was this your first time in this type of Medicare plan?

Yes\_\_\_ No\_\_\_

d. Did you drop a Medicare supplement policy to enroll in the Medicare plan?

B. Agents shall list any other health insurance policies they have sold to the applicant.

1. List policies sold which are still in force.

2. List policies sold in the past five years which are no longer in force.

C. In the case of a direct response issuer, a copy of the application or supplemental form, signed by the applicant, and acknowledged by the insurer, shall be returned to the applicant by the insurer upon delivery of the policy.

D. Upon determining that a sale will involve replacement of Medicare supplement coverage, any issuer, other than a direct response issuer, or its agent, shall furnish the applicant, prior to issuance or delivery of the Medicare supplement policy or certificate, a notice regarding replacement of Medicare supplement coverage. One copy of the notice signed by the applicant and the agent, except where the coverage is sold without an agent, shall be provided to the applicant, and an additional signed copy shall be retained by the issuer. A direct response issuer shall deliver to the applicant at the time of the issuance of the policy the notice regarding replacement of Medicare supplement coverage.

E. The notice required by subsection D above for an issuer shall be provided in substantially the following form in no less than 12 point type:

**NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE**

[Insurance company's name and address]

**SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.**

According to [your application] [information you have furnished], you intend to terminate existing Medicare supplement insurance or Medicare Advantage and replace it with a policy to be issued by [Company Name] Insurance Company. Your new policy will provide 30 days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

**STATEMENT TO APPLICANT BY ISSUER, AGENT [OR OTHER REPRESENTATIVE]:**

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason (check one):

- Additional benefits.
- No change in benefits, but lower premiums.
- Fewer benefits and lower premiums.
- My plan has outpatient prescription drug coverage and I am enrolling in Part D.
- Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment. (optional for Direct Mailers)
- Other. (please specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Note: If the issuer of the Medicare supplement policy being applied for does not, or is otherwise prohibited from imposing preexisting condition limitations, please skip to statement 2 below. Health conditions which you may presently have (preexisting conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under

the new policy, whereas a similar claim might have been payable under your present policy.

2. State law provides that your replacement policy or certificate may not contain new preexisting conditions, waiting periods, elimination periods or probationary periods. The insurer will waive any time periods applicable to preexisting conditions, waiting periods, elimination periods or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.

3. If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded. [If the policy or certificate is guaranteed issue, this paragraph need not appear.]

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

\_\_\_\_\_  
(Signature of Agent, or Other Representative)\*

\_\_\_\_\_  
[Typed Name and Address of Issuer, or Agent]

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\*Signature not required for direct response sales.

F. Paragraphs 1 and 2 of the replacement notice (applicable to preexisting conditions) may be deleted by an issuer if the replacement does not involve the application of a new preexisting conditions limitation.

**14 VAC 5-170-190. Appropriateness of recommended purchase and excessive insurance.**

A. In recommending the purchase or replacement of any Medicare supplement policy or certificate an agent shall make reasonable efforts to determine the appropriateness of a recommended purchase or replacement.

B. Any sale of a Medicare supplement coverage policy or certificate that will provide an individual more than one Medicare supplement policy or certificate is prohibited.

C. An issuer shall not issue a Medicare supplement policy or certificate to an individual enrolled in Medicare Part C unless the effective date of the coverage is after the termination date of the individual's Part C coverage.

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APPENDIX A  
MEDICARE SUPPLEMENT REFUND CALCULATION FORM  
FOR CALENDAR YEAR \_\_\_\_\_

Type<sup>1</sup> \_\_\_\_\_ SMSBP<sup>2</sup> \_\_\_\_\_  
FOR THE STATE OF \_\_\_\_\_  
Company Name \_\_\_\_\_  
NAIC Group Code \_\_\_\_\_ NAIC Company Code \_\_\_\_\_  
Address \_\_\_\_\_  
Person Completing This Exhibit \_\_\_\_\_  
Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

(a) Earned Premium <sup>3</sup>	(b) Incurred Claims <sup>4</sup>
---------------------------------------	--

line

1. Current Year's Experience

a. Total (all policy years)

b. Current year's issues<sup>5</sup>

c. Net (for reporting purposes 1a - 1b) \_\_\_\_\_

2. Past Year's Experience

(All Policy Years) \_\_\_\_\_

3. Total Experience (Net Current Year + Past  
Year's Experience) \_\_\_\_\_

4. Refund last year (Excluding Interest)

5. Previous Since Inception (Excluding Interest) \_\_\_\_\_

6. Refunds Since Inception (Excluding Interest) \_\_\_\_\_

7. Benchmark Ratio Since Inception

(See Worksheet for Ratio 1)

8. Experienced Ratio Since Inception

Total Actual Incurred Claims (line 3, col b) = Ratio 2

Total Earned Prem. (line 3, col a) - Refunds Since Inception (line 6)

9. Life Years Exposed Since Inception \_\_\_\_\_

If the Experienced Ratio is less than the Benchmark Ratio, and there are more than 500 life years exposure, then proceed to calculation of refund.

10. Tolerance Permitted (obtained from credibility table) \_\_\_\_\_

Medicare Supplement Credibility Table

Life Years Exposed

Since Inception

Tolerance

10,000 +

0.0%

5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%

If less than 500, no credibility

11. Adjustment to Incurred Claims for Credibility \_\_\_\_\_

Ratio 3 = Ratio 2 + Tolerance

If Ratio 3 is more than Benchmark Ratio (Ratio 1), a refund or credit to premium is not required.

If Ratio 3 is less than the Benchmark Ratio, then proceed.

12. Adjusted Incurred Claims = \_\_\_\_\_

[Total Earned Premiums (line 3, col a) - Refunds Since Inception (line 6)]  
x Ratio 3 (line 11)

13. Refund = Total Earned Premiums (line 3, col a) - Refunds Since Inception (line 6) -  
Adjusted Incurred Claims (line 12)  
Benchmark Ratio (Ratio 1) \_\_\_\_\_

If the amount on the line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise, the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

<sup>1</sup> Individual, Group, Individual Medicare Select, or Group Medicare Select Only.

<sup>2</sup> "SMSBP" = Standardized Medicare Supplement Benefit Plan - Use "P" for prestandardized plans.

<sup>3</sup> Includes modal loadings and fees charged.

<sup>4</sup> Excludes Active Life Reserves.

<sup>5</sup> This is to be used as "Issue Year Earned Premium" for Year 1 of next year's "Worksheet for Calculation of Benchmark Ratios"

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name - Please Type

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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APPENDIX A

REPORTING FORM FOR THE CALCULATION OF  
BENCHMARK RATIO SINCE INCEPTION  
FOR GROUP POLICIES  
FOR CALENDAR YEAR \_\_\_\_\_

Type <sup>(1)</sup> \_\_\_\_\_ SMSBP <sup>(2)</sup> \_\_\_\_\_  
FOR THE STATE OF \_\_\_\_\_  
Company Name \_\_\_\_\_  
NAIC Group Code \_\_\_\_\_ NAIC Company Code \_\_\_\_\_  
Address \_\_\_\_\_  
Person Completing This Exhibit \_\_\_\_\_  
Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

(a) (3)	(b) (4)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(o) (5)
Year	Earned Premium	Factor	(b) x (c)	Cumulative Loss Ratio	(d) x (e)	Factor	(b) x (g)	Cumulative Loss Ratio	(h) x (i)	Policy Year Loss Ratio
1		2.770		0.507		0.000		0.000		0.46
2		4.175		0.567		0.000		0.000		0.63
3		4.175		0.567		1.194		0.759		0.75
4		4.175		0.567		2.245		0.771		0.77
5		4.175		0.567		3.170		0.782		0.8
6		4.175		0.567		3.998		0.792		0.82
7		4.175		0.567		4.754		0.802		0.84
8		4.175		0.567		5.445		0.811		0.87
9		4.175		0.567		6.075		0.818		0.88
10		4.175		0.567		6.650		0.824		0.88
11		4.175		0.567		7.176		0.828		0.88
12		4.175		0.567		7.655		0.831		0.88
13		4.175		0.567		8.093		0.834		0.89
14		4.175		0.567		8.493		0.837		0.89
15		4.175		0.567		8.684		0.838		0.89
Total:		[ (k) ]	(k): ____		(l): ____		(m): ____		(n): ____	

Benchmark Ratio Since Inception:  $(l + n) / (k + m)$ :

(1): Individual, Group, Individual Medicare Select, or Group Medicare Select Only.

(2): "SMSBP" = Standardized Medicare Supplement Benefit Plan - Use "P" for pre-standardized plans.

(3): Year 1 is the current calendar year - 1 Year 2 is the current calendar year - 2 (etc.)

(Example: If the current year is 1991, then: Year 1 is 1990, Year 2 is 1989, etc.)

(4): For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.

(5): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only.

(6) To include the earned premium for all years prior to as well as the 15th year prior to the current year.

7/92 8/05  
APPENDIX A

REPORTING FORM FOR THE CALCULATION OF  
BENCHMARK RATIO SINCE INCEPTION  
FOR INDIVIDUAL POLICIES

FOR CALENDAR YEAR \_\_\_\_\_  
Type <sup>(1)</sup> \_\_\_\_\_ SMSBP <sup>(2)</sup> \_\_\_\_\_  
FOR THE STATE OF \_\_\_\_\_  
Company Name \_\_\_\_\_  
NAIC Group Code \_\_\_\_\_ NAIC Company Code \_\_\_\_\_  
Address \_\_\_\_\_  
Person Completing This Exhibit \_\_\_\_\_  
Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

(a) <sup>(3)</sup>	(b) <sup>(4)</sup>	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(o) <sup>(5)</sup>
Year	Earned Premium	Factor	(b) x (c)	Cumulative Loss Ratio	(d) x (e)	Factor	(b) x (g)	Cumulative Loss Ratio	(h) x (i)	Policy Year Loss Ratio
1		2.770		0.442		0.000		0.000		0.4
2		4.175		0.493		0.000		0.000		0.55
3		4.175		0.493		1.194		0.659		0.65
4		4.175		0.493		2.245		0.669		0.67
5		4.175		0.493		3.170		0.678		0.69
6		4.175		0.493		3.998		0.686		0.71
7		4.175		0.493		4.754		0.695		0.73
8		4.175		0.493		5.445		0.702		0.75
9		4.175		0.493		6.075		0.708		0.76
10		4.175		0.493		6.650		0.713		0.76
11		4.175		0.493		7.176		0.717		0.76
12		4.175		0.493		7.655		0.720		0.77
13		4.175		0.493		8.093		0.723		0.77
14		4.175		0.493		8.493		0.725		0.77
15		4.175		0.493		8.684		0.725		0.77
Total:		<del>(k):</del>	(k): ____		(l): ____		(m): ____	<del>(n):</del>	(n): ____	

Benchmark Ratio Since Inception:  $(l + n) / (k + m)$ :

- (1): Individual, Group, Individual Medicare Select, or Group Medicare Select Only.
- (2): "SMSBP" = Standardized Medicare Supplement Benefit Plan - Use "P" for pre-standardized plans.
- (3): Year 1 is the current calendar year - 1 Year 2 is the current calendar year - 2 (etc.)  
(Example: If the current year is 1991, then: Year 1 is 1990, Year 2 is 1989, etc.)
- (4): For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.
- (5): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only
- (6) To include the earned premium for all years prior to as well as the 15th year prior to the current year.

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# Final Regulations

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7/02 8/05

APPENDIX B

FORM FOR REPORTING MEDICARE SUPPLEMENT POLICIES

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Due: March 1, annually

The purpose of this form is to report the following information on each resident of ~~this state~~ *Virginia* who has in force more than one Medicare supplement policy or certificate. The information is to be grouped by individual policyholder.

Policy and Certificate #	Date of Issuance

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (please type)

\_\_\_\_\_  
Date

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## APPENDIX C

### DISCLOSURE STATEMENTS

#### Instructions for Use of the Disclosure Statements for Health Insurance Policies Sold to Medicare Beneficiaries that Duplicate Medicare

1. Section 1882 (d) of the federal Social Security Act of 1935 (42 USC 1395ss) prohibits the sale of a health insurance policy (the term policy or policies includes certificates) that duplicate Medicare benefits unless it will pay benefits without regard to other health coverage, and it includes the prescribed disclosure statement on or together with the application.
2. All types of health insurance policies that duplicate Medicare shall include one of the attached disclosure statements, according to the particular policy type involved, on the application or together with the application. The disclosure statement may not vary from the attached statements in terms of language or format (type size, type proportional spacing, bold character, line spacing, and usage of boxes around text).
3. State and federal law prohibits insurers from selling a Medicare supplement policy to a person who already has a Medicare supplement policy except as a replacement.
4. Property/casualty and life insurance policies are not considered health insurance.
5. Disability income policies are not considered to provide benefits that duplicate Medicare.
6. Long-term care insurance policies that coordinate with Medicare and other health insurance are not considered to provide benefits that duplicate Medicare.
7. The federal law does not pre-empt state laws that are more stringent than the federal requirements.
8. The federal law does not pre-empt existing state form filing requirements.
9. Section 1882 of the federal Social Security Act was amended in subsection (d) (3) (A) thereof to allow for alternative disclosure statements. The disclosure statements already in Appendix C remain. Carriers may use either disclosure statement with the requisite insurance product. However, carriers should use either the original disclosure statements or the alternative disclosure statements and not use both simultaneously.

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# Final Regulations

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Rev. 4/99 8/05

## APPENDIX C

[Original disclosure statement for policies that provide benefits for expenses incurred for an accidental injury only.]

<p style="text-align: center;"><b>IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS</b></p>
--

**This is not Medicare Supplement Insurance**

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses that result from accidental injury. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**This insurance duplicates Medicare benefits when it pays:**

- hospital or medical expenses up to the maximum stated in the policy

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

<p style="text-align: center;"><b>Before You Buy This Insurance</b></p>
---

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state ~~senior~~ *health insurance counseling assistance* program (*Virginia Insurance Counseling and Assistance Program*).

Rev. 4/99 8/05

APPENDIX C

[Original disclosure statement for policies that provide benefits for specified limited services.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

**This is not Medicare Supplement Insurance**

This insurance provides limited benefits, if you meet the policy conditions, for expenses relating to the specific services listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**This insurance duplicates Medicare benefits when:**

- any of the services covered by the policy are also covered by Medicare

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

**Before You Buy This Insurance**

- ✓ Check the coverage in all health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state *senior health insurance counseling assistance* program (*Virginia Insurance Counseling and Assistance Program*).

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# Final Regulations

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## APPENDIX C

[Original disclosure statement for policies that reimburse expenses incurred for specified disease(s) or other specified impairment(s). This includes expense incurred cancer, specified disease, and other types of health insurance policies that limit reimbursement to named medical conditions.]

<p style="text-align: center;"><b>IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS</b></p>
--

**This is not Medicare Supplement Insurance**

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses only when you are treated for one of the specific diseases or health conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**This insurance duplicates Medicare benefits when it pays:**

- hospital or medical expenses up to the maximum stated in the policy

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice care
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

<p style="text-align: center;"><b>Before You Buy This Insurance</b></p>
---

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state *senior health insurance counseling assistance program (Virginia Insurance Counseling and Assistance Program)*.

Rev. 4/99 8/05

## APPENDIX C

[Original disclosure statement for policies that pay fixed dollar amounts for specified diseases or other specified impairments. This includes cancer, specified disease, and other health insurance policies that pay a scheduled benefit or specific payment based on diagnosis of the conditions named in the policy.]

<p style="text-align: center;"><b>IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS</b></p>
--

### **This is not Medicare Supplement Insurance**

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**This insurance duplicates Medicare benefits because Medicare generally pays for most of the expenses for the diagnosis and treatment of the specific conditions or diagnosis named in the policy.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice care
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

<b>Before You Buy This Insurance</b>
--------------------------------------

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state ~~senior~~ *health insurance counseling assistance* program (*Virginia Insurance Counseling and Assistance Program*).

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# Final Regulations

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Rev. 4/99 8/05

## APPENDIX C

[Original disclosure statement for policies that provide benefits for both expenses incurred and fixed indemnity basis.]

<p style="text-align: center;"><b>IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS</b></p>
--

**This is not Medicare Supplement Insurance**

This insurance pays limited reimbursement for expenses if you meet the conditions listed in the policy. It also pays a fixed amount, regardless of your expenses, if you meet other policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**This insurance duplicates Medicare benefits when:**

- any expenses or services covered by the policy are also covered by Medicare; or
- it pays the fixed dollar amount stated in the policy and Medicare covers the same event

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice care
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

<p style="text-align: center;"><b>Before You Buy This Insurance</b></p>
---

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state *senior health insurance counseling assistance program (Virginia Insurance Counseling and Assistance Program)*.

Rev. 4/99 8/05

APPENDIX C

[Original disclosure statement for indemnity policies and other policies that pay a fixed dollar amount per day, excluding long-term care policies.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

**This is not Medicare Supplement Insurance**

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**This insurance duplicates Medicare benefits when:**

- any expenses or services covered by the policy are also covered by Medicare

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice care
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

**Before You Buy This Insurance**

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement Insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state ~~senior~~ *health insurance counseling assistance* program (*Virginia Insurance Counseling and Assistance Program*).

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# Final Regulations

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## APPENDIX C

[Original disclosure statement for other health insurance policies not specifically identified in the previous statements.]

<p style="text-align: center;"><b>IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS</b></p>
--

**This is not Medicare Supplement Insurance**

This insurance provides limited benefits if you meet the conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**This insurance duplicates Medicare benefits when it pays:**

- the benefits stated in the policy and coverage for the same event is provided by Medicare

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice care
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

<p style="text-align: center;"><b>Before You Buy This Insurance</b></p>
---

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state ~~senior~~ *health insurance counseling assistance* program (*Virginia Insurance Counseling and Assistance Program*).

Rev. 4/99 8/05

APPENDIX C

[Alternative disclosure statement for policies that provide benefits for expenses incurred for an accidental injury only.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

**Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.**

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses that result from accidental injury. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

**Before You Buy This Insurance**

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state *senior health insurance counseling assistance program (Virginia Insurance Counseling and Assistance Program)*.

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# Final Regulations

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## APPENDIX C

[Alternative disclosure statement for policies that provide benefits for specified limited services.]

<p><b>IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS IS NOT MEDICARE SUPPLEMENT INSURANCE</b></p>
---

**Some health care services paid for by Medicare may also trigger the payment of benefits under this policy.**

This insurance provides limited benefits, if you meet the policy conditions, for expenses relating to the specific services listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

<p><b>Before You Buy This Insurance</b></p>
---

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state ~~senior health insurance counseling assistance~~ *health insurance counseling assistance* program (*Virginia Insurance Counseling and Assistance Program*).

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APPENDIX C

[Alternative disclosure statement for policies that reimburse expenses incurred for specified diseases or other specified impairments. This includes expense-incurred cancer, specified disease, and other types of health insurance policies that limit reimbursement to named medical conditions.]

<p><b>IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS IS NOT MEDICARE SUPPLEMENT INSURANCE</b></p>
---

**Some health care services paid for by Medicare may also trigger the payment of benefits from this policy. Medicare generally pays for most or all of these expenses.**

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses only when you are treated for one of the specific diseases or health conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice care
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

<p><b>Before You Buy This Insurance</b></p>
---

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state *senior health insurance counseling assistance program (Virginia Insurance Counseling and Assistance Program)*.

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# Final Regulations

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Rev. 4/99 8/05

## APPENDIX C

[Alternative disclosure statement for policies that pay fixed dollar amounts for specified diseases or other specified impairments. This includes cancer, specified disease, and other health insurance policies that pay a scheduled benefit or specific payment based on diagnosis of the conditions named in the policy.]

<p><b>IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS IS NOT MEDICARE SUPPLEMENT INSURANCE</b></p>
---

**Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.**

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice care
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

<p><b>Before You Buy This Insurance</b></p>
---

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state *senior health insurance counseling assistance program (Virginia Insurance Counseling and Assistance Program)*.

Rev. 4/99 8/05

APPENDIX C

[Alternative disclosure statement for indemnity policies and other policies that pay a fixed dollar amount per day, excluding long-term care policies.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

**Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.**

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice care
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

**Before You Buy This Insurance**

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state *senior health insurance counseling assistance* program (*Virginia Insurance Counseling and Assistance Program*).

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# Final Regulations

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Rev. 4/99 8/05

## APPENDIX C

[Alternative disclosure statement for policies that provide benefits upon both an expense-incurred and fixed indemnity basis.]

<p><b>IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS IS NOT MEDICARE SUPPLEMENT INSURANCE</b></p>
---

**Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.**

This insurance pays limited reimbursement for expenses if you meet the conditions listed in the policy. It also pays a fixed amount, regardless of your expenses, if you meet other policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice care
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

<p><b>Before You Buy This Insurance</b></p>
---

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state ~~senior~~ *health insurance counseling assistance* program (*Virginia Insurance Counseling and Assistance Program*).

Rev. 4/99 8/05

APPENDIX C

[Alternative disclosure statement for other health insurance policies not specifically identified in the preceding statements.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE  
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

**Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.**

This insurance provides limited benefits if you meet the conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**Medicare generally pays for most or all of these expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice care
- *outpatient prescription drugs if you are enrolled in Medicare Part D*
- other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

**Before You Buy This Insurance**

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state *senior health insurance counseling assistance program (Virginia Insurance Counseling and Assistance Program)*.

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# Final Regulations

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## Appendix D

### Notice About Attained Age Rated Medicare Supplement Policies

Under Medicare supplement policies or certificates that use attained age rating, premiums automatically increase as you get older. You can expect your premiums to increase each year (or other frequency as established under the policy or certificate) due to changes in age.

Currently, the premiums for all ages under this policy (or certificate) are as follows:

(include current premiums for all ages)

The premiums for other Medicare Supplement policies that are issue age or community rated do not increase due to changes in your age

**[The following sentence shall be in boldface type.] While the cost for a Medicare Supplement policy that is based on attained age may be lower than the cost of a Medicare Supplement policy that is issue age or community rated at your present age, it is important to compare the potential cost of these policies over the life of the policy.**

VA.R. Doc. No. R05-219; Filed July 21, 2005, 4:25 p.m.



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# FAST-TRACK REGULATIONS

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Section 2.2-4012.1 of the Code of Virginia provides an exemption from certain provisions of the Administrative Process Act for agency regulations deemed by the Governor to be noncontroversial. To use this process, Governor's concurrence is required and advance notice must be provided to certain legislative committees. Fast-track regulations will become effective on the date noted in the regulatory action if no objections to using the process are filed in accordance with § 2.2-4012.1.

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## TITLE 12. HEALTH

### STATE BOARD OF HEALTH

**Title of Regulation:** 12 VAC 5-410. Regulations for the Licensure of Hospitals in Virginia (amending 12 VAC 5-410-420 and 12 VAC 5-410-1190).

**Statutory Authority:** §§ 32.1-12 and 32.1-127 of the Code of Virginia.

**Public Hearing Date:** N/A -- Public comments may be submitted until October 21, 2005.

(See Calendar of Events section for additional information)

**Effective Date:** November 7, 2005.

**Agency Contact:** Carrie Eddy, Senior Policy Analyst, Department of Health, Center for Quality Health Care Services, 3600 West Broad Street, Suite 216, Richmond, VA 23230, telephone (804) 367-2157, FAX (804) 367-2149 or e-mail carrie.eddy@vdh.virginia.gov.

**Basis:** This amendment is promulgated under the authority of § 32.1-127 of the Code of Virginia, which grants the Board of Health the legal authority to promulgate regulations "in substantial conformity to the standards of health, hygiene, sanitation, construction, and safety as is established and recognized by medical and health care professionals and by specialists in the matter of public health and safety."

**Purpose:** Patient safety in hospitals has come to national attention in recent years as a result of the 1998 National Institute of Health report "To Err Is Human." The department believes that adopting these standards will enhance patient safety during surgical procedures, a critical time in patient care.

**Substance:** The proposed amendment updates two hospital regulatory sections, 12 VAC 5-410-420 and 12 VAC 5-410-1190 respectively, pertaining to surgical practice in inpatient and outpatient surgery centers.

**Issues:** The department was approached by the Virginia Council for periOperative Nurses with a Request for Rulemaking to amend 12 VAC 5-410-420 of the Rules and Regulations for the Licensure of Hospitals. To assure consistency between inpatient and outpatient services, the department proposes adopting a similar standard for outpatient surgery centers as well.

The primary advantage to the public as a result of this amendment is enhanced patient safety during surgical procedures in hospitals and outpatient surgery centers. There are no disadvantages to the public or the Commonwealth as a result of this amendment.

**Rationale for Using Fast-Track Process:** The response from hospitals, received as part of the Petition for Rulemaking

process, was supportive of registered nurses serving as circulating nurses during surgical procedures. Therefore, the department has determined that the proposed amendments are not controversial and are appropriate for filing via the fast-track regulatory process.

**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 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.

Summary of the proposed regulation. The proposed amendments will require circulating nurses to have education and experience in perioperative nursing.

Estimated economic impact. Due to a petition for rulemaking received from the Virginia Council for periOperative Nurses, the Virginia Department of Health (the department) proposes to require that a circulating nurse be a registered nurse and have education and experience in perioperative nursing. According to the department, all circulating nurses are registered nurses in practice, but are not specifically required to have education and experience in perioperative nursing. Thus, the real impact of this change is requiring that a circulating nurse have education and training in perioperative nursing. In addition, the department estimates that approximately 98% of the circulating nurses already have adequate education and experience in perioperative nursing. The number of circulating nurses in Virginia is estimated to be around 2,000. Thus, the proposed regulations will require inpatient hospitals and outpatient surgery centers to provide perioperative nursing education and training to approximately 40 circulating nurses in Virginia.

The economic costs of this proposal include fiscal costs associated with educational materials, instructor salaries, and space for training. In addition, the nurse time devoted for training and experience should be considered as costs. On the other hand, the training and education are expected to improve the perioperative nursing skills of registered nurses and improve the safety of the operating room environment and contribute to patient health. Furthermore, registered nurses with additional skills and experience may be able to improve their job security and compensation. However, there is no data available to measure any of the potential costs and benefits of this proposed change.

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# Fast-Track Regulations

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Businesses and entities affected. The proposed regulations will require 94 hospitals and 41 outpatient surgery centers to make sure that approximately 2,000 circulating nurses in Virginia have training and education in perioperative nursing. Of the 2,000 circulating nurses, only 40 may currently lack the training and education in perioperative nursing.

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

Projected impact on employment. No significant impact on employment is expected.

Effects on the use and value of private property. The proposed regulations are not expected to have any significant impact on the use and value of private property.

Small Businesses: Costs and Other Effects. The proposed regulation should not create administrative or other effects on the small businesses as it applies to inpatient hospitals and outpatient surgery centers.

Small Businesses: Alternative Method that Minimizes Adverse Impact. The proposed regulations should not affect small businesses.

Agency's Response to the Department of Planning and Budget's Economic Impact Analysis: VDH agrees with the analysis performed by DPB.

## Summary:

*The amendment requires a registered nurse, qualified by education and experience in perioperative nursing, to be present as a circulating nurse in each operating room during surgical procedures conducted in inpatient hospitals and outpatient surgical centers.*

### **12 VAC 5-410-420. Surgical service services.**

A. The surgical department/service shall have a defined organization and shall be governed by written policies and procedures.

B. The surgical department/service shall be under the medical supervision of a physician who meets the requirements of the medical staff bylaws.

C. The operating suite shall be:

1. Under the supervision of a registered professional nurse.
2. Designed to include operating and recovery rooms, proper scrubbing, sterilizing and dressing room facilities, storage for anesthetic agents and shall be equipped as required by the scope and complexity of the services.
3. Provided with prominently posted safety policies and procedures.

*D. A registered nurse, qualified by education and experienced in perioperative nursing, shall be present as a circulating nurse in each operating room during surgical procedures.*

~~D.~~ E. A roster of current surgical privileges of every surgical staff member shall be maintained on file in the operating suite.

~~E.~~ F. An operating room register shall be maintained which shall include as a minimum:

1. Patient's name and hospital number;
2. Pre- and post-operative diagnosis;
3. Complications, if any;
4. Name of surgeon, first assistant, anesthesiologist or anesthesiologist, scrub nurse and circulating nurse;
5. Operation performed; and
6. Type of anesthesia.

~~F.~~ G. Policies and procedures governing infection control and reporting techniques shall be established in accordance with 12 VAC 5-410-490.

~~G.~~ H. The patient's medical chart shall be available in the surgical suite at time of surgery and shall contain no less than the following information:

1. A medical history and physical examination;
2. Evidence of appropriate informed consent; and
3. A pre-operative diagnosis.

~~H.~~ I. An accurate and complete description of operative procedure shall be recorded by the operating surgeon within 48 hours following completion of surgery and made part of the patient's clinical record.

### **12 VAC 5-410-1190. Nursing staff.**

The total number of nursing personnel will vary depending upon the number and types of patients to be admitted and the types of operative procedures to be performed or the services programmed.

1. A registered nurse qualified on the basis of education, experience, and clinical ability shall be responsible for the direction of nursing care provided the patients.

*2. A registered nurse, qualified by education and experienced in perioperative nursing, shall be present as a circulating nurse in each operating room during surgical procedures.*

~~2.~~ 3. The number and type of nursing personnel, including registered nurses, licensed practical nurses, and supplementary staff, shall be based upon the needs of the patients and the types of services performed.

~~3.~~ 4. At least one registered nurse shall be on duty at all times while the facility is in use.

~~4.~~ 5. Job descriptions shall be developed for each level of nursing personnel and include functions, responsibilities, and qualifications.

~~5.~~ 6. Evidence of current Virginia registration required by state statute shall be on file in the facility.

VA.R. Doc. No. R04-164; Filed August 3, 2005, 10:48 a.m.



**TITLE 18. PROFESSIONAL AND  
OCCUPATIONAL LICENSING**

**BOARD OF MEDICINE**

**Notice of Objection to Fast-Track Rulemaking**

**REGISTRAR'S NOTICE:** Pursuant to § 2.2-4012.1 of the Code of Virginia, the Board of Medicine has filed a notice of objection to the fast-track rulemaking action published in 21:19 VA.R. 2596-2598 May 30, 2005. The board intends to proceed with the normal promulgation process set out in Article 2 (§ 2.2-4006 et seq.) of Chapter 40 of the Administrative Process Act with the initial publication of the fast-track regulation serving as the Notice of Intended Regulatory Action.

**Title of Regulation:** 18 VAC 85-20. Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry and Chiropractic (amending 18 VAC 85-20-10).

**Fast-Track Publication Date:** 21:19 VA.R. 2596-2598 May 30, 2005.

The Virginia Board of Medicine is hereby filing a Notice of Objection to the fast-track rulemaking for regulation 18 VAC 85-20-330, Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry and Chiropractic. The proposed fast-track regulation was published in Volume 21, Issue 19, page 2597 of the Virginia Register of Regulations, dated May 30, 2005. A 60-day comment period was provided with public comment to be received until July 29, 2005.

The fast-track regulation was intended to clarify that a major conductive block performed for diagnostic or therapeutic purposes could be administered by a doctor qualified by training and scope of practice or by a certified registered nurse anesthetist. The board has received more than the requisite number of 10 objections to the inclusion of a certified registered nurse anesthetist. Therefore it is terminating the fast-track process and will consider promulgation of this regulation under the Administrative Process Act, utilizing the fast-track notice as its Notice of Intended Regulatory Action.

The board will continue to receive public comment through July 29, 2005, and will consider all submissions as comment on the notice of intent prior to its meeting on September 16, 2005.

**Agency Contact:** Elaine Yeatts, Agency Regulatory Coordinator, Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9918, or e-mail [elaine.yeatts@dhp.virginia.gov](mailto:elaine.yeatts@dhp.virginia.gov).

VA.R. Doc. No. R05-187; Filed July 25, 2005, 10:41 a.m.

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# EMERGENCY REGULATIONS

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## TITLE 4. CONSERVATION AND NATURAL RESOURCES

### MARINE RESOURCES COMMISSION

Title of Regulation: 4 VAC 20-562. Pertaining to the Hampton Roads Shellfish Relay Area (adding 4 VAC 20-566-10 through 4 VAC 20-566-50).

Statutory Authority: §§ 28.2-201, 28.2-210 and 28.2-816 of the Code of Virginia.

Effective Dates: August 16, 2005, through September 14, 2005.

Agency Contact: Deborah R. Cawthon, Agency Regulatory Coordinator, Marine Resources Commission, 2600 Washington Avenue, 3rd Floor, Newport News, VA, telephone (757) 247-2248, FAX (757) 247-2002, e-mail debbie.cawthon@mrc.virginia.gov.

Summary:

The emergency regulation extends the open harvest season for the Hampton Roads Shellfish Relay Area from Monday, August 16, 2005, through Friday, September 14, 2005.

CHAPTER 566.

PERTAINING TO THE HAMPTON ROADS SHELLFISH RELAY AREA.

**4 VAC 20-566-10. Purpose.**

The purpose of this regulation is to extend the clam harvest season in the Hampton Roads Shellfish Relay area.

**4 VAC 20-566-20. Hampton Roads Shellfish Relay Area.**

The Hampton Roads Shellfish Relay Area shall consist of all condemned clamming grounds bounded by a line beginning at the upstream side of the large fishing pier on the southeast side of Old Point Comfort; thence upstream along the shoreline to Newport News Creek; thence to the southeast corner of the Monitor Merrimac Bridge Tunnel island along the downstream side, thence to Fl R "12"; thence to the northeast corner of the Fan Building on the southern island of the bridge tunnel; thence southerly along the downstream side of the bridge tunnel to the south line of Public Ground Number 1, Nansemond County; then easterly along the Public Ground to Craney Island Disposal Area; thence clockwise around the boundaries of the disposal area to its intersection with the shore; thence along the shore to the northeast corner of Craney Island; thence through navigational aid Fl G "21" to the point where it intersects a line drawn from the shoreward end of pier number 6 at Lamberts Point to the southeast corner of Tanner Point; thence along the shore to the point of intersection with the riprapped shoreline of the Hampton Roads Bridge-Tunnel island at Fort Wool; thence easterly around this island to its easternmost point; thence north northwesterly to the intersection of the shoreline and the upstream side of the large fishing pier on the east side of Old Point Comfort at the point of beginning.

**4 VAC 20-566-30. Harvest season.**

A. The open harvest season for the Hampton Roads Shellfish Relay Area, as specified by § 28.2-816 of the Code of Virginia, shall be extended from Monday, August 16, 2005, through Friday, September 14, 2005. Harvest of hard clams in the Hampton Roads Shellfish Relay Area shall only occur on Mondays through Fridays during the 2005 open harvest season. Thereafter, Hampton Roads Shellfish Relay Area shall be managed by the authority promulgated in § 28.2-816 of the Code of Virginia.

B. It shall be unlawful to harvest hard clams from the Hampton Roads Shellfish Relay Area, except as provided in subsection A of this section.

**4 VAC 20-566-40. Harvest restrictions.**

A. It shall be unlawful for any person to possess any hard clam, which can be passed through a 1-3/8-inch inside diameter culling ring.

B. For the possession limit described in subsection A of this section, there shall be 2.0% tolerance of hard clams, by number, in each bag or container.

C. It shall be unlawful for any person to possess any hard clam, which cannot be passed through a 2-7/8-inch inside diameter culling ring.

D. For the possession limit described in subsection C of this section, there shall be a 10% tolerance of hard clams, by number, in each bag or container.

E. It shall be unlawful for any person to harvest clams from the Hampton Roads Shellfish Relay Area before sunrise or after 5 p.m.

**4 VAC 20-566-50. Penalty.**

A. As set forth in § 28.2-903 of the Code of Virginia, any person violating any provision of this regulation shall be guilty of a Class 3 misdemeanor, and a second, or subsequent violation of any provision of this regulation committed by the same person within 12 months of a prior violation is a Class 1 misdemeanor.

B. The Marine Resources Commission may revoke the relay permit of any person convicted of a violation of this regulation.

VA.R. Doc. No. R05-278; Filed August 2, 2005, 9:29 a.m.

## TITLE 12. HEALTH

### DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Titles of Regulations: 12 VAC 30-141. Family Access to Medical Insurance Security Plan: FAMIS Select (amending 12 VAC 30-141-10, 12 VAC 30-141-40, 12 VAC 30-141-100, 12 VAC 30-141-160, 12 VAC 30-141-200; adding 12 VAC 30-141-175; and repealing 12 VAC 30-141-170).

Statutory Authority: §§ 32.1-324, 32.1-325, and 32.1-351 of the Code of Virginia; Item 324 L of Chapter 951 of the 2005

Acts of Assembly and Chapter 584 of the 2005 Acts of Assembly.

Effective Dates: August 1, 2005, through July 31, 2006.

Agency Contact: Linda Nablo, Maternal and Child Health Division, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 225-4212, FAX (804) 786-1680, or e-mail linda.nablo@dmas.virginia.gov.

Preamble:

*This regulatory action qualifies as an emergency pursuant to § 2.2-4011 of the Code of Virginia because it is responding to mandates in the Virginia Appropriation Act (the 2005 Acts of Assembly, Chapter 951, Item 324 L) and Chapter 584 of the 2005 Acts of Assembly that must be effective within 280 days from the date of enactment and these regulatory changes are not otherwise exempt under the provisions of § 2.2-4006 of the Code of Virginia.*

*The purpose of this action is to implement a new health insurance premium assistance component for the Family Access to Medical Insurance Security (FAMIS) program to replace the current program known as Employee Sponsored Health Insurance (ESHI). The goal of this new program is to both improve and simplify the operation and administration of the health insurance premium assistance component of FAMIS while maintaining the cost-effectiveness of the FAMIS program.*

**12 VAC 30-141-10. Definitions.**

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

"Act" means the Social Security Act.

"Adult caretaker relative" or "caretaker relative" means an individual who is age 18 or older, who is not the parent of, but who is related to, the child by blood or marriage, and who lives with and assumes responsibility for day-to-day care of the child in a place of residence maintained as his or their own home.

"Adverse action" means the denial of eligibility; failure to make a timely determination of eligibility; suspension or termination of enrollment; or delay, denial, reduction, suspension, or termination of health services, in whole or in part; provided, however, that determination of eligibility to participate in and termination of participation in the ~~employer-sponsored health insurance coverage (ESHI) FAMIS Select~~ program shall not constitute an adverse action.

"Agency" means a local department of social services, the central processing unit, or other entity designated by DMAS to make eligibility determinations for FAMIS.

"Agency error" means a person or persons received benefits to which they were not entitled as a result of an error on the part of an eligibility worker at a local department of social services or the central processing unit.

"Agent" means an individual designated in writing to act on behalf of a FAMIS Plan applicant or enrollee during the administrative review process.

"Applicant" means a child who has filed an application (or who has an application filed on his behalf) for child health insurance and is awaiting a determination of eligibility. A child is an applicant until his eligibility has been determined.

"Authorized representative" means a person who is authorized to conduct the personal or financial affairs for an individual who is 18 years of age or older.

"Board" or "BMAS" means that policy board created by § 32.1-324 of the Code of Virginia to administer the plans established by the Social Security Act.

"CMSIP" means that original child health insurance program that preceded FAMIS.

"Central processing unit" or "CPU" means the private contractor that will determine eligibility for and administer part of the Family Access to Medical Insurance Security Plan or FAMIS.

"Child" means an individual under the age of 19 years.

~~"Child health insurance application" means the form or forms developed and approved by the Department of Medical Assistance Services that is used by local departments of social services and the FAMIS CPU for determining eligibility for Medicaid for poverty level children and for the Family Access to Medical Insurance Security Plan (FAMIS).~~

"Competent individual" means a person who has not been judged by a court to be legally incapacitated.

"Comprehensive health insurance coverage" means health benefits coverage, which includes the following categories of services at a minimum: inpatient and outpatient hospital services; physician's surgical and medical services; and laboratory and radiological services.

"Conservator" means a person appointed by a court of competent jurisdiction to manage the estate and financial affairs of an incapacitated individual.

"Continuation of enrollment" means ensuring an enrollee's benefits are continued until completion of the review process, with the condition that should the enrollee not prevail in the review process, the enrollee shall be liable for the repayment of all benefits received during the review process.

"Director" means the individual, or his designee, specified in § 32.1-324 of the Code of Virginia with all of the attendant duties and responsibilities to administer the State Plan for Medical Assistance and the State Plan for FAMIS.

"DMAS" or "department" means the Department of Medical Assistance Services.

~~"Employer-sponsored health insurance coverage" or "ESHI" means comprehensive employer-sponsored health insurance offered by an employer. This component of FAMIS refers to the ability of DMAS to provide coverage to FAMIS children by providing premium assistance to families who enroll the FAMIS children in their employer's health plan.~~

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"Enrollee" means a child who has been determined eligible to participate in FAMIS and is enrolled in the FAMIS program.

"External Quality Review Organization" means the independent contractor assigned by DMAS to handle quality reviews and to conduct final review of MCHIP adverse actions for FAMIS.

"Family" means parents, including adoptive and stepparents, and their children under the age of 19, who are living in the same household. Family shall not mean grandparents, other relatives, or legal guardians.

"Family," when used in the context of the ~~ESH~~ *FAMIS Select* component, means a unit or group that has access to an employer's group health plan. Thus, it includes the employee and any dependents who can be covered under the employer's plan.

"Family income" means the total income of all family members in a household. Income includes, but is not necessarily limited to, before-tax earnings from a job, including cash, wages, salary, commissions, tips, self-employment net profits, Social Security, Retirement Survivor Disability Insurance (RSDI), veterans benefits, Railroad Retirement, disability workers' compensation, unemployment benefits, child support, alimony, spousal support, pensions, retirement benefits, settlement benefits, rental income, and lottery/bingo winnings. Income excludes public assistance program benefits such as SSI and TANF payments, foster care payments, general relief, loans, grants, or scholarships for educational expenses or earned income of a child who is a student.

"FAMIS" means the Family Access to Medical Insurance Security Plan.

*"FAMIS Select" means an optional program available to children determined eligible for FAMIS, whereby DMAS provides premium assistance to the family to cover the child through a private or employer sponsored health plan instead of directly through the FAMIS program.*

"Federal poverty level" or "FPL" means that income standard as published annually by the U.S. Department of Health and Human Services in the Federal Register.

"Fee-for-service" means the traditional Medicaid health care delivery and payment system in which physicians and other providers receive a payment for each unit of service they provide.

"Fraud" means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state laws.

"Group health plan" or "health insurance coverage" means that health care coverage as defined in § 2791 of the Public Health Services Act (42 USC § 300gg-91(a) and (b)(1).

"Guardian" means a person appointed by a court of competent jurisdiction to be responsible for the affairs of an incapacitated individual, including responsibility for making decisions regarding the person's support, care, health, safety,

habilitation, education, and therapeutic treatment, and if not inconsistent with an order of commitment, residence.

"Incapacitated individual" means a person who, pursuant to an order of a court of competent jurisdiction, has been found to be incapable of receiving and evaluating information effectively or responding to people, events, or environments to such an extent that the individual lacks the capacity to (i) meet the essential requirements of his health, care, safety, or therapeutic needs without the assistance or protection of a guardian, or (ii) manage property or financial affairs or provide for his support or for the support of his legal dependents without the assistance or protection of a conservator.

"Legally emancipated" means that the parents and child have gone through the court and a judge has declared that the parents have surrendered the right to care, custody, and earnings of the child and have renounced parental duties. A married minor is not emancipated unless a court has declared the married minor emancipated from his parents.

"LDSS" or "local department" means the local department of social services.

"Managed care health insurance plan" or "MCHIP" as defined in § 32.1-137.1 of the Code of Virginia means an arrangement for the delivery of health care in which a health carrier means under contract with DMAS for Title XXI delivery systems, undertakes to provide, arrange and pay for, or reimburse any of the costs of health care services for a covered person on a prepaid or insured basis, which contains one or more incentive arrangements, including any credential requirements intended to influence the cost of the health care services between the health carrier and one or more providers and requires or creates benefit payment differential incentives for covered persons to use providers that are directly or indirectly managed, owned, under contract with or employed by the health carrier.

*"Maternal and child health insurance application" means the form or forms developed and approved by the Department of Medical Assistance Services that is used by local departments of social services and the FAMIS CPU for determining eligibility for Medicaid for poverty level children and for the Family Access to Medical Insurance Security Plan (FAMIS).*

"Member of a family," for purposes of determining whether the child is eligible for coverage under a state employee health insurance plan, means a parent or parents, including stepparents with whom the child is living if the stepparent claims the child as a dependent on the employee's federal tax return.

"Premium assistance" means the portion of the family's cost of participating in ~~the a private or employer's health plan that DMAS will pay to the family to cover the FAMIS eligible children under the private or employer sponsored plan if DMAS determines it is cost effective to do so.~~

"Primary care case management (PCCM)" means a system under which a physician acting as a primary care case manager furnishes case management services to FAMIS enrollees pursuant to a contract with DMAS.

"Primary care provider" or "PCP" means a physician enrolled in the PCCM program as a primary case manager.

*"Private or employer sponsored health insurance coverage means a health insurance policy that is either purchased by an individual directly or through an employer. This component of FAMIS refers to the ability of DMAS to provide coverage to FAMIS eligible children by providing premium assistance to families who enroll the FAMIS eligible children in a private or employer sponsored health plan.*

"Provider" means the individual, facility or other entity registered, licensed, or certified, as appropriate, and enrolled by an MCHIP, a PCCM, or in fee-for-service to render services to FAMIS enrollees eligible for services.

"Supplemental coverage" means ~~additional~~ coverage provided to FAMIS eligible children covered under the ~~ESH~~ FAMIS Select component so that they can receive all ~~of the childhood immunizations included in FAMIS benefits and they are not required to pay any more cost sharing than they would have under FAMIS.~~

"Title XXI" means the federal State Children's Health Insurance Program as established by Subtitle J of the Balanced Budget Act of 1997.

"Virginia State Employee Health Insurance Plan" means a health insurance plan offered by the Commonwealth of Virginia to its employees and includes the Local Choice Program whereby local governmental entities elect to provide local employees' enrollment in the State Employee Health Insurance Plan.

## **12 VAC 30-141-40. Review of adverse actions.**

A. Upon written request, all FAMIS Plan applicants and enrollees shall have the right to a review of an adverse action made by the MCHIP, local department of social services, CPU or DMAS.

B. During review of a suspension or termination of enrollment or a reduction, suspension, or termination of services, the enrollee shall have the right to continuation of coverage if the enrollee requests review prior to the effective date of the suspension or termination of enrollment or suspension, reduction, or termination of services.

C. Review of an adverse action made by the local department of social services, CPU or DMAS shall be heard and decided by an agent of DMAS who has not been directly involved in the adverse action under review.

D. Review of an adverse action made by the MCHIP must be conducted by a person or agent of the MCHIP who has not been directly involved in the adverse action under review.

E. After final review by the MCHIP, there shall also be opportunity for final independent external review by the external quality review organization.

F. There will be no opportunity for review of an adverse action to the extent that such adverse action is based on a determination by the director that funding for FAMIS has been terminated or exhausted. There will be no opportunity for review based on which type of delivery system (i.e., fee-for-service, MCHIP) is assigned. There will be no opportunity for review if the sole basis for the adverse action is a state or federal law or regulation requiring an automatic change that

affects all applicants or enrollees or a group of applicants or enrollees without regard to their individual circumstances.

G. The burden of proof shall be upon the applicant or enrollee to show that an adverse action is incorrect.

H. At no time shall the MCHIP's, local department's of social services, the CPU's, or DMAS' failure to meet the time frames set in this chapter or set in the MCHIP's or DMAS' written review procedures constitute a basis for granting the applicant or enrollee the relief sought.

I. Adverse actions related to health benefits covered ~~under an employer sponsored health insurance (ESH) plan through the FAMIS Select program~~ shall be resolved between the ~~insurance company or employer's plan and the ESH FAMIS Select enrollee~~, and are not subject to further review by DMAS or its contractors. Adverse actions made by an MCHIP, the local department of social services, the CPU, or DMAS shall be subject to the review process set forth in Part II (12 VAC 30-141-40 et seq.) of this chapter.

## **12 VAC 30-141-100. Eligibility requirements.**

A. This section shall be used to determine eligibility of children for FAMIS.

B. FAMIS shall be in effect statewide.

C. Eligible children must:

1. Be determined ineligible for Medicaid by a local department of social services or be screened by the FAMIS central processing unit and determined not Medicaid likely;
2. Be under 19 years of age;
3. Be residents of the Commonwealth;
4. Be either U.S. citizens, U.S. nationals or qualified noncitizens;
5. Be uninsured, that is, not have comprehensive health insurance coverage;
6. Not be a member of a family eligible for subsidized dependent coverage, as defined in 42 CFR 457.310(c)(1)(ii)i under any Virginia state employee health insurance plan on the basis of the family member's employment with a state agency;
7. Not be a member of a family eligible for subsidized dependent coverage, as defined in 42 CFR 457.310(c)(1)(ii), on the basis of a family member's employment with an agency that participates in the local choice program;
8. Not be an inpatient in an institution for mental diseases (IMD), or an inmate in a public institution that is not a medical facility.

D. Income.

1. Screening. All child health insurance applications received at the FAMIS central processing unit must be screened to identify applicants who are potentially eligible for Medicaid. Children screened and found potentially eligible for Medicaid cannot be enrolled in FAMIS until there has been a finding of ineligibility for Medicaid. Children who

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do not appear to be eligible for Medicaid shall have their eligibility for FAMIS determined. Children determined to be eligible for FAMIS will be enrolled in the FAMIS program. Child health insurance applications received at a local department of social services shall have a full Medicaid eligibility determination completed. Children determined to be ineligible for Medicaid due to excess income will have their eligibility for FAMIS determined. If a child is found to be eligible for FAMIS, the local department of social services will enroll the child in the FAMIS program.

2. Standards. Income standards for FAMIS are based on a comparison of countable income to 200% of the federal poverty level for the family size, as defined in the State Plan for Title XXI as approved by the Centers for Medicare & Medicaid. Children who have income at or below 200% of the federal poverty level, but are ineligible for Medicaid due to excess income, will be income eligible to participate in FAMIS.

3. Grandfathered CMSIP children. Children who were enrolled in the Children's Medical Security Insurance Plan at the time of conversion from CMSIP to FAMIS and whose eligibility determination was based on the requirements of CMSIP shall continue to have their income eligibility determined using the CMSIP income methodology. If their income exceeds the FAMIS standard, income eligibility will be based on countable income using the same income methodologies applied under the Virginia State Plan for Medical Assistance for children as set forth in 12 VAC 30-40-90. Income that would be excluded when determining Medicaid eligibility will be excluded when determining countable income for the former CMSIP children. Use of the Medicaid income methodologies shall only be applied in determining the financial eligibility of former CMSIP children for FAMIS and for only as long as the children meet the income eligibility requirements for CMSIP. When a former CMSIP child is determined to be ineligible for FAMIS, these former CMSIP income methodologies shall no longer apply and income eligibility will be based on the FAMIS income standards.

4. Spenddown. Deduction of incurred medical expenses from countable income (spenddown) shall not apply in FAMIS. If the family income exceeds the income limits described in this section, the individual shall be ineligible for FAMIS regardless of the amount of any incurred medical expenses.

E. Residency. The requirements for residency, as set forth in 42 CFR 435.403, will be used when determining whether a child is a resident of Virginia for purposes of eligibility for FAMIS. A child who is not emancipated and is temporarily living away from home is considered living with his parents, adult relative caretaker, legal guardian, or person having legal custody if the absence is temporary and the child intends to return to the home when the purpose of the absence (such as education, medical care, rehabilitation, vacation, visit) is completed.

F. Qualified noncitizen. The requirements for qualified aliens set out in Public Law 104-193, as amended, and the requirements for noncitizens set out in subdivisions 3 b and c

of 12 VAC 30-40-10 will be used when determining whether a child is a qualified noncitizen for purposes of FAMIS eligibility.

G. Coverage under other health plans.

1. Any child covered under a group health plan or under health insurance coverage, as defined in § 2791 of the Public Health Services Act (42 USC § 300gg-91(a) and (b)(1)), shall not be eligible for FAMIS.

2. No substitution for private insurance.

a. Only uninsured children shall be eligible for FAMIS. A child is not considered to be insured if the health insurance plan covering the child does not have a network of providers in the area where the child resides. Each application for child health insurance shall include an inquiry about health insurance the child currently has or had within the past four months. If the child had health insurance coverage that was terminated in the past four months, inquiry as to why the health insurance was terminated is made. Each redetermination of eligibility shall also document inquiry about current health insurance or health insurance the child had within the past four months. If the child has been covered under a health insurance plan other than through the ~~ESH~~ *FAMIS Select* component of FAMIS within four months of application for or receipt of FAMIS services, the child will be ineligible, unless the child, if age 18 or if under the age of 18, the child's parent, caretaker relative, guardian, legal custodian or authorized representative demonstrates good cause for discontinuing the coverage.

b. Health insurance does not include Medicaid nor insurance for which DMAS paid premiums under Title XIX through the Health Insurance Premium Payment (HIPP) Program.

c. Good cause. A child shall not be ineligible for FAMIS if health insurance was discontinued within the four-month period prior to the month of application if one of the following good cause exceptions is met.

(1) The family member who carried insurance, changed jobs, or stopped employment, and no other family member's employer contributes to the cost of family health insurance coverage.

(2) The employer stopped contributing to the cost of family coverage and no other family member's employer contributes to the cost of family health insurance coverage.

(3) The child's coverage was discontinued by an insurance company for reasons of uninsurability, e.g., the child has used up lifetime benefits or the child's coverage was discontinued for reasons unrelated to payment of premiums.

(4) Insurance was discontinued by a family member who was paying the full cost of the insurance premium under a COBRA policy and no other family member's employer contributes to the cost of family health insurance coverage.

(5) Insurance on the child was discontinued by someone other than the child (if 18 years of age) or if under age 18, the child's parent or stepparent living in the home, e.g., the insurance was discontinued by the child's absent parent, grandparent, aunt, uncle, godmother, etc.

(6) Insurance on the child was discontinued because the cost of the premium exceeded 10% of the family's monthly income or exceeded 10% of the family's monthly income at the time the insurance was discontinued.

(7) Other good cause reasons may be established by the DMAS director.

**12 VAC 30-141-160. Copayments for families not participating in employer-sponsored health insurance (ESHI) FAMIS Select.**

A. Copayments shall apply to all enrollees in an MCHIP.

B. These cost-sharing provisions shall be implemented with the following restrictions:

1. Total cost sharing for each 12-month eligibility period shall be limited to (i) for families with incomes equal to or less than 150% of FPL, the lesser of (a) \$180 and (b) 2.5% of the family's income for the year (or 12-month eligibility period); and (ii) for families with incomes greater than 150% of FPL, the lesser of \$350 and 5.0% of the family's income for the year (or 12-month eligibility period).

2. DMAS or its designee shall ensure that the annual aggregate cost sharing for all FAMIS enrollees in a family does not exceed the aforementioned caps.

3. Families will be required to submit documentation to DMAS or its designee showing that their maximum copayment amounts are met for the year.

4. Once the cap is met, DMAS or its designee will issue a new eligibility card excluding such families from paying additional copays.

C. Exceptions to the above cost-sharing provisions:

1. Copayments shall not be required for well-child, and well baby services, and for families participating in ESHI. This shall include:

a. All healthy newborn inpatient physician visits, including routine screening (inpatient or outpatient);

b. Routine physical examinations, laboratory tests, immunizations, and related office visits;

c. Routine preventive and diagnostic dental services (i.e., oral examinations, prophylaxis and topical fluoride applications, sealants, and x-rays); and

d. Other preventive services as defined by the department.

2. Enrollees are not held liable for any additional costs, beyond the standard copayment amount, for emergency services furnished outside of the individual's managed care

network. Only one copayment charge will be imposed for a single office visit.

3. No cost sharing will be charged to American Indians and Alaska Natives.

**12 VAC 30-141-170. Employer-sponsored health insurance (ESHI). (Repealed.)**

~~A. Enrollees in FAMIS who have access to employer sponsored health insurance coverage may, but shall not be required to, enroll in an employer's health plan if DMAS or its designee determines that such enrollment is cost effective, as defined in this section.~~

~~B. Eligibility determination. FAMIS children who have access to health insurance coverage under an employer-sponsored plan may elect to receive coverage under the employer plan and DMAS may elect to provide coverage by paying a portion of the premium if all of the following conditions are met:~~

~~1. The children are enrolled in FAMIS;~~

~~2. The employer's plan provides comprehensive health insurance coverage;~~

~~3. The employer contributes to the cost of dependent or family coverage as defined in the Virginia Plan for Title XXI of the Social Security Act, or as otherwise approved by the Centers for Medicare & Medicaid Services in the U.S. Department of Health and Human Services;~~

~~4. The cost of coverage for the child or children under ESHI is equal to or less than the Commonwealth's cost of obtaining coverage under FAMIS only for the eligible targeted low-income children involved. The cost-effectiveness determination methodology is described in subsection F of this section;~~

~~5. The family receives the full premium contribution from the employer; and~~

~~6. The applicant agrees to assign rights to benefits under the employer's plan to DMAS to assist the Commonwealth in pursuing these third party payments. When a child is provided coverage under an employer's plan, that plan becomes the primary payer for the services covered under that plan.~~

~~C. When more than one employer plan is available to the family, the family shall enroll in the plan that DMAS has determined to be the most cost effective for the Commonwealth.~~

~~D. DMAS will continually verify the child's or children's coverage under the employer's plan and will redetermine the eligibility of the child or children for the ESHI component when it receives information concerning an applicant's or enrollee's circumstances that may affect eligibility.~~

~~E. Application requirements:~~

~~1. DMAS shall furnish the following information in written form and orally, as appropriate, to the families of FAMIS children who have access to ESHI:~~

~~a. The eligibility requirements;~~

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b. ~~Summary of covered benefits and supplementation of employer benefits;~~

c. ~~Cost-sharing requirements; and~~

d. ~~The rights and responsibilities of applicants and enrollees.~~

2. ~~DMAS may elect to provide health insurance coverage to FAMIS children by having FAMIS children and their families enroll in ESHI. DMAS will provide interested families with applications for ESHI.~~

3. ~~A written application for the ESHI component shall be required from interested families.~~

4. ~~DMAS shall determine eligibility for the ESHI component promptly, within 45 calendar days from the date of receiving an application which contains all information and verifications necessary to determine eligibility, except in unusual circumstances beyond the agency's control. Actual enrollment into the ESHI component may not occur for extended periods of time, depending on the ability of the family to enroll in the employer's plan.~~

5. ~~Incomplete ESHI applications shall be held for a period of 30 calendar days to enable applicants to provide outstanding information needed for an ESHI eligibility determination. Any applicant who, within 30 calendar days of the receipt of the initial application, fails to provide information or verifications necessary to determine, ESHI eligibility shall have his application denied.~~

6. ~~DMAS must send each applicant a written notice of the agency's decision on his application for ESHI, and, if approved, his obligations under the program. If eligibility is denied, notice will be given concerning the reasons for the denial.~~

F. ~~Cost effectiveness. DMAS may elect to provide coverage to FAMIS children by paying a portion of the family's employer-sponsored health insurance premium if the cost of family coverage under ESHI is equal to or less than the Commonwealth's cost of obtaining coverage under FAMIS only for the eligible, targeted, low income child or children involved. To the extent readily determinable by DMAS from the employer's plan documents, the portion of the premium associated with covering the FAMIS child only under the employer's plan will be used in determining the cost effectiveness. If DMAS is not able to fully isolate the cost of covering only the FAMIS child, premium assistance may result in the coverage of an adult or other relative/dependant; however, this coverage shall be solely incidental to covering the FAMIS child. The cost effectiveness determination will be conducted for individual families on a case-by-case basis.~~

1. ~~To determine whether it is cost effective to cover the family, DMAS will compare the following two amounts:~~

(a) ~~The sum of the premium assistance amount, plus the cost of supplemental coverage, plus the administrative cost; and~~

(b) ~~The cost of covering the FAMIS child or children under FAMIS. The cost will be determined by using the~~

~~capitated payment rate paid to MCHIPs, or an average cost amount developed by DMAS.~~

2. ~~If (a) is less than or equal to (b), covering the child or children under the ESHI component is cost effective.~~

G. ~~Enrollment and disenrollment.~~

1. ~~FAMIS children with access to employer-sponsored health insurance will receive coverage under FAMIS until their eligibility for coverage under the ESHI component is established and until they are able to enroll in the employer-sponsored health plan.~~

2. ~~The timing and procedures employed to transfer FAMIS children's coverage to the ESHI component will be coordinated between DMAS and the CPU to ensure continuation of health plan coverage.~~

3. ~~Participation by families in the ESHI component shall be voluntary. Families may disenroll their child or children from the ESHI component as long as the proper timing and procedures established by DMAS are followed to ensure continued health coverage.~~

H. ~~Premium assistance. When a child is determined eligible for coverage under the ESHI component, premium assistance payments shall become effective the month in which the FAMIS child or children are enrolled in the employer's plan. Payment of premium assistance shall end:~~

1. ~~On the last day of the month in which FAMIS eligibility ends;~~

2. ~~The last day of the month in which the child or children lose eligibility for coverage under the employer's plan;~~

3. ~~The last day of the month in which the family notifies DMAS that they wish to disenroll their child or children from the ESHI component; or~~

4. ~~The last day of the month in which adequate notice period expires (consistent with federal requirements) when DMAS has determined that the employer's plan is no longer cost effective.~~

I. ~~Supplemental health benefits coverage will be provided to ensure that FAMIS children enrolled in the ESHI component receive all of the FAMIS benefits. FAMIS children can obtain these supplemental benefits through DMAS providers.~~

J. ~~Cost sharing. ESHI families will not be responsible for copayments for FAMIS Title XXI benefits. DMAS will instruct providers to submit billings to DMAS or its designee for payment of applicable copayments. In situations where the provider under the ESHI component refuses to bill DMAS for the copayment amount, DMAS will reimburse the enrollee directly.~~

1. ~~FAMIS children will have to pay copayments for any services covered under the employer's plan that are not FAMIS benefits. The cost sharing paid by families for these benefits do not count towards the cost-sharing cap.~~

2. ~~ESHI families will pay deductibles, coinsurance, and enrollment fee amounts under their employers' plans up to the cost-sharing caps allowed for nonESH I FAMIS families (\$180 annually for those equal to or less than 150% FPL~~

and \$350 annually for those over 150% FPL). After the family has reached its cost sharing cap, DMAS will reimburse the family for any additional deductibles or coinsurance they incur for the FAMIS-enrolled children in the family for FAMIS Title XXI benefits received. Families will need to track their deductibles and coinsurance. Once the cost sharing cap is reached for a family, that family will submit explanation of benefits forms, or other forms approved by DMAS, for reimbursement each time the family incurs a deductible or coinsurance amount for a FAMIS child for a FAMIS Title XXI benefit.

## **12 VAC 30-141-175. FAMIS Select.**

A. Enrollees in FAMIS may, but shall not be required to, enroll in a private or employer sponsored health plan if DMAS or its designee determines that such enrollment is cost effective, as defined in this section.

B. Eligibility determination. FAMIS children may elect to receive coverage under a health plan purchased privately or through an employer and DMAS may elect to provide coverage by paying all or a portion of the premium if all of the following conditions are met:

1. The children determined to be eligible for FAMIS;
2. The cost of coverage for the child or children under FAMIS Select is equal to or less than the Commonwealth's cost of obtaining coverage under FAMIS only for the eligible targeted low-income children involved. The cost-effectiveness determination methodology is described in subsection E of this section;
3. The policyholder agrees to assign rights to benefits under the private or employer's plan to DMAS to assist the Commonwealth in pursuing these third party payments for childhood immunizations. When a child is provided coverage under a private or employer's plan, that plan becomes the payer for all other services covered under that plan; and
4. The policyholder is not under a court order to provide medical support for the applicant child.

C. DMAS will continually verify the child's or children's coverage under the private or employer's plan and will redetermine the eligibility of the child or children for the FAMIS Select component when it receives information concerning an applicant's or enrollee's circumstances that may affect eligibility.

D. Application requirements.

1. DMAS shall furnish the following information in written form and orally, as appropriate, to the families of FAMIS children who have indicated an interest in FAMIS Select:
  - a. The eligibility requirements for FAMIS Select;
  - b. A description of how the program operates, the amount of premium assistance available, and how children can move from FAMIS Select into FAMIS if requested;
  - c. A summary of the covered benefits and cost sharing requirements available through FAMIS;

d. A guide to help families make an informed choice by comparing the FAMIS plan to their private or employer sponsored health plan;

e. Information on coverage for childhood immunizations through FAMIS; and

f. The rights and responsibilities of applicants and enrollees.

2. DMAS will provide interested families with applications for FAMIS Select.

3. A written application for the FAMIS Select component shall be required from interested families.

4. DMAS shall determine eligibility for the FAMIS Select component promptly, within 45 calendar days from the date of receiving an application which contains all information and verifications necessary to determine eligibility, except in unusual circumstances beyond the agency's control. Actual enrollment into the FAMIS Select component may not occur for extended periods of time, depending on the ability of the family to enroll in the employer's plan.

5. Incomplete FAMIS Select applications shall be held for a period of 30 calendar days to enable applicants to provide outstanding information needed for an FAMIS Select eligibility determination. Any applicant who, within 30 calendar days of the receipt of the initial application, fails to provide information or verifications necessary to determine, FAMIS Select eligibility shall have his application denied.

6. DMAS must send each applicant a written notice of the agency's decision on his application for FAMIS Select, and, if approved, his obligations under the program. If eligibility is denied, notice will be given concerning the reasons for the denial.

E. Cost effectiveness. DMAS may elect to provide coverage to FAMIS children by paying all or a portion of the family's private or employer-sponsored health insurance premium if the cost of such premium assistance under FAMIS Select is equal to or less than the Commonwealth's cost of obtaining coverage under FAMIS only for the eligible, targeted, low-income child or children involved. Providing premium assistance for the FAMIS eligible children may result in the coverage of an adult or other relative/dependant; however, this coverage shall be solely incidental to covering the FAMIS child.

1. To ensure that the FAMIS Select program remains cost-effective, DMAS will establish a fixed premium assistance amount per child that will be paid to a family choosing to enroll their FAMIS eligible child in FAMIS Select. The fixed premium assistance amount will be determined annually by:

- a. Determining the cost of covering a child under FAMIS. The cost will be determined by using the capitated payment rate paid to MCHIPs, or an average cost amount developed by DMAS; and
- b. Determining the administrative costs associated with the FAMIS Select program; and
- c. Establishing a fixed premium assistance amount that includes administrative costs and is less than or equal to

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the cost of covering the FAMIS child or children under FAMIS.

d. DMAS will ensure that the total of the fixed premium assistance amounts for all the FAMIS eligible children per family do not exceed the total cost of the family's health insurance premium payment for the private or employer sponsored coverage. If the total fixed premium assistance amounts do exceed the family's premium payment, then the family premium assistance will be reduced by an amount necessary to ensure the premium assistance payment is less than or equal to the family's premium payment.

## F. Enrollment and disenrollment.

1. FAMIS children applying for FAMIS Select will receive coverage under FAMIS until their eligibility for coverage under the FAMIS Select component is established and until they are able to enroll in the private or employer-sponsored health plan.

2. The timing and procedures employed to transfer FAMIS children's coverage to the FAMIS Select component will be coordinated between DMAS and the CPU to ensure continuation of health plan coverage.

3. Participation by families in the FAMIS Select component shall be voluntary. Families may disenroll their child or children from the FAMIS Select component as long as the proper timing and procedures established by DMAS are followed to ensure continued health coverage.

G. Premium Assistance. When a child is determined eligible for coverage under the FAMIS Select component, premium assistance payments shall become effective the month in which the FAMIS child or children are enrolled in the employer's plan. Payment of premium assistance shall end:

1. On the last day of the month in which FAMIS eligibility ends;

2. The last day of the month in which the child or children lose eligibility for coverage under the private or employer's plan;

3. The last day of the month in which the family notifies DMAS that they wish to disenroll their child or children from the FAMIS Select component.

4. On the next business day following a request by the family to immediately transfer the child from FAMIS Select and into the FAMIS program. The request must include notification that the child's private or employer sponsored coverage has been terminated as of the date of transfer and an agreement by the family to return to DMAS the premium assistance payment prorated for that portion of the month in which the child was not enrolled in the private or employer sponsored plan.

H. Supplemental health benefits coverage will be provided to ensure that FAMIS children enrolled in the FAMIS Select component receive all childhood immunizations available under the FAMIS benefits. FAMIS children can obtain these supplemental benefits through Medicaid providers.

I. Cost sharing. FAMIS Select families will be responsible for all copayments, deductibles, coinsurance, fees, or other cost sharing requirements of the private or employer sponsored health plan in which they enroll their children. There is no Title XXI family cost-sharing cap applied to families with children enrolled in FAMIS Select. There is no copayment required for the supplemental immunization benefits provided through FAMIS.

## 12 VAC 30-141-200. Benefit packages.

A. The Commonwealth's Title XXI State Plan utilizes two benefit packages within FAMIS as set forth in the FAMIS State Plan, as may be amended from time to time. One package is a modified Medicaid look-alike component offered through a fee-for-service program and a primary care case management (PCCM) program; the other package is modeled after the state employee health plan and delivered by contracted MCHIPs.

~~B. The Medicaid look-alike plan is also used as a benchmark for the ESHI of FAMIS.~~

/s/ Mark R. Warner  
Governor  
Date: July 19, 2005

VA.R. Doc. No. R05-260; Filed July 26, 2005, 11:52 a.m.

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Title of Regulation: **12 VAC 30-141. Family Access to Medical Insurance Security Plan: FAMIS MOMS (amending 12 VAC 30-141-10, 12 VAC 30-141-100, 12 VAC 30-141-120, 12 VAC 30-141-150, adding 12 VAC 30-141-810 through 12 VAC 30-141-1660).**

Statutory Authority: §§ 32.1-324 and 32.1-325 of the Code of Virginia; Item 324 L of Chapter 951 of the 2005 Acts of Assembly.

Effective Dates: August 1, 2005, through July 31, 2006.

Agency Contact: Linda Nablo, Maternal and Child Health Division, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 225-4212, FAX (804) 786-1680, or e-mail linda.nablo@dmas.virginia.gov.

### Preamble:

*This regulatory action qualifies as an emergency pursuant to § 2.2-4011 of the Code of Virginia because it is responding to mandates in the Virginia Appropriation Act (the 2005 Acts of Assembly, Chapter 951, Item 324 L) that must be effective within 280 days from the date of its enactment and these regulatory changes are not otherwise exempt under the provisions of § 2.2-4006 of the Code of Virginia.*

*This emergency regulation implements coverage of pregnant women with income above the Medicaid limit but less than or equal to 150% of the Federal Poverty Limit and represents a new population of individuals to be covered by Virginia's Title XXI program. Therefore, these new regulations have been specifically developed to support the FAMIS MOMS program. Because FAMIS MOMS is part of*

*Virginia's Title XXI program, the regulations are closely modeled after the existing FAMIS regulations (12 VAC 30-141-10 to 12 VAC 30-141-660). In many sections the only difference between the new FAMIS MOMS regulations and the existing FAMIS regulations is the name of the program or the reference to a pregnant woman instead of to a child. Some elements in the FAMIS MOMS definition section (12 VAC 30-141-810) reflect additions to or deletions from the definitions provided in 12 VAC 30-141-10 (FAMIS definitions). Because Medicaid currently covers pregnant women with income less than or equal to 133% of the Federal Poverty Level (FPL), the additional pregnant women covered by FAMIS MOMS (133% up to 150% FPL) is expected to be small.*

## **12 VAC 30-141-10. Definitions.**

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

"Act" means the Social Security Act.

"Adult caretaker relative" or "caretaker relative" means an individual who is age 18 or older, who is not the parent of, but who is related to, the child by blood or marriage, and who lives with and assumes responsibility for day-to-day care of the child in a place of residence maintained as his or their own home.

"Adverse action" means the denial of eligibility; failure to make a timely determination of eligibility; suspension or termination of enrollment; or delay, denial, reduction, suspension, or termination of health services, in whole or in part; provided, however, that determination of eligibility to participate in and termination of participation in the employer-sponsored health insurance coverage (ESHI) program shall not constitute an adverse action.

"Agency" means a local department of social services, the central processing unit, or other entity designated by DMAS to make eligibility determinations for FAMIS.

"Agency error" means a person or persons received benefits to which they were not entitled as a result of an error on the part of an eligibility worker at a local department of social services or the central processing unit.

"Agent" means an individual designated in writing to act on behalf of a FAMIS Plan applicant or enrollee during the administrative review process.

"Applicant" means a child who has filed an application (or who has an application filed on his behalf) for child health insurance and is awaiting a determination of eligibility. A child is an applicant until his eligibility has been determined.

*"Application for health insurance" means the form or forms developed and approved by the Department of Medical Assistance Services that is used for determining eligibility for Medicaid for poverty level children, for the Family Access to Medical Insurance Security Plan (FAMIS) for children, for Medicaid for pregnant women, and for FAMIS MOMS coverage for pregnant women.*

"Authorized representative" means a person who is authorized to conduct the personal or financial affairs for an individual who is 18 years of age or older.

"Board" or "BMAS" means that policy board created by § 32.1-324 of the Code of Virginia to administer the plans established by the Social Security Act.

"CMSIP" means that original child health insurance program that preceded FAMIS.

"Central processing unit" or "CPU" means the private contractor that will determine eligibility for and administer part of the Family Access to Medical Insurance Security Plan or FAMIS.

"Child" means an individual under the age of 19 years.

~~"Child health insurance application" means the form or forms developed and approved by the Department of Medical Assistance Services that is used by local departments of social services and the FAMIS CPU for determining eligibility for Medicaid for poverty level children and for the Family Access to Medical Insurance Security Plan (FAMIS).~~

"Competent individual" means a person who has not been judged by a court to be legally incapacitated.

"Comprehensive health insurance coverage" means health benefits coverage, which includes the following categories of services at a minimum: inpatient and outpatient hospital services; physician's surgical and medical services; and laboratory and radiological services.

"Conservator" means a person appointed by a court of competent jurisdiction to manage the estate and financial affairs of an incapacitated individual.

"Continuation of enrollment" means ensuring an enrollee's benefits are continued until completion of the review process, with the condition that should the enrollee not prevail in the review process, the enrollee shall be liable for the repayment of all benefits received during the review process.

"Director" means the individual, or his designee, specified in § 32.1-324 of the Code of Virginia with all of the attendant duties and responsibilities to administer the State Plan for Medical Assistance and the State Plan for FAMIS.

"DMAS" or "department" means the Department of Medical Assistance Services.

"Employer-sponsored health insurance coverage" or "ESHI" means comprehensive employer-sponsored health insurance offered by an employer. This component of FAMIS refers to the ability of DMAS to provide coverage to FAMIS children by providing premium assistance to families who enroll the FAMIS children in their employer's health plan.

"Enrollee" means a child who has been determined eligible to participate in FAMIS and is enrolled in the FAMIS program.

"External Quality Review Organization" means the independent contractor assigned by DMAS to handle quality reviews and to conduct final review of MCHIP adverse actions for FAMIS.

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"Family" means parents, including adoptive and stepparents, and their children under the age of 19, who are living in the same household. Family shall not mean grandparents, other relatives, or legal guardians.

"Family," when used in the context of the ESHI component, means a unit or group that has access to an employer's group health plan. Thus, it includes the employee and any dependents who can be covered under the employer's plan.

"Family income" means the total income of all family members in a household. Income includes, but is not necessarily limited to, before-tax earnings from a job, including cash, wages, salary, commissions, tips, self-employment net profits, Social Security, Retirement Survivor Disability Insurance (RSDI), veterans benefits, Railroad Retirement, disability workers' compensation, unemployment benefits, child support, alimony, spousal support, pensions, retirement benefits, settlement benefits, rental income, and lottery/bingo winnings. Income excludes public assistance program benefits such as SSI and TANF payments, foster care payments, general relief, loans, grants, or scholarships for educational expenses or earned income of a child who is a student.

"FAMIS" means the Family Access to Medical Insurance Security Plan.

"Federal poverty level" or "FPL" means that income standard as published annually by the U.S. Department of Health and Human Services in the Federal Register.

"Fee-for-service" means the traditional Medicaid health care delivery and payment system in which physicians and other providers receive a payment for each unit of service they provide.

"Fraud" means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state laws.

"Group health plan" or "health insurance coverage" means that health care coverage as defined in § 2791 of the Public Health Services Act (42 USC § 300gg-91(a) and (b)(1).

"Guardian" means a person appointed by a court of competent jurisdiction to be responsible for the affairs of an incapacitated individual, including responsibility for making decisions regarding the person's support, care, health, safety, habilitation, education, and therapeutic treatment, and if not inconsistent with an order of commitment, residence.

"Incapacitated individual" means a person who, pursuant to an order of a court of competent jurisdiction, has been found to be incapable of receiving and evaluating information effectively or responding to people, events, or environments to such an extent that the individual lacks the capacity to (i) meet the essential requirements of his health, care, safety, or therapeutic needs without the assistance or protection of a guardian, or (ii) manage property or financial affairs or provide for his support or for the support of his legal dependents without the assistance or protection of a conservator.

"Legally emancipated" means that the parents and child have gone through the court and a judge has declared that the

parents have surrendered the right to care, custody, and earnings of the child and have renounced parental duties. A married minor is not emancipated unless a court has declared the married minor emancipated from his parents.

"LDSS" or "local department" means the local department of social services.

"Managed care health insurance plan" or "MCHIP" as defined in § 32.1-137.1 of the Code of Virginia means an arrangement for the delivery of health care in which a health carrier means under contract with DMAS for Title XXI delivery systems, undertakes to provide, arrange and pay for, or reimburse any of the costs of health care services for a covered person on a prepaid or insured basis, which contains one or more incentive arrangements, including any credential requirements intended to influence the cost of the health care services between the health carrier and one or more providers and requires or creates benefit payment differential incentives for covered persons to use providers that are directly or indirectly managed, owned, under contract with or employed by the health carrier.

"Member of a family," for purposes of determining whether the child is eligible for coverage under a state employee health insurance plan, means a parent or parents, including stepparents with whom the child is living if the stepparent claims the child as a dependent on the employee's federal tax return.

"Premium assistance" means the portion of the family's cost of participating in the employer's plan that DMAS will pay to the family to cover the FAMIS children under the employer plan if DMAS determines it is cost effective to do so.

"Primary care case management (PCCM)" means a system under which a physician acting as a primary care case manager furnishes case management services to FAMIS enrollees pursuant to a contract with DMAS.

"Primary care provider" or "PCP" means a physician enrolled in the PCCM program as a primary case manager.

"Provider" means the individual, facility or other entity registered, licensed, or certified, as appropriate, and enrolled by an MCHIP, a PCCM, or in fee-for-service to render services to FAMIS enrollees eligible for services.

"Supplemental coverage" means additional coverage provided to FAMIS children covered under the ESHI component so that they can receive all of the FAMIS benefits and they are not required to pay any more cost sharing than they would have under FAMIS.

"Title XXI" means the federal State Children's Health Insurance Program as established by Subtitle J of the Balanced Budget Act of 1997.

"Virginia State Employee Health Insurance Plan" means a health insurance plan offered by the Commonwealth of Virginia to its employees and includes the Local Choice Program whereby local governmental entities elect to provide local employees' enrollment in the State Employee Health Insurance Plan.

## 12 VAC 30-141-100. Eligibility requirements.

A. This section shall be used to determine eligibility of children for FAMIS.

B. FAMIS shall be in effect statewide.

C. Eligible children must:

1. Be determined ineligible for Medicaid by a local department of social services or be screened by the FAMIS central processing unit and determined not Medicaid likely;
2. Be under 19 years of age;
3. Be residents of the Commonwealth;
4. Be either U.S. citizens, U.S. nationals or qualified noncitizens;
5. Be uninsured, that is, not have comprehensive health insurance coverage;
6. Not be a member of a family eligible for subsidized dependent coverage, as defined in 42 CFR 457.310(c)(1)(ii) under any Virginia state employee health insurance plan on the basis of the family member's employment with a state agency;
- ~~7. Not be a member of a family eligible for subsidized dependent coverage, as defined in 42 CFR 457.310(c)(1)(ii), on the basis of a family member's employment with an agency that participates in the local choice program;~~
- ~~8.~~ 7. Not be an inpatient in an institution for mental diseases (IMD), or an inmate in a public institution that is not a medical facility.

D. Income.

1. Screening. All child health insurance applications received at the FAMIS central processing unit must be screened to identify applicants who are potentially eligible for Medicaid. Children screened and found potentially eligible for Medicaid cannot be enrolled in FAMIS until there has been a finding of ineligibility for Medicaid. Children who do not appear to be eligible for Medicaid shall have their eligibility for FAMIS determined. Children determined to be eligible for FAMIS will be enrolled in the FAMIS program. Child health insurance applications received at a local department of social services shall have a full Medicaid eligibility determination completed. Children determined to be ineligible for Medicaid due to excess income will have their eligibility for FAMIS determined. If a child is found to be eligible for FAMIS, the local department of social services will enroll the child in the FAMIS program.
2. Standards. Income standards for FAMIS are based on a comparison of countable income to 200% of the federal poverty level for the family size, as defined in the State Plan for Title XXI as approved by the Centers for Medicare & Medicaid. Children who have income at or below 200% of the federal poverty level, but are ineligible for Medicaid due to excess income, will be income eligible to participate in FAMIS.

3. Grandfathered CMSIP children. Children who were enrolled in the Children's Medical Security Insurance Plan at the time of conversion from CMSIP to FAMIS and whose eligibility determination was based on the requirements of CMSIP shall continue to have their income eligibility determined using the CMSIP income methodology. If their income exceeds the FAMIS standard, income eligibility will be based on countable income using the same income methodologies applied under the Virginia State Plan for Medical Assistance for children as set forth in 12 VAC 30-40-90. Income that would be excluded when determining Medicaid eligibility will be excluded when determining countable income for the former CMSIP children. Use of the Medicaid income methodologies shall only be applied in determining the financial eligibility of former CMSIP children for FAMIS and for only as long as the children meet the income eligibility requirements for CMSIP. When a former CMSIP child is determined to be ineligible for FAMIS, these former CMSIP income methodologies shall no longer apply and income eligibility will be based on the FAMIS income standards.

4. Spenddown. Deduction of incurred medical expenses from countable income (spenddown) shall not apply in FAMIS. If the family income exceeds the income limits described in this section, the individual shall be ineligible for FAMIS regardless of the amount of any incurred medical expenses.

E. Residency. The requirements for residency, as set forth in 42 CFR 435.403, will be used when determining whether a child is a resident of Virginia for purposes of eligibility for FAMIS. A child who is not emancipated and is temporarily living away from home is considered living with his parents, adult relative caretaker, legal guardian, or person having legal custody if the absence is temporary and the child intends to return to the home when the purpose of the absence (such as education, medical care, rehabilitation, vacation, visit) is completed.

F. Qualified noncitizen. The requirements for qualified aliens set out in Public Law 104-193, as amended, and the requirements for noncitizens set out in subdivisions 3 b and c of 12 VAC 30-40-10 will be used when determining whether a child is a qualified noncitizen for purposes of FAMIS eligibility.

G. Coverage under other health plans.

1. Any child covered under a group health plan or under health insurance coverage, as defined in § 2791 of the Public Health Services Act (42 USC § 300gg-91(a) and (b)(1)), shall not be eligible for FAMIS.

2. No substitution for private insurance.

a. Only uninsured children shall be eligible for FAMIS. A child is not considered to be insured if the health insurance plan covering the child does not have a network of providers in the area where the child resides. Each application for child health insurance shall include an inquiry about health insurance the child currently has or had within the past four months. If the child had health insurance coverage that was terminated in the past four months, inquiry as to why the health insurance was terminated is made. Each redetermination of eligibility

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shall also document inquiry about current health insurance or health insurance the child had within the past four months. If the child has been covered under a health insurance plan other than through the ESHI component of FAMIS within four months of application for or receipt of FAMIS services, the child will be ineligible, unless the child *is pregnant at the time of application*, or, if age 18 or if under the age of 18, the child's parent, caretaker relative, guardian, legal custodian or authorized representative demonstrates good cause for discontinuing the coverage.

b. Health insurance does not include Medicaid nor insurance for which DMAS paid premiums under Title XIX through the Health Insurance Premium Payment (HIPP) Program.

c. Good cause. A child shall not be ineligible for FAMIS if health insurance was discontinued within the four-month period prior to the month of application if one of the following good cause exceptions is met.

(1) The family member who carried insurance, changed jobs, or stopped employment, and no other family member's employer contributes to the cost of family health insurance coverage.

(2) The employer stopped contributing to the cost of family coverage and no other family member's employer contributes to the cost of family health insurance coverage.

(3) The child's coverage was discontinued by an insurance company for reasons of uninsurability, e.g., the child has used up lifetime benefits or the child's coverage was discontinued for reasons unrelated to payment of premiums.

(4) Insurance was discontinued by a family member who was paying the full cost of the insurance premium under a COBRA policy and no other family member's employer contributes to the cost of family health insurance coverage.

(5) Insurance on the child was discontinued by someone other than the child (if 18 years of age) or if under age 18, the child's parent or stepparent living in the home, e.g., the insurance was discontinued by the child's absent parent, grandparent, aunt, uncle, godmother, etc.

(6) Insurance on the child was discontinued because the cost of the premium exceeded 10% of the family's monthly income or exceeded 10% of the family's monthly income at the time the insurance was discontinued.

(7) Other good cause reasons may be established by the DMAS director.

## 12 VAC 30-141-120. Children ineligible for FAMIS.

A. If a child is:

1. Eligible for Medicaid, or would be eligible if he applied for Medicaid, he shall be ineligible for coverage under FAMIS. A child found through the screening process to be

potentially eligible for Medicaid but who fails to complete the Medicaid application process for any reason, cannot be enrolled in FAMIS;

2. A member of a family eligible for coverage under any Virginia state employee health insurance plan, ~~including members of any family eligible for coverage under the Virginia state employee health insurance plan through the local choice program where the employer contributes towards the cost of dependent coverage, shall be ineligible for FAMIS;~~

3. An inmate of a public institution as defined in 42 CFR 435.1009 shall be ineligible for FAMIS; or

4. An inpatient in an institution for mental disease (IMD) as defined in 42 CFR 435.1009 shall be ineligible for FAMIS.

B. If a child's parent or other authorized representative does not meet the requirements of assignment of rights to benefits or requirements of cooperation with the agency in identifying and providing information to assist the Commonwealth in pursuing any liable third party, the child shall be ineligible for FAMIS.

C. If a child, if age 18, or if under age 18, a parent, adult relative caretaker, guardian, or legal custodian obtained benefits for a child or children who would otherwise be ineligible by willfully misrepresenting material facts on the application or failing to report changes, the child or children for whom the application is made shall be ineligible for FAMIS. The child, if age 18, or if under age 18, the parent, adult relative caretaker, guardian, or legal custodian who signed the application shall be liable for repayment of the cost of all benefits issued as the result of the misrepresentation.

## 12 VAC 30-141-150. Application requirements.

A. Availability of program information. DMAS or its designee shall furnish the following information in written form and orally as appropriate to all applicants and to other individuals who request it:

1. The eligibility requirements;
2. Summary of covered benefits;
3. Copayment amounts required; and
4. The rights and responsibilities of applicants and enrollees.

B. Opportunity to apply. DMAS or its designee must afford an individual, wishing to do so, the opportunity to apply for child health insurance. ~~Child Applications for health insurance applications~~ will be accepted at a central site designated by DMAS, *including Internet applications*, and at local departments of social services throughout the Commonwealth. Applicants may file an application for child health insurance by mail, by fax, or in person at local departments of social services. Applications filed at the FAMIS CPU can be submitted by mail, by fax or by phone. Face-to-face interviews for the program are not required. Eligibility determinations for FAMIS shall occur at either local departments of social services or at the DMAS designated central site.

C. Right to apply. An individual who is 18 years of age shall not be refused the right to complete a child health insurance application for himself and shall not be discouraged from asking for assistance for himself under any circumstances.

D. Applicant's signature. The applicant must sign state-approved application forms submitted, even if another person fills out the form, unless the application is filed and signed by the applicant's parent, adult relative caretaker, legal guardian or conservator, attorney-in-fact or authorized representative.

E. The authorized representative for an individual 18 years of age or older shall be those individuals as set forth in 12 VAC 30-110-1380.

F. The authorized representative for children younger than 18 years of age shall be those individuals as set forth in 12 VAC 30-110-1390.

G. Persons prohibited from signing an application. An employee of, or an entity hired by, a medical service provider who stands to obtain FAMIS payments shall not sign ~~a child an application for health insurance application~~ on behalf of an individual who cannot designate an authorized representative.

H. Written application. DMAS or its designee shall require a written application from the applicant if he is at least 18 years of age or older, or from a parent, adult relative caretaker, guardian, legal custodian, or authorized representative if the applicant is less than 18 years of age or the applicant is incapacitated. The application must be on a form prescribed by DMAS, and must be signed under a penalty of perjury. The application form shall contain information sufficient to determine Medicaid and FAMIS eligibility.

I. Assistance with application. DMAS or its designee shall allow an individual or individuals of the applicant's choice to assist and represent the applicant in the application process, or a redetermination process for eligibility.

J. Timely determination of eligibility. The time processing standards for determining eligibility for ~~child health insurance~~ begin with the date a signed application is received either at a local department of social services or the FAMIS CPU. ~~Child An application for health insurance applications~~ received at local departments of social services must have a full Medicaid eligibility determination and, when a child is determined to be ineligible for Medicaid due to excess income, a FAMIS eligibility determination performed, within the same Medicaid case processing time standards.

Except in cases of unusual circumstances as described below, ~~child an application for health insurance applications~~ received at the FAMIS CPU and screened as ineligible for Medicaid, shall have a FAMIS eligibility determination completed within 10 business days of the date the complete application was received at the CPU. Applications that are screened as Medicaid likely will be processed within Medicaid case processing time standards.

1. Unusual circumstances include: administrative or other emergency beyond the agency's control. In such case, DMAS, or its designee, or the LDSS must document, in the applicant's case record, the reasons for delay. DMAS or its designee or the local department of social services must not

use the time standards as a waiting period before determining eligibility or as a reason for denying eligibility because it has not determined eligibility within the time standards.

2. Incomplete applications shall be held open for a period of 30 calendar days to enable applicants to provide outstanding information needed for an eligibility determination. Any applicant who fails to provide, within 30 calendar days of the receipt of the initial application, information or verifications necessary to determine eligibility, shall have his application for FAMIS eligibility denied.

K. Notice of DMAS', its designee's or the local department of social services' decision concerning eligibility. DMAS, its designee or the local department of social services must send each applicant a written notice of the agency's/designee's decision on his application, and, if approved, his obligations under the program. If eligibility for FAMIS is denied, notice must be given concerning the reasons for the action and an explanation of the applicant's right to request a review of the adverse actions, as described in 12 VAC 30-141-50.

L. Case documentation. DMAS, its designee, or the local department of social services must include in each applicant's record all necessary facts to support the decision on his application, and must dispose of each application by a finding of eligibility or ineligibility, unless (i) there is an entry in the case record that the applicant voluntarily withdrew the application and that the agency or its designee sent a notice confirming his decision; or (ii) there is a supporting entry in the case record that the applicant cannot be located.

M. Case maintenance. All cases approved for FAMIS shall be maintained at the FAMIS CPU. Children determined by local departments of social services to be eligible for FAMIS shall have their cases transferred to the FAMIS CPU for ongoing case maintenance. The FAMIS CPU will be responsible for providing newly enrolled recipients with program information, benefits available, how to secure services under the program, a FAMIS handbook, and for processing changes in eligibility and annual renewals within established time frames.

N. Redetermination of eligibility. DMAS or the FAMIS CPU must redetermine the eligibility of enrollees with respect to circumstances that may change at least every 12 months. During the 12-month period of coverage, enrollees must make timely and accurate reports if an enrollee no longer resides in the Commonwealth of Virginia or when changes in income exceed 200% of the federal poverty level. DMAS or the FAMIS CPU must promptly redetermine eligibility when it receives information about changes in a FAMIS enrollee's circumstances that may affect eligibility.

O. Notice of decision concerning eligibility. DMAS or the FAMIS CPU must give enrollees timely notice of proposed action to terminate their eligibility under FAMIS. The notice must meet the requirements of 42 CFR 457.1180.

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PART VI.  
FAMIS MOMS.

**12 VAC 30-141-810. Definitions.**

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

"Act" means the Social Security Act.

"Adult caretaker relative" or "caretaker relative" means an individual who is age 18 or older, who is not the parent of, but who is related to, the child applicant by blood or marriage, and who lives with and assumes responsibility for day-to-day care of the child applicant in a place of residence maintained as his or their own home.

"Adverse action" means the denial of eligibility; failure to make a timely determination of eligibility; suspension or termination of enrollment; or delay, denial, reduction, suspension, or termination of health services, in whole or in part.

"Agency" means a local department of social services, the central processing unit, or other entity designated by DMAS to make eligibility determinations for FAMIS MOMS.

"Agency error" means a person or persons received benefits to which they were not entitled as a result of an error on the part of an eligibility worker at a local department of social services or the central processing unit.

"Agent" means an individual designated in writing to act on behalf of a FAMIS MOMS Plan applicant or enrollee during the administrative review process.

"Applicant" means a pregnant woman who has filed an application (or who has an application filed on her behalf) for health insurance and is awaiting a determination of eligibility. A pregnant woman is an applicant until her eligibility has been determined.

"Application for health insurance" means the form or forms developed and approved by the Department of Medical Assistance Services that is used for determining eligibility for Medicaid for poverty level children, for the Family Access to Medical Insurance Security Plan (FAMIS) for children, for Medicaid for pregnant women, and for FAMIS MOMS coverage for pregnant women.

"Authorized representative" means a person who is authorized to conduct the personal or financial affairs for an individual who is 18 years of age or older.

"Board" or "BMAS" means that policy board created by § 32.1-324 of the Code of Virginia to administer the plans established by the Social Security Act.

"Central processing unit" or "CPU" means the private contractor that will determine eligibility for and administer part of the FAMIS MOMS Plan.

"Child" means an individual under the age of 19 years.

"Competent individual" means a person who has not been judged by a court to be legally incapacitated.

"Comprehensive health insurance coverage" means health benefits coverage, which includes the following categories of services at a minimum: inpatient and outpatient hospital services; physician's surgical and medical services; and laboratory and radiological services.

"Conservator" means a person appointed by a court of competent jurisdiction to manage the estate and financial affairs of an incapacitated individual.

"Continuation of enrollment" means ensuring an enrollee's benefits are continued until completion of the review process, with the condition that should the enrollee not prevail in the review process, the enrollee shall be liable for the repayment of all benefits received during the review process.

"Director" means the individual, or his designee, specified in § 32.1-324 of the Code of Virginia with all of the attendant duties and responsibilities to administer the State Plan for Medical Assistance and the State Plan for Title XXI.

"DMAS" or "department" means the Department of Medical Assistance Services.

"Enrollee" means a pregnant woman who has been determined eligible to participate in FAMIS MOMS and is enrolled in the FAMIS MOMS program.

"External Quality Review Organization" means the independent contractor assigned by DMAS to handle quality reviews and to conduct final review of MCHIP adverse actions for FAMIS MOMS.

"Family" for a pregnant woman under the age of 21, means parents, including adoptive parents, if they are all residing together and the spouse of the pregnant woman if the woman is married and living with her spouse, as well as any children under the age of 21 the woman may have.

For a pregnant woman over the age of 21, family means her spouse, if married and living together, as well as any children under the age of 21 the pregnant woman may have.

"Family income" means the total income of all family members in a household. Income includes, but is not necessarily limited to, before-tax earnings from a job, including cash, wages, salary, commissions, tips, self-employment net profits, Social Security, Retirement Survivor Disability Insurance (RSDI), veterans benefits, Railroad Retirement, disability workers' compensation, unemployment benefits, child support, alimony, spousal support, pensions, retirement benefits, settlement benefits, rental income, and lottery/bingo winnings. Income excludes public assistance program benefits such as SSI and TANF payments, foster care payments, general relief, loans, grants, or scholarships for educational expenses or earned income of a child who is a student.

"FAMIS" means the Family Access to Medical Insurance Security Plan.

"FAMIS MOMS" means the Title XXI program available to eligible pregnant women.

"Federal poverty level" or "FPL" means that income standard as published annually by the U.S. Department of Health and Human Services in the Federal Register.

"Fee-for-service" means the traditional Medicaid health care delivery and payment system in which physicians and other providers receive a payment for each unit of service they provide.

"Fraud" means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to herself or some other person. It includes any act that constitutes fraud under applicable federal or state laws.

"Group health plan" or "health insurance coverage" means that health care coverage as defined in § 2791 of the Public Health Services Act (42 USC § 300gg-91(a) and (b) (1)).

"Guardian" means a person appointed by a court of competent jurisdiction to be responsible for the affairs of an incapacitated individual, including responsibility for making decisions regarding the person's support, care, health, safety, habilitation, education, and therapeutic treatment, and if not inconsistent with an order of commitment, residence.

"Incapacitated individual" means a person who, pursuant to an order of a court of competent jurisdiction, has been found to be incapable of receiving and evaluating information effectively or responding to people, events, or environments to such an extent that the individual lacks the capacity to (i) meet the essential requirements of her health, care, safety, or therapeutic needs without the assistance or protection of a guardian, or (ii) manage property or financial affairs or provide for her support or for the support of her legal dependents without the assistance or protection of a conservator.

"Legally emancipated" means that the parents and child have gone through the court and a judge has declared that the parents have surrendered the right to care, custody, and earnings of the child and have renounced parental duties. A married minor is not emancipated unless a court has declared the married minor emancipated from her parents.

"LDSS" or "local department" means the local department of social services.

"Managed care health insurance plan" or "MCHIP" as defined in § 32.1-137.1 of the Code of Virginia means an arrangement for the delivery of health care in which a health carrier under contract with DMAS for Title XXI delivery systems, undertakes to provide, arrange and pay for, or reimburse any of the costs of health care services for a covered person on a prepaid or insured basis, which contains one or more incentive arrangements, including any credential requirements intended to influence the cost of the health care services between the health carrier and one or more providers and requires or creates benefit payment differential incentives for covered persons to use providers that are directly or indirectly managed, owned, under contract with or employed by the health carrier.

"Member of a family," for purposes of determining whether the applicant is eligible for coverage under a state employee health insurance plan, means a spouse, parent or parents, including stepparents with whom the child is living if the stepparent claims the child as a dependent on the employee's federal tax return.

"Pregnant woman" means a woman of any age who is medically determined to be pregnant. The pregnant woman definition is met from the first day of the earliest month that the medical practitioner certifies as being a month in which the woman was pregnant, through the last day of the month in which the 60th day occurs, following the last day of the month in which her pregnancy ended, regardless of the reason the pregnancy ended.

"Primary care case management (PCCM)" means a system under which a physician acting as a primary care case manager furnishes case management services to FAMIS MOMS enrollees pursuant to a contract with DMAS.

"Primary care provider" or "PCP" means a physician enrolled in the PCCM program as a primary case manager.

"Provider" means the individual, facility or other entity registered, licensed, or certified, as appropriate, and enrolled by an MCHIP, a PCCM, or in fee-for-service to render services to FAMIS MOMS enrollees eligible for services.

"Title XXI" means the federal State Children's Health Insurance Program as established by Subtitle J of the Balanced Budget Act of 1997.

"Virginia State Employee Health Insurance Plan" means a health insurance plan offered by the Commonwealth of Virginia to its employees.

## **12 VAC 30-141-820. Administration and general background.**

A. The state shall use funds provided under Title XXI for obtaining coverage that meets the requirements of Title XXI of the Social Security Act and any Waiver of federal regulations approved by the Centers for Medicare and Medicaid Services.

B. The DMAS director will have the authority to contract with entities for the purpose of establishing a centralized processing site, determining eligibility, enrolling eligible pregnant women into health plans, performing outreach, data collection, reporting, and other services necessary for the administration of the FAMIS MOMS program; and for employing state staff to perform Medicaid eligibility determinations on pregnant women referred by the contractor's staff.

C. Health care services under FAMIS MOMS shall be provided through MCHIPs, PCCMs, and through fee-for-service or through any other health care delivery system deemed appropriate by the Department of Medical Assistance Services.

## **12 VAC 30-141-830. Outreach and public participation.**

A. DMAS will work cooperatively with other state agencies and contractors to ensure that state and federal law and any applicable state and federal regulations are met.

B. DMAS shall develop a comprehensive marketing and outreach effort. The marketing and outreach efforts will be aimed at promoting FAMIS MOMS and Medicaid for pregnant women and increasing enrollment, and may include contracting with a public relations firm, coordination with other state agencies, coordination with the business community, and coordination with health care associations and providers.

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## **12 VAC 30-141-840. Review of adverse actions.**

A. Upon written request, all FAMIS MOMS program applicants and enrollees shall have the right to a review of an adverse action made by the MCHIP, local department of social services, CPU or DMAS.

B. During review of a suspension or termination of enrollment or a reduction, suspension, or termination of services, the enrollee shall have the right to continuation of coverage if the enrollee requests review prior to the effective date of the suspension or termination of enrollment or suspension, reduction, or termination of services.

C. Review of an adverse action made by the local department of social services, CPU or DMAS shall be heard and decided by an agent of DMAS who has not been directly involved in the adverse action under review.

D. Review of an adverse action made by the MCHIP must be conducted by a person or agent of the MCHIP who has not been directly involved in the adverse action under review.

E. After final review by the MCHIP, there shall also be opportunity for final independent external review by the external quality review organization.

F. There will be no opportunity for review of an adverse action to the extent that such adverse action is based on a determination by the director that funding for FAMIS MOMS has been terminated or exhausted. There will be no opportunity for review based on which type of delivery system (i.e., fee-for-service, MCHIP) is assigned. There will be no opportunity for review if the sole basis for the adverse action is a state or federal law or regulation requiring an automatic change that affects all applicants or enrollees or a group of applicants or enrollees without regard to their individual circumstances.

G. The burden of proof shall be upon the applicant or enrollee to show that an adverse action is incorrect.

H. At no time shall the MCHIP's, local department's of social services, the CPU's, or DMAS' failure to meet the time frames set in this chapter or set in the MCHIP's or DMAS' written review procedures constitute a basis for granting the applicant or enrollee the relief sought.

## **12 VAC 30-141-850. Notice of adverse action.**

A. The CPU or DMAS shall send written notification to enrollees at least 10 calendar days prior to suspension or termination of enrollment.

B. DMAS or the MCHIP shall send written notification to enrollees at least 10 calendar days prior to reduction, suspension or termination of a previously authorized health service.

C. The local department of social services, the CPU, DMAS or the MCHIP shall send written notification to applicants and enrollees of all other adverse actions within 10 calendar days of the adverse action.

D. Notice shall include the reasons for determination, an explanation of applicable rights to a review of that determination, the standard and expedited time frames for

review, the manner in which a review can be requested, and the circumstances under which enrollment or services may continue pending review.

## **12 VAC 30-141-860. Request for review.**

A. Requests for review of MCHIP adverse actions shall be submitted in writing to the MCHIP.

B. Requests for review of adverse actions made by the local department of social services, the CPU, or DMAS shall be submitted in writing to DMAS.

C. Any written communication clearly expressing a desire to have an adverse action reviewed shall be treated as a request for review.

D. To be timely, requests for review of a MCHIP determination shall be received by the MCHIP no later than 30 calendar days from the date of the MCHIP's notice of adverse action.

E. To be timely, requests for review of a local department of social services, DMAS, or CPU determination shall be received by DMAS no later than 30 calendar days from the date of the CPU's, LDSS' or DMAS' notice of adverse action. Requests for review of a local department of social services, DMAS, or CPU determination shall be considered received by DMAS when the request is date stamped by the DMAS Appeals Division in Richmond, Virginia.

## **12 VAC 30-141-870. Review procedures.**

A. At a minimum, the MCHIP review shall be conducted pursuant to written procedures as defined in § 32.1-137.6 of the Code of Virginia and as may be further defined by DMAS. Such procedures shall be subject to review and approval by DMAS.

B. The DMAS review shall be conducted pursuant to written procedures developed by DMAS.

C. The procedures in effect on the date a particular request for review is received by the MCHIP or DMAS shall apply throughout the review.

D. Copies of the procedures shall be promptly mailed by the MCHIP or DMAS to applicants and enrollees upon receipt of timely requests for review. Such written procedures shall include but not be limited to the following:

1. The right to representation by an attorney or other agent of the applicant's or enrollee's choice, but at no time shall the MCHIP, local department of social services, DSS, or DMAS be required to obtain or compensate attorneys or other agents acting on behalf of applicants or enrollees;
2. The right to timely review of their files and other applicable information relevant to the review of the decision;
3. The right to fully participate in the review process, whether the review is conducted in person or in writing, including the presentation of supplemental information during the review process;
4. The right to have personal and medical information and records maintained as confidential; and

5. The right to a written final decision within 90 calendar days of receipt of the request for review, unless the applicant or enrollee requests or causes a delay.

6. For eligibility and enrollment matters, if the applicant's or enrollee's physician or health plan determines that the 90-calendar-day timeframe could seriously jeopardize the applicant's or enrollee's life or health or ability to attain, maintain, or regain maximum function, an applicant or enrollee will have the opportunity to expedited review. Under these conditions, a request for review shall result in a written final decision within three business days after DMAS receives, from the physician or health plan, the case record and information indicating that taking the time for a standard resolution of the review request could seriously jeopardize the applicant's or enrollee's life or health or ability to attain, maintain or regain maximum function, unless the applicant or enrollee or her authorized representative causes a delay.

7. For health services matters for FAMIS MOMS enrollees receiving services through MCHIPs, if the enrollee's physician or health plan determines that the 90-calendar-day timeframe could seriously jeopardize the enrollee's life or health or ability to attain, maintain, or regain maximum function, an enrollee will have the opportunity to expedited review. Under these conditions, a request for review shall result in a written decision by the external quality review organization within 72 hours from the time an enrollee requests expedited review, unless the applicant, enrollee, or authorized representative requests or causes a delay. If a delay is requested or caused by the applicant, enrollee, or authorized representative, then expedited review may be extended up to 14 calendar days.

8. For health services matters for FAMIS MOMS enrollees receiving services through fee-for-service and PCCM, if the enrollee's physician or health plan determines that the 90-calendar-day timeframe could seriously jeopardize the enrollee's life, health or ability to attain, maintain, or regain maximum function, an enrollee will have the opportunity to expedited review. Under these conditions, a request for review shall result in a written decision within 72 hours from the time an enrollee requests expedited review, unless the applicant, enrollee, or authorized representative requests or causes a delay. If a delay is requested or caused by the applicant, enrollee, or authorized representative, then expedited review may be extended up to 14 calendar days.

## **12 VAC 30-141-900. Eligibility requirements.**

A. This section shall be used to determine eligibility of pregnant women for FAMIS MOMS.

B. FAMIS MOMS shall be in effect statewide.

C. Eligible pregnant women must:

1. Be determined ineligible for Medicaid due to excess income by a local department of social services or by the DMAS FAMIS CPU co-located at the FAMIS CPU;
2. Be a pregnant woman at the time of application;
3. Be residents of the Commonwealth;

4. Be either U.S. citizens, U.S. nationals or qualified noncitizens;

5. Be uninsured, that is, not have comprehensive health insurance coverage;

6. Not be a member of a family eligible for subsidized dependent coverage, as defined in 42 CFR 457.310(c)(1)(ii) under any Virginia state employee health insurance plan on the basis of the family member's employment with a state agency;

7. Not be an inpatient in an institution for mental diseases (IMD), or an inmate in a public institution that is not a medical facility.

D. Income.

1. Screening. All applications for FAMIS MOMS coverage received at the FAMIS central processing unit must be screened to identify applicants who are potentially eligible for Medicaid. Pregnant women screened and found potentially eligible for Medicaid cannot be enrolled in FAMIS MOMS until there has been a finding of ineligibility for Medicaid. Pregnant women who do not appear to be eligible for Medicaid due to excess income shall have their eligibility for FAMIS MOMS determined, and if eligible, will be enrolled in the FAMIS MOMS program. Applications for FAMIS MOMS received at a local department of social services shall have a full Medicaid eligibility determination completed. Pregnant women determined to be ineligible for Medicaid due to excess income will have their eligibility for FAMIS MOMS determined, and if eligible, the local department of social services will enroll the pregnant woman in the FAMIS MOMS program.

2. Standards. Income standards for FAMIS MOMS are based on a comparison of countable income to 150% of the federal poverty level for the family size. Countable income and family size are based on the methodology utilized by the Medicaid program as defined in 12 VAC 30-40-100(e). Pregnant women who have income at or below 150% of the federal poverty level, but are ineligible for Medicaid due to excess income, will be income eligible to participate in FAMIS MOMS.

3. Spenddown. Deduction of incurred medical expenses from countable income (spenddown) shall not apply in FAMIS MOMS. If the family income exceeds the income limits described in this section, the individual shall be ineligible for FAMIS MOMS regardless of the amount of any incurred medical expenses.

E. Residency. The requirements for residency, as set forth in 42 CFR 435.403, will be used when determining whether a pregnant woman is a resident of Virginia for purposes of eligibility for FAMIS MOMS. A child who is not emancipated and is temporarily living away from home is considered living with her parents, adult relative caretaker, legal guardian, or person having legal custody if the absence is temporary and the child intends to return to the home when the purpose of the absence (such as education, medical care, rehabilitation, vacation, visit) is completed.

F. Qualified noncitizen. The requirements for qualified aliens set out in Public Law 104-193, as amended, and the

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requirements for noncitizens set out in subdivisions 3 b and c of 12 VAC 30-40-10 will be used when determining whether a pregnant woman is a qualified noncitizen for purposes of FAMIS MOMS eligibility.

## G. Coverage under other health plans.

1. Any pregnant woman covered under a group health plan or under health insurance coverage, as defined in § 2791 of the Public Health Services Act (42 USC § 300gg-91(a) and (b)(1)), shall not be eligible for FAMIS MOMS.

2. No substitution for private insurance.

a. Only uninsured pregnant women shall be eligible for FAMIS MOMS. A pregnant woman is not considered to be insured if the health insurance plan covering the pregnant woman does not have a network of providers in the area where the pregnant woman resides. Each application for FAMIS MOMS coverage shall include an inquiry about health insurance the pregnant woman has at the time of application.

b. Health insurance does not include Medicare, Medicaid, FAMIS nor insurance for which DMAS paid premiums under Title XIX through the Health Insurance Premium Payment (HIPP) Program or under Title XXI through the SCHIP premium assistance program.

## 12 VAC 30-141-910. Duration of eligibility.

A. The effective date of FAMIS MOMS eligibility shall be the first day of the month in which a signed application was received by either the FAMIS central processing unit or a local department of social services if the applicant met all eligibility requirements in that month.

B. Eligibility for FAMIS MOMS will continue through the last day of the month in which the sixtieth day occurs, following the last day the woman was pregnant, regardless of the reason the pregnancy ended. Eligibility will continue until the end of the coverage period, regardless of changes in circumstances such as income or family size.

## 12 VAC 30-141-920. Pregnant women ineligible for FAMIS MOMS.

A. If a pregnant woman is:

1. Eligible for Medicaid, or would be eligible if she applied for Medicaid, she shall be ineligible for coverage under FAMIS MOMS. A pregnant woman found through the screening process to be potentially eligible for Medicaid but who fails to complete the Medicaid application process for any reason cannot be enrolled in FAMIS MOMS;

2. A member of a family eligible for coverage under any Virginia state employee health insurance plan shall be ineligible for FAMIS MOMS;

3. An inmate of a public institution as defined in 42 CFR 435.1009 shall be ineligible for FAMIS MOMS; or

4. An inpatient in an institution for mental disease (IMD) as defined in 42 CFR 435.1009 shall be ineligible for FAMIS MOMS.

B. If a pregnant woman age 18 or older or, if under age 18, a parent or other authorized representative does not meet the requirements of assignment of rights to benefits or requirements of cooperation with the agency in identifying and providing information to assist the Commonwealth in pursuing any liable third party, the pregnant woman shall be ineligible for FAMIS MOMS.

C. If a pregnant woman age 18 or older, or if under age 18, a parent, adult relative caretaker, guardian, or legal custodian obtained benefits for a pregnant woman who would otherwise be ineligible by willfully misrepresenting material facts on the application or failing to report changes, the pregnant woman for whom the application is made shall be ineligible for FAMIS MOMS. The pregnant woman age 18 or older, or if under age 18, the parent, adult relative caretaker, guardian, or legal custodian who signed the application shall be liable for repayment of the cost of all benefits issued as the result of the misrepresentation.

## 12 VAC 30-141-930. Nondiscriminatory provisions.

FAMIS MOMS shall be conducted in compliance with all civil rights requirements. FAMIS MOMS shall not:

1. Discriminate during the eligibility determination process on the basis of diagnosis;

2. Cover pregnant women of higher income without first covering pregnant women with a lower family income; and

3. Deny eligibility based on a pregnant woman having a preexisting medical condition.

## 12 VAC 30-141-940. No entitlement.

In accordance with § 2102(b)(4) of the Social Security Act and § 32.1-353 of the Code of Virginia, FAMIS MOMS shall not create any entitlement for, right to, or interest in payment of medical services on the part of any pregnant woman or any right or entitlement to participation.

## 12 VAC 30-141-950. Application requirements.

A. Availability of program information. DMAS or its designee shall furnish the following information in written form and orally as appropriate to all applicants and to other individuals who request it:

1. The eligibility requirements;

2. Summary of covered benefits;

3. Copayment amounts required; and

4. The rights and responsibilities of applicants and enrollees.

B. Opportunity to apply. DMAS or its designee must afford a pregnant woman, wishing to do so, the opportunity to apply for the FAMIS MOMS program. Applications from pregnant women will be accepted at a central site designated by DMAS and at local departments of social services throughout the Commonwealth. Applicants may file an application for health insurance by mail, by fax, or in person at local departments of social services. Applications filed at the FAMIS CPU can be submitted by mail, by fax, by the internet, or by phone. Face-to-face interviews for the program are not required. Eligibility

determinations for FAMIS MOMS shall occur at either local departments of social services or at the DMAS designated central site.

C. *Right to apply.* An individual who is 18 years of age or older shall not be refused the right to complete an application for health insurance for herself and shall not be discouraged from asking for assistance for herself under any circumstances.

D. *Applicant's signature.* The applicant must sign state-approved application forms submitted, even if another person fills out the form, unless the application is filed and signed by the applicant's parent, spouse, adult relative caretaker, legal guardian or conservator, attorney-in-fact or authorized representative.

E. *The authorized representative for an individual 18 years of age or older shall be those individuals as set forth in 12 VAC 30-110-1380.*

F. *The authorized representative for children younger than 18 years of age shall be those individuals as set forth in 12 VAC 30-110-1390.*

G. *Persons prohibited from signing an application.* An employee of, or an entity hired by, a medical service provider who stands to obtain FAMIS MOMS payments shall not sign an application for health insurance on behalf of an individual who cannot designate an authorized representative.

H. *Written application.* DMAS or its designee shall require a written application from the applicant if she is at least 18 years of age or older, or from a parent, adult relative caretaker, guardian, legal custodian, or authorized representative if the applicant is less than 18 years of age or the applicant is incapacitated. The application must be on a form prescribed by DMAS, and must be signed under a penalty of perjury. The application form shall contain information sufficient to determine Medicaid and FAMIS MOMS eligibility.

I. *Assistance with application.* DMAS or its designee shall allow an individual or individuals of the applicant's choice to assist and represent the applicant in the application process, or a redetermination process for eligibility.

J. *Timely determination of eligibility.* The time processing standards for determining eligibility for FAMIS MOMS coverage begin with the date a signed application is received either at a local department of social services or the FAMIS CPU. Applications received at local departments of social services must have a full Medicaid eligibility determination and, when a pregnant woman is determined to be ineligible for Medicaid due to excess income, a FAMIS MOMS eligibility determination performed, within the same Medicaid case processing time standards.

Except in cases of unusual circumstances as described below, health insurance applications for pregnant women received at the local department of social services shall have a Medicaid eligibility determination completed and, if denied Medicaid for excess income, a FAMIS MOMS eligibility determination completed within 10 business days of the date the signed application was received at the local department. An application from a pregnant woman received at the FAMIS CPU and screened as ineligible for Medicaid, shall have a FAMIS MOMS eligibility determination completed within 10

business days of the date the complete application was received at the CPU. Complete applications that are screened as Medicaid likely will be processed within the 10 business day time standard. If the application cannot be processed within this standard, a notice will be sent to the applicant explaining why a decision has not yet been made.

1. *Unusual circumstances include: administrative or other emergency beyond the agency's control.* In such case, DMAS, or its designee, or the LDSS must document, in the applicant's case record, the reasons for delay. DMAS or its designee or the local department of social services must not use the time standards as a waiting period before determining eligibility or as a reason for denying eligibility because it has not determined eligibility within the time standards.

2. *Applications filed at the CPU that are incomplete shall be held open for a period of 30 calendar days to enable applicants to provide outstanding information needed for an eligibility determination.* Incomplete applications, determined complete by the receipt of additional information required to determine FAMIS MOMS eligibility will be processed in an expedited manner upon receipt of the additional information. Any applicant who fails to provide, within 30 calendar days of the receipt of the initial application, information or verifications necessary to determine eligibility, shall have her application for FAMIS MOMS eligibility denied.

K. *Notice of DMAS', its designee's or the local department of social services' decision concerning eligibility.* DMAS, its designee or the local department of social services must send each applicant a written notice of the agency's/designee's decision on her application, and, if approved, her obligations under the program. If eligibility for FAMIS MOMS is denied, notice must be given concerning the reasons for the action and an explanation of the applicant's right to request a review of the adverse actions, as described in 12 VAC 30-141-50.

L. *Case documentation.* DMAS, its designee, or the local department of social services must include in each applicant's record all necessary facts to support the decision on her application, and must dispose of each application by a finding of eligibility or ineligibility, unless (i) there is an entry in the case record that the applicant voluntarily withdrew the application and that the agency or its designee sent a notice confirming her decision; or (ii) there is a supporting entry in the case record that the applicant cannot be located.

M. *Case maintenance.* All cases approved for FAMIS MOMS shall be maintained at the FAMIS CPU. Pregnant women determined by local departments of social services to be eligible for FAMIS MOMS shall have their cases transferred to the FAMIS CPU for ongoing case maintenance. The FAMIS CPU will be responsible for providing newly enrolled recipients with program information, benefits available, how to secure services under the program, a FAMIS MOMS handbook, and for processing changes in eligibility within established time frames.

N. *Notice of decision concerning eligibility.* DMAS or the FAMIS CPU must give enrollees timely notice of proposed

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action to terminate their eligibility under FAMIS MOMS. The notice must meet the requirements of 42 CFR 457.1180.

## **12 VAC 30-141-960. Copayments.**

A. Pregnant women enrolled in FAMIS MOMS will be subject to copayments for medical services in the same manner and amount as pregnant women covered by the Medicaid program as defined in 12 VAC 30-10-570 B and C.

B. These cost-sharing provisions shall be implemented with the following restrictions:

1. Total cost sharing for a pregnant woman shall be limited to the lesser of (i) \$180 and (ii) 2.5% of the family's income for the year for the duration of her enrollment in FAMIS MOMS.

2. If a family includes a pregnant woman enrolled in FAMIS MOMS and a child or children enrolled in FAMIS, DMAS or its designee shall ensure that the annual aggregate cost sharing for all Title XXI enrollees in a family does not exceed the cost sharing caps as defined in 12 VAC 30-141-160 B.

3. Families will be required to submit documentation to DMAS or its designee showing that their maximum copayment amounts are met for the year.

4. Once the cap is met, DMAS or its designee will issue a new eligibility card or written documentation excluding such families from paying additional copays.

C. Exceptions to the above cost-sharing provisions:

No cost sharing will be charged to American Indians and Alaska Natives.

## **12 VAC 30-141-980. Liability for excess benefits.**

A. Any person who, without the intent to violate this section, obtains benefits or payments under FAMIS MOMS to which she is not entitled shall be liable for any excess benefits or payments received. If the enrollee knew or reasonably should have known that she was not entitled to the excess benefits, she may also be liable for interest on the amount of the excess benefits or payments at the judgment rate as defined in § 6.1-330.54 of the Code of Virginia from the date upon which excess benefits or payments to the date on which repayment is made to the Commonwealth. No person shall be liable for payment of interest, however, when excess benefits or payments were obtained as a result of errors made solely by DMAS or its designee.

B. Any payment erroneously made on behalf of a FAMIS MOMS enrollee or former enrollee may be recovered by DMAS from the enrollee or the enrollee's income, assets, or estate unless state or federal law or regulation otherwise exempts such property.

## **12 VAC 30-141-1000. Benefit packages.**

Pregnant women covered through FAMIS MOMS may receive the same medical services and are subject to the same limitations on services as pregnant women covered by the Medicaid program as defined in 12 VAC 30-10-140 and 12 VAC 30-50-10.

## **12 VAC 30-141-1500. Benefits reimbursement.**

A. Reimbursement for the services covered under FAMIS MOMS fee-for-service and PCCM and MCHIPs shall be as specified in this section.

B. Reimbursement for physician services, surgical services, clinic services, prescription drugs, laboratory and radiological services, outpatient mental health services, early intervention services, emergency services, home health services, immunizations, mammograms, medical transportation, organ transplants, skilled nursing services, well baby and well child care, vision services, durable medical equipment, disposable medical supplies, dental services, case management services, physical therapy/occupational therapy/speech-language therapy services, hospice services, school-based health services, and certain community-based mental health services shall be based on the Title XIX rates.

C. Reimbursement to MCHIPs shall be determined on the basis of the estimated cost of providing the MCHIP benefit package and services to an actuarially equivalent population. MCHIP rates will be determined annually and published 30 days prior to the effective date.

D. Exceptions.

1. Prior authorization is required after five visits in a fiscal year for physical therapy, occupational therapy and speech therapy provided by home health providers and outpatient rehabilitation facilities and for home health skilled nursing visits. Prior authorization is required after five visits for outpatient mental health visits in the first year of service and prior authorization is required for the following nonemergency outpatient procedures: Magnetic Resonance Imaging, Computer Axial Tomography scans, or Positron Emission Tomography scans.

2. Reimbursement for inpatient hospital services will be based on the Title XIX rates in effect for each hospital. Reimbursement shall not include payments for disproportionate share or graduate medical education payments made to hospitals. Payments made shall be final and there shall be no retrospective cost settlements.

3. Reimbursement for outpatient hospital services shall be based on the Title XIX rates in effect for each hospital. Payments made will be final and there will be no retrospective cost settlements.

4. Reimbursement for inpatient mental health services other than by free standing psychiatric hospitals will be based on the Title XIX rates in effect for each hospital. Reimbursement will not include payments for disproportionate share or graduate medical education payments made to hospitals. Payments made will be final and there will be no retrospective cost settlements.

5. Reimbursement for outpatient rehabilitation services will be based on the Title XIX rates in effect for each rehabilitation agency. Payments made will be final and there will be no retrospective cost settlements.

6. Reimbursement for outpatient substance abuse treatment services will be based on rates determined by DMAS for

children ages 6 through 18. Payments made will be final and there will be no retrospective cost settlements.

7. Reimbursement for prescription drugs will be based on the Title XIX rates in effect. Reimbursements for Title XXI do not receive drug rebates as under Title XIX.

8. Reimbursement for covered prescription drugs for non-institutionalized FAMIS MOMS recipients receiving the fee-for-service or PCCM benefits will be subject to review and prior authorization when their current number of prescriptions exceeds 9 unique prescriptions within 180 days, and as may be further defined by the agency's guidance documents for pharmacy utilization review and the prior authorization program. The prior authorization process shall be applied consistent with the process set forth in 12 VAC 30-50-210 A 7.

#### **12 VAC 30-141-1560. Quality assurance.**

A. Each provider entity shall meet requirements for the following either as administered by DMAS or as determined by contract with DMAS: access to well-child health services, immunizations, provider network adequacy, a system to provide enrollees urgent care and emergency services, systems for complaints, grievances and reviews, a data management system and quality improvement programs and activities.

B. Each MCHIP shall meet requirements determined by the contract for the internal and external quality monitoring and reporting of access to services, timeliness of services, and appropriateness of services, as determined by DMAS.

#### **12 VAC 30-141-1570. Utilization control.**

A. Each MCHIP shall implement a utilization review system as determined by contract with DMAS, or administered by DMAS.

B. For both the fee-for-service and PCCM programs, DMAS shall use the utilization controls already established and operational in the State Plan for Medical Assistance.

C. DMAS may collect and review comprehensive data to monitor utilization after receipt of services.

#### **12 VAC 30-141-1600. Recipient audit unit.**

A. Pursuant to Chapter 9 (§ 32.1-310 et seq.) of Title 32.1 of the Code of Virginia, the recipient audit unit shall investigate allegations of acts of fraud or abuse, committed by persons enrolled in the FAMIS MOMS program or the parent, adult caretaker relative, guardian, legal custodian or authorized representative on behalf of a person or persons enrolled in the FAMIS MOMS program, which result in misspent funds.

B. Any FAMIS MOMS enrollee, parent, adult caretaker relative, guardian, legal custodian or authorized representative of a FAMIS MOMS enrollee who, on the behalf of others, attempts to obtain benefits to which the enrollee is not entitled by means of a willful false statement or by willful misrepresentation, or by willful concealment of any material facts, shall be liable for repayment of any excess benefits received and the appropriate interest charges.

C. Upon the determination that fraud or abuse has been committed, criminal or civil action may be initiated.

D. When determining the amount of misspent funds to be recovered, capitation fees shall be included for FAMIS MOMS enrollees who received benefits through managed care.

E. Access to FAMIS MOMS enrollees' records by authorized DMAS representatives shall be permitted upon request.

#### **12 VAC 30-141-1650. Provider review.**

A. The provider review unit shall be responsible for reviewing enrolled FAMIS MOMS providers to identify potential inappropriate utilization of services and potential billing errors.

B. Providers agree to keep such records as DMAS determines necessary. The providers shall furnish DMAS, upon request, information regarding payments claimed for providing services under the State Plan for Title XXI.

C. Access to records and facilities by authorized DMAS representatives shall be permitted upon request.

D. Providers shall be required to refund payments made by DMAS if they are found to have billed DMAS contrary to policy, failed to maintain records or adequate documentation to support their claims, or billed for medically unnecessary services.

E. A review of adverse actions concerning provider reimbursement shall be heard in accordance with the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia) and the Virginia Administrative Code, 12 VAC 30-10-1000 and 12 VAC 30-20-500 through 12 VAC 30-20-560.

F. MCHIPs shall be responsible for keeping provider profile and utilization mechanisms to monitor provider activities. MCHIPs shall be reviewed by DMAS.

#### **12 VAC 30-141-1660. Assignment to managed care.**

A. All eligible enrollees shall be assigned in managed care through the department or the central processing unit (CPU) under contract to DMAS. FAMIS MOMS recipients, during the pre-assignment period to a PCP or MCHIP, shall receive Title XXI benefits via fee-for-service utilizing a FAMIS MOMS card issued by DMAS. After assignment to a PCP or MCHIP, benefits and the delivery of benefits shall be administered specific to the type of managed care program in which the recipient is enrolled.

1. MCHIPs shall be offered to enrollees in certain areas.
2. In areas with one contracted MCHIP, all enrollees shall be assigned to that contracted MCHIP.
3. In areas with multiple contracted MCHIPs or in PCCM areas without contracted MCHIPs, enrollees shall be assigned through a random system algorithm.
4. In areas without contracted MCHIPs, enrollees shall be assigned to the primary care case management program (PCCM) or into the fee-for-service component.
5. Enrolled individuals residing in PCCM areas without contracted MCHIPs or in areas with multiple MCHIPs, will receive a letter indicating that they may select one of the contracted MCHIPs or primary care provider (PCP) in the PCCM program, in each case, which serve such area. Enrollees who do not select an MCHIP/PCP as described

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above, shall be assigned to an MCHIP/PCP as described in subdivision 3 of this subsection.

6. Individuals assigned to an MCHIP or a PCCM who lose and then regain eligibility for FAMIS MOMS within 60 days will be re-assigned to their previous MCHIP or PCP.

B. Following their initial assignment to a MCHIP/PCP, those enrollees shall be restricted to that MCHIP/PCP until their next annual eligibility redetermination, unless appropriately disenrolled by the department.

1. During the first 90 calendar days of managed care assignment, an enrollee may request re-assignment for any reason from that MCHIP/PCP to another MCHIP/PCP serving that geographic area. Such re-assignment shall be effective no later than the first day of the second month after the month in which the enrollee requests re-assignment.

2. Re-assignment is available only in areas with the PCCM program or where multiple MCHIPS exist. If multiple MCHIPS exist, enrollees may only request re-assignment to another MCHIP serving that geographic area. In PCCM areas, an enrollee may only request re-assignment to another PCP serving that geographic area.

3. After the first 90 calendar days of the assignment period, the enrollee may only be re-assigned from one MCHIP/PCP to another MCHIP/PCP upon determination by DMAS that good cause exists pursuant to subsection C of this section.

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

1. After the first 90 days of assignment in managed care, enrollees may request disenrollment from DMAS based on good cause. The request must be made in writing to DMAS and cite the reasons why the enrollee wishes to be re-assigned. The department shall establish procedures for good cause re-assignment through written policy directives.

2. DMAS shall determine whether good cause exists for re-assignment.

D. Exclusion for assignment to a MCHIP. The following individuals shall be excluded from assignment to a MCHIP. Newly eligible individuals who are in the third trimester of pregnancy and who request exclusion within a department-specified time frame of the effective date of their MCHIP enrollment. Exclusion may be granted only if the member's obstetrical provider (physician or hospital) does not participate with the enrollee's assigned MCHIP. Exclusion requests made during the third trimester may be made by the enrollee, MCHIP, or provider. DMAS shall determine if the request meets the criteria for exclusion.

/s/ Mark R. Warner  
Governor  
Date: July 19, 2005

VA.R. Doc. No. R05-258; Filed July 26, 2005, 11:54 a.m.

## TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

### CEMETERY BOARD

Title of Regulation: 18 VAC 47-20. Cemetery Board Rules and Regulations (amending 18 VAC 47-20-10, 18 VAC 47-20-70, 18 VAC 47-20-140; adding 18 VAC 47-20-35, 18 VAC 47-20-250, 18 VAC 47-20-260, and 18 VAC 47-20-270; repealing 18 VAC 47-20-240).

Statutory Authority: §§ 54.1-201 and 54.1-2313 of the Code of Virginia.

Effective Dates: August 1, 2005, through July 31, 2006.

Agency Contact: Christine Martine, Executive Director, Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, VA 23230, telephone (804) 367-8552, FAX (804) 367-6946, or e-mail cemetery@dpor.virginia.gov.

Preamble:

*This is an emergency situation pursuant to § 2.2-4011(ii) of the Code of Virginia. Chapters 192 and 247 of the 2004 Acts of Assembly, which were the result of HB 857 and SB 303 respectively, require regulations to be effective within 280 days of enactment.*

*The new regulation establishes qualifications and standards of conduct for compliance agents employed by cemetery companies as well as standards of approval for training courses for compliance agents. It also provides a mechanism for protection of the perpetual care and preneed trust funds.*

#### 18 VAC 47-20-10. Definitions.

The following words and terms when used in this chapter shall have the definitions ascribed to them in § 54.1-2310 of the Code of Virginia or shall have the following meanings, unless the context clearly indicates otherwise:

"Administration" means the cost to administer and maintain records required by Chapter 23.1 (§ 54.1-2310 et seq.) of Title 54.1 of the Code of Virginia or any regulation of the board, including a percentage of compensation of employees, payment of insurance premiums, reasonable payments for employees' pension and other benefit plans, and costs of maintaining cemetery company and sales personnel compliance with the board's licensure and registration requirements.

"Approved training program" means a training program that has been approved by the board to provide training for individuals to act as a compliance agent or compliance agent designee.

"Change in ownership" means a change in 50% or more of the stockholders or partnership interest, or both, of a cemetery company.

"Compliance agent designee" means an individual who shall be designated by the cemetery company to assure the compliance of the cemetery company with the provisions of

Chapter 23.1 (§ 54.1-2310 et seq.) of Title 54.1 of the Code of Virginia and this chapter when the compliance agent is not available to supervise the activities of any of its affiliated cemeteries.

"Experience" means supervisory experience with a cemetery company as defined in § 54.1-2310 of the Code of Virginia.

"Licensee" means any person licensed by the board as a cemetery company.

"Moral turpitude" means, but is not limited to, lying, cheating or stealing.

"Outer burial container" means any container which is designed for placement in the grave around the casket including, but not limited to, containers commonly known as burial vaults or grave boxes and grave liners.

"Perpetual care" means continuing care, maintenance, administration and embellishment of the cemetery.

"Preneed trust fund" means those moneys held in accordance with § 54.1-2325 of the Code of Virginia.

"Principal" means the following individuals:

1. The sole proprietor of a sole proprietorship.
2. The partners of a general partnership.
3. The managing partners of a limited partnership.
4. The officers of a corporation as registered with the State Corporation Commission.
5. The managers of a limited liability company.
6. The officers or directors of an association.

"Registrant" means any natural person registered with the board as sales personnel.

"Sales personnel" means any natural person employed by or affiliated as an independent contractor with a licensed cemetery company who deals with the public in the sale or offering for sale of any property or services enumerated in the definition of "cemetery company" contained in § 54.1-2310 of the Code of Virginia.

"Services" means any act or activity by the cemetery company in relation to arranging, supervising, interring or disposing of the remains or commemorating the memory of deceased human beings.

### **18 VAC 47-20-35. Qualifications for compliance agents and designees.**

Every applicant for compliance agent or designee shall have the following qualifications:

1. Be at least 18 years old;
2. Have two years experience in the cemetery business and have successfully completed a board approved training course; and
3. Be a full time employee of the cemetery company or is a principal.

4. The applicant shall disclose any current or previous licenses/registrations from Virginia or in any other jurisdictions, and any disciplinary actions taken against those licenses/registrations. This includes, but is not limited to, any monetary penalties, fines or disciplinary actions taken by any federal, state or local regulatory agencies. The board, at its discretion, may deny approval of the compliance agent or designee based upon disciplinary actions by any jurisdiction.

5. The applicant shall disclose any conviction or finding of guilt, regardless of adjudication, in any jurisdiction of the United States of any misdemeanor involving moral turpitude or any felony, there being no appeal pending therefrom or the time for appeal having elapsed. Any plea of nolo contendere shall be considered a conviction for purposes of this subdivision. The record of conviction, finding or case decision shall be considered prima facie evidence of a conviction or finding of guilt. The board, at its discretion, may deny approval of the compliance agent or designee in accordance with § 54.1-204 of the Code of Virginia.

6. The applicant shall certify that he understands and will comply with all the laws of Virginia related to cemetery company licensure under the provisions of Title 54, Chapter 23.1 of the Code of Virginia and this chapter.

### **18 VAC 47-20-70. Application fees.**

Application fees are nonrefundable.

Cemetery company license	\$600 per cemetery
Addition of cemetery	\$600 per cemetery
Sales personnel registration	\$50 per cemetery
<del>Dishonored check fee</del>	<del>\$25</del>

### **18 VAC 47-20-140. Renewal and reinstatement fees.**

All fees required by the board are nonrefundable. The date on which the fee is received by the department or its agent shall determine whether the licensee or registrant is eligible for renewal or reinstatement or must reapply as a new applicant.

Renewal of cemetery company license	\$600 per cemetery
Renewal of sales personnel registration	\$50 per cemetery
Reinstatement of cemetery company license	\$100 per cemetery
Reinstatement of sales personnel registration	\$ 50
<del>Dishonored check fee</del>	<del>\$25</del>

### **~~18 VAC 47-20-240. Execution of contracts for licensees whose licenses have been suspended or revoked. (Repealed.)~~**

~~In the event a license has been suspended or revoked and the licensee is a party to a preneed burial contract which must be executed at need, the board may file a petition for appointment of a receiver with any court of record having equity jurisdiction over the licensee. The petition shall be necessary to ensure execution of the contract including the appointment of a receiver. If a receiver is appointed, the licensee, as determined by the court, shall pay his expenses and a reasonable fee.~~

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## **18 VAC 47-20-250. Compliance agent or designee conduct.**

Each cemetery company and cemetery affiliated with a cemetery company shall be supervised by a compliance agent or designee. The compliance agent or designee shall exercise reasonable and adequate supervision of the provision of services by employees of the cemetery company. Factors to be considered in determining whether the supervision is reasonable and adequate include, but are not limited to, the following:

1. The availability of the compliance agent or designee to all cemetery company employees and to the public to answer questions within a reasonable time pertaining to the operation of the cemetery company.
2. The availability of training and written procedures and policies which provide, without limitation, clear guidance in the following areas:
  - a. Required deposits for the perpetual care trust fund;
  - b. Required deposits for the preneed trust fund;
  - c. Proper handling of preneed burial contracts;
  - d. Proper handling of deposits to the perpetual care trust fund;
  - e. Proper handling of deposits to the preneed trust fund;
  - f. Interment records;
  - g. Itemized statement of goods and services provided;
  - h. General price list;
  - i. Advertising;
  - j. Solicitation;
  - k. Proper care, maintenance, administration and embellishment of the cemetery.
  - l. Such other matters as necessary to assure the competence of licensees and registrants to comply with this chapter and Chapter 23.1 (§ 54.1-2310 et seq.) of Title 54.1 of the Code of Virginia.

## **18 VAC 47-20-260. Protection of perpetual care and preneed trust funds.**

In the event that preneed or perpetual care funds are held in trust and the Board or any of its agents have reason to believe that (i) the licensee or any agent of the licensee has diverted or misused any funds held in trust or (ii) the licensee is not able to adequately protect the interest of the person involved or (iii) the licensee's conduct or the operation of the cemetery company threatens the interests of the public or (iv) the licensee has had its license suspended, revoked or surrendered, the Board may initiate legal proceedings in accordance with § 54.1-2313.1 of the Code of Virginia.

## **18 VAC 47-20-270. Standards of approval of training course.**

All training courses shall be approved by the board. The training course shall be at least eight hours and include appropriate testing procedures to demonstrate an

understanding of the topics. The training program shall include, but is not limited to the following topics:

1. Cemetery Board statutes and regulations;
2. Perpetual care trust fund requirements;
3. Preneed trust fund requirements;
4. Preneed burial contracts;
5. Interment records;
6. General price list;
7. Itemized statement of goods and services provided;
8. Advertising;
9. Solicitation;
10. Funeral Rule; and
11. Proper care, maintenance, administration and embellishment of the cemetery.

/s/ Mark R. Warner  
Governor  
Date: June 30, 2005

VA.R. Doc. No. R05-277; Filed August 1, 2005, 2:02 p.m.

## **DEPARTMENT OF HEALTH PROFESSIONS**

**Title of Regulation:** 18 VAC 76-20. Regulations Governing the Prescription Monitoring Program (amending 18 VAC 76-20-20, 18 VAC 76-20-30, 18 VAC 76-20-50, and 18 VAC 76-20-60; adding 18 VAC 76-20-70).

**Statutory Authority:** §§ 54.1-2505 and 54.1-2520 of the Code of Virginia.

**Effective Dates:** July 25, 2005, through July 24, 2006.

**Agency Contact:** Ralph Orr, Program Manager, Department of Health Professions, 6603 W. Broad Street, 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9921, FAX (804) 662-9943, or e-mail ralph.orr@dhp.virginia.gov.

### Preamble:

The adoption of an emergency regulation by the Director of the Department of Health Professions is required to (i) comply with amendments to Chapter 25.2 (§ 54.1-2519 et seq.) of Title 54.1 of the Code of Virginia and (ii) comply with the third enactment clauses of Chapters 637 and 678 of the 2005 Acts of Assembly, which require "That the Director of the Department of Health Professions shall promulgate regulations to implement the provisions of this act to be effective within 280 days of its enactment." Chapters 637 and 678 were enacted on March 23, 2005, the day HB 2429 and SB 1098 were signed by the Governor.

The amended regulations (i) include provisions for expansion of the Prescription Monitoring Program such as reporting of dispensed Schedules III and IV drugs and disclosure of information to dispensers (pharmacies) as well as other additional entities such as the Health Practitioner

*Intervention Program, the medical examiner and the Department of Medical Assistance Services; (ii) eliminate provisions that may stand as a barrier to the adoption of electronic requests and disclosures; (iii) provide criteria for requests from prescribers who are not licensed in Virginia; and (iv) establish requirements for notification by a dispenser to his patients about requests for disclosure of prescription information in the program.*

*Draft emergency regulations were sent to affected parties with a request for comment over a 30-day comment period that ended on June 10, 2005. The draft was provided to persons on public participation guidelines lists for the director and for the Board of Pharmacy, to the Prescription Monitoring Program Advisory Committee, and to board members for the affected professions of pharmacy, medicine, dentistry, optometry, nurse practitioners and physician assistants. No comment was received in response to the draft emergency regulations.*

## **18 VAC 76-20-20. General provisions.**

In accordance with Chapter 25.2 (§ 54.1-2519 et seq.) of Title 54.1 of the Code of Virginia and this chapter, the Director of the Department of Health Professions shall establish and administer a program for monitoring the dispensing of ~~Schedule I~~ *Schedules II, III and IV* controlled substances.

## **18 VAC 76-20-30. Criteria for granting waivers of the reporting requirements.**

A. The director may grant a waiver of all or some of the reporting requirements established in § 54.1-2521 of the Code of Virginia to an individual or entity who files a request in writing on a form provided by the department and who meets the criteria for such a waiver.

B. Criteria for a waiver of the reporting requirements shall include a history of compliance with laws and regulations by the ~~pharmacy, the pharmacist in charge, and other pharmacists~~ *dispensers* regularly practicing at that location and may include, but not be limited to:

1. A substantial hardship created by a natural disaster or other emergency beyond the control of the pharmacist or pharmacy; or
2. Dispensing in a controlled research project approved by a regionally accredited institution of higher education or under the supervision of a governmental agency.

C. Consistent with the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia), a waiver may be granted by a subordinate designated by the director on a case-by-case basis, subject to terms and conditions stated in an order with a specified time period and subject to being vacated. An appeal of the initial decision may be filed with the director who shall appoint an informal fact-finding conference, which shall thereafter make a recommendation to the director. The decision of the director shall be final.

## **18 VAC 76-20-50. Criteria for mandatory disclosure of information by the director.**

A. In order to request disclosure of information contained in the program, an individual shall be registered with the director

as an authorized agent entitled to receive reports under § 54.1-2523 B of the Code of Virginia.

1. Such request for registration shall contain an attestation from the applicant's employer of the eligibility and identity of such person.

2. Registration as an agent authorized to receive reports shall expire on June 30 of each even-numbered year or at any such time as the agent leaves or alters his current employment or otherwise becomes ineligible to receive information from the program.

B. An authorized agent shall ~~only request in writing, on a form provided by the department,~~ disclosure of information related to a specific investigation, ~~or in the case of a request from the Health Practitioners' Intervention Program (HPIP) disclosure of information related to a specific applicant for or participant in HPIP. The request~~ *Requests shall be made in a format designated by the department* and shall contain a case identifier number, a specified time period to be covered in the report, and the specific recipient, prescriber or dispenser for which the report is to be made, ~~and an identifier number for the subject of the disclosure.~~

C. The request from an authorized agent shall ~~be signed with include~~ an attestation that the prescription data will not be further disclosed and only used for the purposes stated in the request and in accordance with the law.

## **18 VAC 76-20-60. Criteria for discretionary disclosure of information by the director.**

A. In accordance with § 54.1-2523 C of the Code of Virginia, the director may disclose information in the program to certain persons provided the request is made in ~~writing on a form provided a format designated~~ by the department.

B. The director may disclose information to:

1. The recipient of the dispensed drugs, provided the request is accompanied by a copy of a valid photo identification issued by a government agency of any jurisdiction in the United States verifying that the recipient is over the age of 18 and includes a notarized signature of the requesting party. The report shall be mailed to the address on the license or delivered to the recipient at the department.

2. The prescriber for the purpose of establishing a treatment history ~~for a patient or prospective patient,~~ provided the request is accompanied by the prescriber's ~~license number issued by the department, the signature of the prescriber, registration number with the United States Drug Enforcement Administration (DEA) and attestation of having obtained written consent for such disclosure~~ from the recipient. Such written consent ~~shall be separate and distinct from any other consent documents required by the practitioner and~~ shall be maintained as part of the patient record.

3. Another regulatory authority conducting an investigation or disciplinary proceeding or making a decision on the granting of a license or certificate, provided the request is related to an allegation of a possible controlled substance violation and that it is accompanied by the signature of the

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# Emergency Regulations

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VA.R. Doc. No. R05-240; Filed July 25, 2005, 10:41 a.m.

chief executive officer who is authorized to certify orders or to grant or deny licenses.

4. Governmental entities charged with the investigation and prosecution of a dispenser, prescriber or recipient participating in the Virginia Medicaid program, provided the request is accompanied by the signature of the official within the Office of the Attorney General responsible for the investigation.

5. *A dispenser for the purpose of establishing a prescription history for a specific person to assist in determining the validity of a prescription, provided the request is accompanied by the dispenser's license number issued by the relevant licensing authority in Virginia and an attestation that the dispenser is in compliance with patient notice requirements of 18 VAC 76-20-70. If the dispensing occurs in a pharmacy located outside Virginia, the request shall include the registration number issued by the Virginia Board of Pharmacy for a non-resident pharmacy.*

C. In each case, the request must be complete and provide sufficient information to ensure the correct identity of the prescriber, recipient and/or dispenser. ~~Such request shall be submitted in writing by mail, private delivery service, in person at the department offices or by facsimile.~~

D. Except as provided in subsection B 1 of this section, the request form shall ~~be signed with an~~ include an attestation that the prescription data will not be further disclosed and only used for the purposes stated in the request and in accordance with the law.

E. *In order to request disclosure of information contained in the program, a designated employee of the Department of Medical Assistance Services or of the Office of the Chief Medical Examiner shall register with the Director as an authorized agent entitled to receive reports under § 54.1-2523 (C) of the Code of Virginia.*

1. *Such request for registration shall include an attestation from the applicant's employer of the eligibility and identity of such person.*

2. *Registration as an agent authorized to receive reports shall expire on June 30 of each even-numbered year or at any such time as the agent leaves or alters his current employment or otherwise becomes ineligible to receive information from the program.*

## **18 VAC 76-20-70. Notice of requests for information.**

*Any dispenser who intends to request information from the Program for a recipient or prospective recipient of a Schedule II, III, or IV controlled substance shall post a sign which can be easily viewed by the public at the place where the prescription is accepted for dispensing, and which discloses to the public that the pharmacist may access information contained in the Program files on all Schedule II, III or IV prescriptions dispensed to a patient. In lieu of posting a sign, the dispenser may provide such notice in written material provided to the recipient, or may obtain written consent from the recipient.*

/s/ Mark R. Warner  
Governor  
Date: July 22, 2005

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# GOVERNOR

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EXECUTIVE ORDER NUMBER 90 (2005)

## **IMPROVING STREAM HEALTH AND WATER QUALITY BY RESTORING STREAMS THROUGHOUT THE COMMONWEALTH**

Stewardship of rivers and streams is essential to meeting the goals of restoring water quality throughout the Commonwealth. Improving stream channel function and structure through stream channel restoration is a critical component for the continued health of rivers and streams throughout the Commonwealth.

Virginia is experiencing diminished stream health due to incompatible practices on land or changes in land uses. These impacts to stream health can be mitigated through stream channel restoration, preservation and enhancement of streams and their riparian buffers. While mitigation is required for permitted impacts to streams, currently there is no formal inter-agency arrangement within the Commonwealth to track and identify both regulatory and nonregulatory losses, as well as areas of opportunities for stream mitigation.

The range of possible stream restoration activities include in-stream engineered practices to rehabilitate unstable stream segments, stream bank stabilization practices to minimize bank erosion, improvements to fish and aquatic habitats, maintenance of healthy riparian corridors, and storm water retrofits and watershed management to minimize flood damage.

The Chesapeake 2000 agreement called for stream restoration under the Water Quality Protection and Restoration, Vital Habitat Protection and Restoration and Sound Land Use commitments.

The Chesapeake Bay Program's Forestry Work Group, under direction from the Chesapeake Bay Nutrient Subcommittee, crafted a new goal for establishing riparian forest buffers and stream restoration utilizing federal, state, and local government as well as non-government expertise. The Chesapeake Executive Council signed Directive 03-01 on December 9, 2003.

The following programmatic and policy goal regarding stream restoration is included in the signed Chesapeake Executive Council Directive 03-01:

...seek to increase contiguously forested stream corridors, protect headwater streams, target high nitrogen source areas, and integrate forest buffer restoration with fish passage, stream restoration, and living resource objectives.

By virtue of the authority vested in me as Governor under Article V of the Constitution of Virginia and under the laws of the Commonwealth, including but not limited to Title 2.2 of the Code of Virginia, and subject to my continuing and ultimate authority and responsibility to act in such matters, I hereby establish the Stream Restoration Initiative to actively promote and coordinate stream restoration in the Commonwealth and reduce stream corridor degradation through proper watershed planning and targeted restoration activities.

### The Virginia Stream Alliance

As part of this initiative, I hereby create the Virginia Stream Alliance (hereinafter called the Alliance) to formalize and coordinate a Stream Restoration Initiative for the Commonwealth of Virginia. This Alliance is created to facilitate cooperation among both government and non-government entities to effectively promote stream restoration activities at the state and local levels.

### Composition of the Virginia Stream Alliance

The Alliance shall operate under the direction of the Secretary of Natural Resources in consultation with the Secretary of Agriculture and Forestry, Secretary of Transportation, and Secretary of Commerce and Trade. The Chair of the Alliance shall initially be appointed by the Secretary of Natural Resources from a participating state agency. The Chair shall then rotate annually among the other state agencies represented on the Alliance as determined by the Alliance and approved by the Secretary.

The Alliance shall consist of staff from the following state agencies and institutions:

The Department of Agriculture and Consumer Services

The Department of Conservation and Recreation

The Department of Environmental Quality Division of Water Quality

The Department of Forestry

The Department of Game and Inland Fisheries

The Department of Mines and Minerals

The Institute of Marine Science at the College of William and Mary

The Marine Resources Commission

The Virginia Department of Transportation

The School of Agriculture, Science and Technology at Virginia State University

The College of Natural Resources at Virginia Polytechnic Institute and State University

Virginia Commonwealth University Center for Environmental Studies

In response to letters from the Secretary of Natural Resources requesting staff representation for the Alliance, the heads of these Commonwealth's agencies and institutions shall appoint members of their respective staffs to serve on the Alliance.

In addition, the Secretary of Natural Resources may invite representatives from the following agencies and institutions to participate in the Alliance:

United States Fish and Wildlife Service

United States Army Corps of Engineers, Norfolk District

United States Department of Agriculture's Natural Resources Conservation Service

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# Governor

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United States Forest Service

Virginia Cooperative Extension Service at Virginia Tech and Virginia State University

Region III of the United States Environmental Protection Agency, including the Chesapeake Bay Program

Furthermore, owing to the collaborative nature of this effort any local government or non-governmental entity participating in stream restoration efforts may be invited by the Secretary of Natural Resources.

I authorize state agencies to consider lands under state management for appropriate stream restoration, identify impacted stream segments, and implement restoration activities with resources provided by the respective agency, the Alliance, or other available sources.

The Alliance shall report to the Governor yearly by November 1 through the Secretary regarding the Commonwealth's statewide progress and, in particular, improvements in the process of identifying impacted stream segments, the methodology for instituting restoration activity, and the number of miles of streams restored in the Commonwealth. All agencies directed by this Order will cooperate to provide technical assistance to local projects, as appropriate and practicable, and to direct available financial resources to such projects.

This Executive Order shall become effective upon its signing and shall remain in full force and effect until December 31, 2010, unless amended or rescinded by further Executive Order.

Given under my hand and under the seal of the Commonwealth of Virginia on this 14th day of July 2005.

/s/ Mark R. Warner  
Governor

## EXECUTIVE ORDER NUMBER 91 (2005)

### **PRESERVING WATER QUALITY BY ESTABLISHING RIPARIAN BUFFERS IN THE CHESAPEAKE BAY WATERSHED**

Stewardship of rivers and streams is essential to meeting the goals of restoring water quality throughout the Commonwealth. Riparian buffers - areas of trees, shrubs, or other vegetation adjacent to streams - play a significant role in conserving living resources and protecting water quality by filtering runoff, removing excess nutrients and sediments, protecting the shoreline from erosion, moderating flood damage, and providing food and habitat for living plant and animal species.

Recognizing these environmental benefits, the Chesapeake Bay Executive Council adopted several goals and policy recommendations in 1996 to enhance riparian stewardship. Specifically, those goals called for conserving existing riparian buffers and restoring 2,010 miles of new riparian forest buffers within the Chesapeake Bay watershed by the year 2010. The Commonwealth's commitment was to restore 610 miles of new riparian forest buffers within Virginia's portion of the

Chesapeake Bay watershed. During 2002, Virginia met the 610-mile goal nearly eight years early, a tribute to effective collaborative efforts, targeted and substantial landowner cost-sharing, and strong stakeholder commitment.

The most recent Chesapeake Bay Agreement, Chesapeake 2000, called for a new riparian buffer goal to be developed by September 2003. The Forestry Work Group of the Chesapeake Bay Program, under direction from the Chesapeake Bay Nutrient Subcommittee, crafted a new goal for establishing riparian forest buffers. Public meetings were held across the Commonwealth's portion of the Bay watershed to gather diverse views. A new Bay-wide cumulative goal of at least 10,000 miles by 2010 was established, with Virginia's portion amounting to 3,200 additional miles. The Tributary Strategy Process occurring in the Bay states will increase this buffer implementation goal.

The riparian buffer goal and a series of other actions related to the establishment, maintenance, and conservation of riparian buffers and urban trees are contained in Chesapeake Executive Council Directive 03-01, adopted on December 17, 2003.

By virtue of the authority vested in me as Governor under Article V of the Constitution of Virginia and under the laws of the Commonwealth, including but not limited to §§ 2.1-39 and 2.1-41.1 of the Code of Virginia, and subject to my continuing and ultimate authority and responsibility to act in such matters, I hereby establish an initiative to accomplish the goals of Chesapeake Bay Program Directive 03-01 and the revised Virginia Riparian Buffer Implementation Plan (hereinafter called the Implementation Plan) to restore and conserve riparian buffers along streams and rivers in the Commonwealth.

#### Virginia Riparian Working Group

I hereby continue the Virginia Riparian Working Group (hereinafter called the Working Group) that was originally established pursuant to Executive Order 48 (99) to encourage voluntary establishment or restoration of riparian buffers by private landowners throughout the Commonwealth generally and within the Commonwealth's portion of the Chesapeake Bay watershed specifically.

#### A. Composition of the Working Group

The Working Group shall operate under the direction of the Secretary of Natural Resources in consultation with the Secretary of Agriculture and Forestry, the Secretary of Transportation, and the Secretary of Commerce and Trade. The State Forester shall serve as Chair of the Working Group. The Chair shall set meetings and direct the activities of the Group.

The Working Group shall consist of staff from the following agencies and institutions:

Department of Conservation and Recreation

Department of Environmental Quality

Department of Forestry

Chesapeake Bay Local Assistance Department

Department of Agriculture and Consumer Services  
 Department of Game and Inland Fisheries  
 Virginia Institute of Marine Science  
 Marine Resources Commission  
 Department of General Services  
 Department of Corrections  
 Virginia Department of Transportation  
 School of Agriculture, Science and Technology at Virginia State University  
 College of Forestry and Wildlife at Virginia Polytechnic Institute and State University  
 Virginia Commonwealth University  
 Virginia Outdoors Foundation

In response to letters from the State Forester requesting staff representation on the Working Group, the heads of these Commonwealth's agencies and institutions listed above shall appoint members of their respective staffs to serve on the Working Group.

In addition, staff from the following agencies and institutions may be invited by the State Forester to participate.

Virginia Association of Soil and Water Conservation Districts  
 Chesapeake Bay Commission  
 U.S. Army Corps of Engineers  
 U.S. Department of Agriculture's Natural Resources Conservation Service  
 U.S. Forest Service  
 U.S. Fish and Wildlife Service  
 U.S. Geological Survey  
 Virginia Cooperative Extension at Virginia Tech and Virginia State University  
 Chesapeake Bay Program of the United States Environmental Protection Agency

The Secretary of Natural Resources or the State Forester may invite any non-government organization working in riparian restoration and protection to participate in the Working Group.

**B. Duties of the Working Group**

The Working Group shall:

1. Promote and facilitate the voluntary establishment or restoration of riparian buffers by private landowners throughout the Commonwealth;
2. Coordinate implementation of the actions recommended in the revised Implementation Plan to establish or restore riparian buffers throughout the Commonwealth and to establish and restore at least an additional 3200 miles of riparian forest buffers within the Commonwealth's portion of the Chesapeake Bay watershed by 2010;

3. Establish calendar date checkpoints in the Implementation Plan to review progress towards these goals and report on their progress;
4. Provide the Secretary of Natural Resources with an estimate of the costs and opportunities for funding the restoration or establishment of riparian buffers;
5. Integrate the initiatives of private landowners with those of state agencies and institutions of higher education to create a unified improvement plan for riparian buffers along significant, environmentally threatened or degraded rivers and streams;
6. Review existing applicable laws regarding riparian protection and make recommendations for strengthening and/or revising;
7. Coordinate and promote riparian research efforts to increase planted buffer survival, increase knowledge of nutrient uptake, and investigate buffer impacts on in-stream water quality; and
8. Update and keep the Implementation Plan current as necessary, and recommend changes to the Implementation Plan to the Secretary of Natural Resources.

The Working Group shall report to me yearly by November 1 through the Secretary regarding the Commonwealth's progress statewide and, in particular, the progress toward meeting its commitment to restore or establish at least 3200 additional miles of riparian forest buffers within the Commonwealth's portion of the Chesapeake Bay watershed.

Responsibility of State Agencies Owning Land

State agencies owning, leasing, and/or managing state lands for the public good have the responsibility to be good stewards of that land. As a part of good land stewardship, the health and management of riparian areas is critical to ecosystem function and health. I hereby call on all land-holding state agencies, including public institutions of higher education, to demonstrate leadership in this initiative by working to conserve existing riparian buffers and develop new riparian buffers on state-owned property throughout the Commonwealth, particularly in the Chesapeake Bay watershed.

Specifically, I hereby direct all land-holding state agencies and institutions of higher education to participate in the restoration of riparian buffers by taking the following steps:

1. Identify on the land owned by the agency or institutions those significant or environmentally sensitive stream miles suitable for restoration or establishment of riparian buffers;
2. Develop measurable indicators for riparian buffer conservation, restoration, and establishment, consistent with the revised Implementation Plan and site-specific conditions, in an agency-specific plan;
3. Coordinate each respective agency plan with the state's ongoing Tributary Strategy development process;
4. Establish or restore riparian buffers to the extent possible on state lands by July 15, 2010; and

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# Governor

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5. Create a funding line item in your respective agency budget to meet the stated goals of this Executive Order.

The State Forester shall provide technical assistance, within the extent of resources available, to the various land-holding state agencies and institutions that have identified stream miles available for restoration or establishment.

Upon request from the State Forester and with approval from the Secretary of Public Safety, the Department of Corrections shall provide labor for the planting and construction of those riparian buffers on state-held lands.

This Executive Order rescinds and replaces Executive Order 48 (1999), "Preserving Water Quality in the Chesapeake through Establishment of Riparian Buffers along Streams throughout the Commonwealth," issued by Governor James S. Gilmore, III, on June 28, 1999.

This Executive Order shall become effective upon its signing and shall remain in full force and effect until December 31, 2010, unless amended or rescinded by further Executive Order.

Given under my hand and under the seal of the Commonwealth of Virginia on this 14th day of July 2005.

/s/ Mark R. Warner  
Governor

## EXECUTIVE ORDER NUMBER 92 (2005)

### **CONTINUING THE GOVERNOR'S COMMISSION ON ARMENIAN AFFAIRS**

By virtue of the authority vested in me as Governor under Article V of the Constitution of Virginia and under the laws of the Commonwealth, including but not limited to §§ 2.2-103, 2.2-134, and 2.2-135 of the Code of Virginia, and subject to my continuing and ultimate authority and responsibility to act in such matters, I hereby continue the Governor's Commission on Armenian Affairs, which was established through Executive Order 70 (2004).

This commission is classified as a gubernatorial advisory commission in accordance with §§ 2.2-134 and 2.2-2100 of the Code of Virginia. Its specific duties and responsibilities remain as stated in Executive Order 70 (2004), with the funding sources and amounts of staff and financial support originally estimated.

This executive order shall be effective retroactive to May 18, 2005, and shall remain in full force and effect until May 17, 2006, unless amended or rescinded by further executive order.

Given under my hand and under the Seal of the Commonwealth of Virginia this the 14th day of July 2005.

/s/ Mark R. Warner  
Governor

## EXECUTIVE ORDER NUMBER 93 (2005)

### **COMMISSION ON VIRGINIA MILITARY BASES**

#### Importance of the Commonwealth to Our Nation's Military

For well over a century the Commonwealth of Virginia has served this great nation by providing an unparalleled array of military installations and commands, including the Pentagon in Arlington and the world's largest naval base in Norfolk. The military has become an integral part of our Commonwealth, of great importance to our security, our economy, and our civic life. Accordingly, it is with the utmost seriousness that Virginians participate in and work with the current round of the federal Base Realignment and Closure Commission (BRAC).

The federal government, charged with a statutory mandate to optimize efficiency throughout our national security establishment, is reviewing the current and future efficacy of military installations throughout the country for potential closure or realignment. Given the critical mission of Virginia's military installations, their proximity to the Nation's Capital at this unique juncture in history, and our homeland security imperative, the importance of Virginia to the nation's national security has never been greater. It is therefore incumbent upon the Commonwealth to ensure that the BRAC Commission and Congress fully understands why, under applicable BRAC statutory standards, the nation continues to be served by Virginia's current military installations and why this state, along with the military missions currently based here, is strategically ideal for the hosting and performance of additional military missions and commands.

To accomplish this, in accordance with the authority vested in me by Article V of the Constitution of Virginia and by § 2.2-134 of the Code of Virginia, I hereby create the Commission on Virginia Military Bases to follow-up on the actions taken by the Commission on Military Bases established under Executive Order Number Forty-nine (2003) and continued under Executive Order Number Seventy-two (2004).

#### The Commission

The Commission on Virginia Military Bases will be chaired by the Honorable Owen Pickett and the Honorable Joe Reeder. It will consist of members appointed by the Governor and serving at his pleasure. Initial appointments to the Commission will include 25 members. The Governor may appoint additional persons to the Commission at his discretion.

The Commission's responsibilities shall include the following:

1. Coordinate and facilitate statewide, strategic activities to support Virginia-based military installations throughout the BRAC 2005 process.
2. Identify appropriate opportunities for relocating additional military commands and missions in the Commonwealth.
3. Recommend, as appropriate, additional reasons why, under applicable law, the Commonwealth should retain its existing military installations and commands.

4. Support and foster collaboration among local and regional entities working in response to the base closure process.
5. Provide quality technical assistance regarding the base closure and realignment process timetables, processes, and requirements.
6. Assist Virginia's Congressional Delegation in developing and presenting statutorily relevant facts that underscore the strategic, homeland security, and economic importance of Virginia's military installations to the nation.
7. Inform BRAC 2005 members, and other key federal officials as to state and local facilities and activities that enhance quality-of-life for the military community of Virginia and the entire National Capital Region.
8. Fully inform the Governor in a timely manner on all pertinent findings and recommendations.

#### Commission Staffing and Funding

Necessary staff support for the Commission's work during its existence shall be furnished by the Office of the Secretary of Commerce and Trade and other offices and agencies as requested by the Secretary of Commerce and Trade, the Virginia Economic Development Partnership, and such other agencies and offices as designated by the Governor. An estimated 3,000 hours of staff time will be required to support the Commission's work.

Necessary funding to support the Commission and its staff shall be provided from federal funds, private contributions, and state funds appropriated for the same purposes as the Commission, as authorized by § 2.2-135 of the Code of Virginia, as well as the Economic Contingency Fund. Estimated direct costs for this Commission are \$100,000.

Commission members shall serve without compensation and shall receive reimbursement for expenses incurred in the discharge of their official duties.

The Commission shall meet at least quarterly upon the call of the Co-Chairs. The Commission shall report annually to the Governor and shall issue such other reports and recommendations as necessary or as requested by the Governor.

This Executive Order shall be effective upon its signing and shall remain in force and effect until July 13, 2006, unless amended or rescinded by further executive order.

Given under my hand and under the Seal of the Commonwealth of Virginia, this 14th day of July 2005.

/s/ Mark R. Warner  
Governor

#### EXECUTIVE ORDER NUMBER 94 (2005)

### **WORKPLACE SAFETY AND EMPLOYEE HEALTH**

By virtue of the authority vested in me as Governor under Article V of the Constitution of Virginia and the laws of the Commonwealth, including but not limited to Title 2.2 of the

Code of Virginia, and subject to my continuing and ultimate authority and responsibility to act in such matters, I hereby reestablish and revise the Workplace Safety and Employee Health Initiative established under Executive Order Number Fifty-two (1999). This initiative will ensure a safe and healthy workplace for state employees, reduce the incidence of work-related accidents and illnesses occurring in state agencies, and assist employees in returning to work from both work-related and non-work related illnesses and injuries.

Injuries and illnesses cause considerable pain and hardship for employees and their families and hinder the effective operation of state agencies. Human resource, risk management and safety professionals report that many of these injuries and illnesses can be reduced or prevented. In addition lost productivity for the employee and employer can be lessened by transitional employment and job modification.

Keeping our government workers safe, whole, healthy and, whenever possible, employed is the duty of every state agency. This can only be accomplished with the full commitment of agency management working in partnership with all employees. All state agencies have an important role to play not only in reducing work-related injuries but also in improving return-to-work services for all injured or ill employees.

All executive branch departments, agencies, and institutions of higher education shall:

- Cooperate with the Department of Human Resource Management State Employee's Workers' Compensation Program (DHRM) by implementing initiatives to reduce work-related injuries and improve services to injured employees;
- Ensure that job expectations are clearly defined in the employee work profile to include physical requirements;
- Submit the First Report of Accident to the State Employee Workers' Compensation Program within 10 days of the injury;
- Identify trends and the impact on the agency;
- Evaluate the work-related injuries and illnesses that occurred in FY 2005 and each subsequent fiscal year in order to establish goals and strategies to reduce them and to enhance workplace safety;
- Include in managers' performance expectations, when appropriate, goals to encourage a safer work environment and reduction in work-related employee time lost; and
- Report by October 1st of each year to the State Employee Workers' Compensation Program the agency's loss control goals, strategies, and results to minimize the risk of work-related injuries and illnesses.

Utilizing the foundation developed under Executive Order Number Fifty-two (1999) to establish and develop strategies and practices that support safety in the workplace, all executive branch departments, agencies and institutions of higher education shall:

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# Governor

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- Evaluate and modify the agency's Workers' Compensation return-to-work policy to include non-work related periods of disability;
- Cooperate with the Department of Human Resource Management and the Virginia Sickness and Disability Program of the Virginia Retirement System to establish return-to-work opportunities appropriate for the individual employee and agency;
- Include in managers' performance expectations goals to reduce employee work-related and non-work related time;
- Establish strategies and practices to reduce lost time and to support the safe resumption of work for state employees;
- Evaluate annually those cases where employees were unable to return to work in a transitional and/or permanent capacity; and
- Report by April 1st of each year to the Virginia Retirement System and the Department of Human Resource Management agency goals and strategies to reduce lost time.

In order to support agency Workplace Safety and Health initiatives and goals, the Virginia Retirement System and Department of Human Resource Management shall:

- Review agency goals and strategies;
- Provide training, consultation, and support for agency initiatives; and
- Report non-compliance with the provisions of this Executive Order, and report annually to the Governor on progress made in improving workplace safety and returning employees to work.

This Executive Order rescinds and replaces Executive Order Number Fifty-two (1999), Workplace Safety and Health, issued by Governor James S. Gilmore, III, on October 1, 1999.

This Executive Order shall be effective upon signing and shall remain in full force and effect until superseded or rescinded by further executive action.

Given under my hand and under the Seal of the Commonwealth of Virginia this 14th day of July 2005.

/s/ Mark R. Warner  
Governor

## EXECUTIVE ORDER NUMBER 95 (2005)

### **DESIGNATION OF THE SECRETARY OF THE COMMONWEALTH AS THE OFFICER CHARGED WITH THE DUTY OF AUTHENTICATING ALL OFFICIAL DOCUMENTS AND RECORDS UNDER PROVISIONS ADOPTED BY THE 1961 HAGUE CONVENTION**

By virtue of the authority vested in me as Governor under Article V of the Constitution of Virginia and under the laws of the Commonwealth, including but not limited to §§ 2.2-103 and 2.2-135 of the Code of Virginia, and subject to my continuing and ultimate authority and responsibility to act in such matters, I hereby rescind Executive Order Number Fifty-two (1981) and redesignate the Secretary of the Commonwealth as the Officer charged with the duty of authenticating all official documents to be used by attorneys, private individuals and other interested parties in foreign countries subject to the provisions of the Hague Convention of October 5, 1961.

1. The Secretary of the Commonwealth shall employ in the authentication of official records the form designated by the Hague Convention. The certificate shall meet all the requirements of Articles 3, 4 and 5 of the Convention.

2. The Secretary shall keep a record for verification purposes of all authentications made by the office pursuant to Article 7 of the Convention.

3. The Secretary shall charge the fee established for testimonials, including seal tax, by § 2.2-409 of the Code of Virginia, amended.

This Order is to be liberally construed to carry out the purposes of the aforementioned Convention.

This Executive Order shall be effective immediately upon its signing and shall remain in full force and effect unless amended or rescinded by further executive order.

Given under my hand and under the Seal of the Commonwealth of Virginia this 14th day of July 2005.

/s/ Mark R. Warner  
Governor

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# GENERAL NOTICES/ERRATA

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## DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

### Agricultural Stewardship Act - 2005 Annual Report

The Commissioner of Agriculture and Consumer Services announces the availability of the annual report of the Agricultural Stewardship Act entitled "Virginia Agricultural Stewardship Act Annual Report, April 1, 2004 - March 31, 2005: A Positive Approach." Copies of this report can be obtained by contacting Joyce Knight at (804) 786-3538 or e-mail at [joyce.knight@vdacs.virginia.gov](mailto:joyce.knight@vdacs.virginia.gov). A written request may be sent to the address below. Copies of the annual report are available without charge.

Contact: Joyce Knight, Department of Agriculture and Consumer Services, Office of Policy, Planning, and Research, 1100 Bank Street, Suite 211, P.O. Box 1163, Richmond, VA 23219.

## DEPARTMENT OF ENVIRONMENTAL QUALITY

### Total Maximum Daily Loads (TMDLs) for Spring Branch

The Department of Environmental Quality (DEQ) seeks written and oral comments from interested persons on the development of total maximum daily loads (TMDLs) for Spring Branch, located outside of Waverly, in Sussex County. The subject stream segment (3.52 miles) is identified in Virginia's Water Quality Assessment Report for 1994, the VA 1996 303(d) TMDL Priority List, 1998 303(d) TMDL Priority List and Report, the Virginia 2002 303(d) Report on Impaired Waters, and the 2004 VA Water Quality Assessment 305(b)/303(d) Integrated Report as impaired due to violations of Virginia's water quality standards for benthics.

Section 303(d) of the Clean Water Act and § 62.1-44.19:7 C of the Code of Virginia require DEQ to develop TMDLs for pollutants responsible for each impaired water contained in Virginia's 303(d) TMDL Priority List and Report.

The final public meeting on the development of the Spring Branch TMDL will be held on Thursday, August 25, 2005, at 7 p.m. at the Waverly Town Hall, 119 Bank Street, Waverly, Virginia. Directions are available by contacting Chris French at (804) 527-5020 or [rcfrench@deq.virginia.gov](mailto:rcfrench@deq.virginia.gov).

The public comment period for this phase of the TMDL development will end on September 24, 2005. Information pertaining to TMDL development is available upon request or can be found on the DEQ's website at <http://www.deq.virginia.gov/tmdl>. Written comments should include the name, address, and telephone number of the person submitting the comments. Questions or information requests should be addressed to Chris French, Department of Environmental Quality, 4949-A Cox Rd., Glen Allen, VA 23060, telephone (804) 527-5021, FAX (804) 527-5106, or e-mail [rcfrench@deq.virginia.gov](mailto:rcfrench@deq.virginia.gov).

### Proposed List of Impaired Waterbody Segments

The Department of Environmental Quality (DEQ), in cooperation with the Department of Conservation and Recreation and the Department of Mines, Minerals, and Energy, seeks written and oral comments from interested persons on the proposed list of impaired waterbody segments scheduled for development of total maximum daily loads (TMDLs) by May 1, 2008. The subject stream segments are identified in Virginia's 305(b)/303(d) Water Quality Assessment Integrated Report as impaired due to violations of the state's water quality standards. The proposed TMDL project list will be available on DEQ's website at <http://www.deq.virginia.gov/tmdl/2008.html> by August 22, 2005. Copies are also available by contacting David Lazarus, Department of Environmental Quality, P.O. Box 10009, Richmond, Virginia 23240, telephone (804) 698-4299, FAX (804) 698-4116 or e-mail [dslazarus@deq.virginia.gov](mailto:dslazarus@deq.virginia.gov). The subject stream segments include freshwater and estuarine segments only. The schedule for shellfish segments will be published at a later date.

Section 303(d) of the Clean Water Act and § 62.1-44.19:7 C of the Code of Virginia require DEQ to develop TMDLs for pollutants responsible for each impaired water contained in Virginia's 303(d) TMDL Priority List and Report. After the TMDL schedule has been developed, the order in which TMDLs are established could be subject to modifications to accommodate logistical efficiencies or data availability. The process is a dynamic process and any priority ranking could be changed based on changing conditions in the watershed, public input, or if other substantial factors become apparent during the scheduling process. TMDL development for these impaired waterbodies will be subject to a review of the applicable water quality standards and existing water quality conditions.

The public comment period will begin on August 22, 2005, and end on September 22, 2005. Questions or information requests should be addressed to David Lazarus. Written comments should include the name, address, and telephone number of the person submitting the comments and should be sent to David Lazarus, Department of Environmental Quality, P.O. Box 10009, Richmond, Virginia 23240, telephone (804) 698-4299, FAX (804) 698-4116 or e-mail [dslazarus@deq.virginia.gov](mailto:dslazarus@deq.virginia.gov).

### 2006 Water Quality Assessment Guidance Manual

The Virginia Department of Environmental Quality (DEQ) will release the 2006 Water Quality Assessment Guidance Manual on August 22, 2005, for public comment.

A copy of the 2006 Water Quality Assessment Guidance Manual (DEQ Assessment Guidance) is available to download from the DEQ Water Quality Assessment webpage at <http://www.deq.virginia.gov/wqa>. A hard copy can also be requested from Harry Augustine, DEQ Water Quality Assessment Coordinator, using his contact information below.

Section 62.1-44.19:7 C of the Code of Virginia requires DEQ to develop and publish the procedures used for defining and determining impaired waters and provide for public comment

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## General Notices/Errata

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on the procedures. Sections of the guidance have notably changed since the previous assessment in 2004, particularly in regards to the Chesapeake Bay and its tributaries. The DEQ Assessment Guidance contains the assessment procedures to be used for the development of Virginia's 2006 § 305(b)/§ 303(d) Integrated (i.e., combined Water Quality Assessment and Impaired Waters) Report. The 2006 Integrated Report is due to the U.S. Environmental Protection Agency (EPA) by April 1, 2006.

The DEQ Assessment Guidance seeks to address all key elements of the EPA Draft 2006 Assessment Guidance released on February 22, 2005. Final EPA guidance continues to be delayed but is not expected to have significant changes. However, if EPA requires changes by Virginia as a result of revisions to its final assessment guidance, the DEQ Assessment Guidance will also be revised and noticed for additional public comment.

A public information meeting will be held on September 7, 2005, at 1:30 p.m. in DEQ headquarters located at 629 East Main Street, Richmond, Virginia. Written comments on the DEQ Assessment Guidance will be accepted through Friday, September 23, 2005, at 4:30 p.m. Comments can be submitted via e-mail (Microsoft Word attachment is preferred) or U.S. mail. Written comments should include the name, address, telephone number, and, if applicable, the e-mail address of each person and/or organization submitting comments. Comments and related correspondence should be addressed to Harry Augustine. Responses to comments received will be made collectively via a response document. The response document will be posted on the assessment webpage, at the URL above, by November 18, 2005, and subsequently mailed to each person who submits comments.

Contact: Harry Augustine, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240-0009, telephone (804) 698-4037, FAX (804) 698-4116, or via e-mail at [hhaugustin@deq.virginia.gov](mailto:hhaugustin@deq.virginia.gov).

### OFFICE OF THE GOVERNOR

#### Olmstead Initiative - Invitation for Public Comment

The Olmstead Initiative's Oversight Advisory Committee invites your comments regarding community integration initiatives in Virginia for the coming year. The Committee, established under Governor Warner's Executive Order (EO) 61 (2004) and continued under EO 84 (2005), consists of 20 disability stakeholders, the majority of whom are people with disabilities and family members of people with disabilities. The Committee has met regularly this year to update and prioritize recommendations in the September 15, 2003, Olmstead Task Force Report and is now beginning to draft its 2005 Report to the Governor.

To assist with this report, the committee requests your comments on the two drafts described below no later than September 5, 2005:

1. Priorities: The committee has adopted five top priorities and is considering presenting these five and nine additional recommendations in its October 2005 report to Governor

Warner. These 14 recommendations are those the Committee believes are most essential to support adequate and appropriate infrastructure of community-based services, and are needed either to move people from institutions to the community or to prevent unnecessary or unwanted institutionalization. Please comment on these priorities.

2. EO 84 Recommendations: The committee will also include in its report six recommendations specifically requested in EO 84. State agencies have submitted recommendations to the committee for its consideration. Please comment on these recommendations.

You may comment by mail to Joan Manley, Chair, Oversight Advisory Committee, c/o: Office of Community Integration for People with Disabilities, Patrick Henry Building, 1111 East Broad Street, Room 4084, Richmond, VA 23219, by e-mail to [julie.stanley@governor.virginia.gov](mailto:julie.stanley@governor.virginia.gov), and by fax to the Office of Community Integration for People with Disabilities, (804) 371-6984. To obtain copies of the draft documents, contact the person identified below.

Agency Contact: Jennifer Smith, Administrative Assistant, 8004 Franklin Farms Drive, Richmond, VA 23229, telephone (804) 662-7069, or e-mail [jennifer.smith@drs.virginia.gov](mailto:jennifer.smith@drs.virginia.gov).

### STATE WATER CONTROL BOARD

#### Proposed Consent Order for Alliant Techsystems and the U.S. Army

Citizens may comment on a proposed consent order for a facility in Montgomery and Pulaski counties, Virginia.

Public comment period: August 22, 2005, to September 21, 2005.

Purpose of notice: To invite the public to comment on a proposed consent order.

A consent order is issued to a business owner or other responsible party to perform specific actions that will bring the entity into compliance with the relevant law and regulations. It is developed cooperatively with the facility and entered into by mutual agreement.

Project description: The State Water Control Board proposes to issue a consent order to Alliant Techsystems and the U.S. Army to address violations of VPDES Permit No. 0000248 and the Virginia regulations. The location of the facility where the violation occurred is the wastewater treatment plant at the Radford Army Ammunition Plant. The consent order describes a settlement to resolve a period of time during which the permit referenced above had expired. It requires payment of a civil charge.

How a decision is made: After public comments have been considered, the State Water Control Board will make a final decision.

How to comment: DEQ accepts comments from the public by e-mail, fax or postal mail. All comments must include the name, address and telephone number of the person

commenting and be received by DEQ within the comment period.

To review the consent order: The public may review the proposed consent order at the DEQ West Central Regional Office every work day by appointment or on the DEQ website at [www.deq.virginia.gov](http://www.deq.virginia.gov).

Contact for public comments, document requests and additional information: Robert Steele, Department of Environmental Quality, West Central Regional Office, Roanoke, VA 24019, telephone (540) 562-6777, FAX (540) 562-6725, or e-mail [rpsteele@deq.virginia.gov](mailto:rpsteele@deq.virginia.gov).

### **Proposed Consent Special Order for Burns Equipment, Inc.**

Citizens may comment on a proposed consent order for a facility in Suffolk, Virginia.

Public comment period: August 22, 2005, to September 22, 2005.

Purpose of notice: To invite the public to comment on a proposed consent order.

A consent order is issued to a business owner or other responsible party to perform specific actions that will bring the entity into compliance with the relevant law and regulations. It is developed cooperatively with the facility and entered into by mutual agreement.

Consent order description: The State Water Control Board proposes to issue a consent order to Burns Equipment, Inc., doing business as (dba) Womack Contractors (CI of Suffolk) to address alleged violations of Virginia Pollutant Discharge Elimination System (VPDES) General Permit Regulation for Nonmetallic Mineral Mining and Virginia State Water Control Law. The location of the facility where the alleged violation occurred is 348 Benton Road, Suffolk, Virginia. The consent order describes a settlement to resolve the facility's failure to submit a timely registration statement, unpermitted discharges, and operating without a permit. The consent order requires the facility to comply with its current permit and pay a civil charge.

How a decision is made: After public comments have been considered, the State Water Control Board will make a final decision.

How to comment: DEQ accepts comments from the public by e-mail, fax, or postal mail. All comments must include the name, address and telephone number of the person commenting and be received by DEQ within the comment period.

To review the consent order: The public may review the proposed consent order at the DEQ Tidewater Regional Office every workday by appointment or on the DEQ website at [www.deq.virginia.gov](http://www.deq.virginia.gov).

Contact for public comments, document requests, and additional information: Caroline M. Huertas, Department of Environmental Quality, Tidewater Regional Office, 5636 Southern Boulevard, Virginia Beach, VA 23462, telephone

(757) 518-2107, FAX (757)-518-2003, or e-mail [cmhuertas@deq.virginia.gov](mailto:cmhuertas@deq.virginia.gov).

### **Proposed Consent Special Order for Capital Concrete, Inc.**

Citizens may comment on a proposed consent order for facilities in Virginia Beach and Norfolk, Virginia.

Public comment period: August 22, 2005, to September 22, 2005.

Purpose of notice: To invite the public to comment on a proposed consent order.

A consent order is issued to a business owner or other responsible party to perform specific actions that will bring the entity into compliance with the relevant law and regulations. It is developed cooperatively with the facility and entered into by mutual agreement.

Consent order description: The State Water Control Board proposes to issue a consent order to Capital Concrete, Inc. to address alleged violations of Virginia Pollutant Discharge Elimination System (VPDES) General Permit Regulation for Ready-Mixed Concrete Plants and Virginia State Water Control Law. The locations of the facilities where the alleged violations occurred are 2732 Sonic Drive, Virginia Beach, Virginia, and 400 Stapleton Avenue, Norfolk, Virginia. The consent order describes a settlement to resolve the facilities failure to perform and document required routine inspections, failure to develop an Operation and Maintenance Manual, and an unpermitted discharge. The consent order requires the facilities to comply with its current permit and pay a civil charge.

How a decision is made: After public comments have been considered, the State Water Control Board will make a final decision.

How to comment: DEQ accepts comments from the public by e-mail, fax, or postal mail. All comments must include the name, address and telephone number of the person commenting and be received by DEQ within the comment period.

To review the consent order: The public may review the proposed consent order at the DEQ Tidewater Regional Office every workday by appointment or on the DEQ website at [www.deq.virginia.gov](http://www.deq.virginia.gov).

Contact for public comments, document requests, and additional information: Caroline M. Huertas, Department of Environmental Quality, Tidewater Regional Office, 5636 Southern Boulevard, Virginia Beach, VA 23462, telephone (757) 518-2107, FAX (757) 518-2003, or e-mail [cmhuertas@deq.virginia.gov](mailto:cmhuertas@deq.virginia.gov).

### **Proposed Consent Special Order for Colonna's Ship Yard, Incorporated**

Citizens may comment on a proposed consent order for a facility in Norfolk, Virginia.

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## General Notices/Errata

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Public comment period: August 22, 2005, to September 22, 2005.

Purpose of notice: To invite the public to comment on a proposed consent order.

A consent order is issued to a business owner or other responsible party to perform specific actions that will bring the entity into compliance with the relevant law and regulations. It is developed cooperatively with the facility and entered into by mutual agreement.

Consent order description: The State Water Control Board proposes to issue a consent order to Colonna's Ship Yard, Incorporated to address alleged violations of Virginia Pollutant Discharge Elimination System (VPDES) Permit Regulations and Virginia State Water Control Law. The location of the facility where the alleged violation occurred is 400 East Indian River Road, Norfolk, Virginia. The consent order describes a settlement to resolve the alleged release of untreated TBT wastewater to waters of the state. The consent order incorporates a schedule of compliance actions to ensure compliance with all the permit requirements, and requires payment of a civil charge.

How a decision is made: After public comments have been considered, the State Water Control Board will make a final decision.

How to comment: DEQ accepts comments from the public by e-mail, fax, or postal mail. All comments must include the name, address and telephone number of the person commenting and be received by DEQ within the comment period.

To review the consent order: The public may review the proposed consent order at the DEQ Tidewater Regional Office every workday by appointment or on the DEQ website at [www.deq.virginia.gov](http://www.deq.virginia.gov).

Contact for public comments, document requests, and additional information: Caroline M. Huertas, Department of Environmental Quality, Tidewater Regional Office, 5636 Southern Boulevard, Virginia Beach, VA 23462, telephone (757) 518-2107, FAX (757) 518-2003, or e-mail: [cmhuertas@deq.virginia.gov](mailto:cmhuertas@deq.virginia.gov).

### **Proposed Consent Special Order for Honeywell Nylon LLC**

Citizens may comment on a proposed consent order for a facility in Chesterfield County, Virginia.

Public comment period: August 22, 2005, to September 22, 2005.

Purpose of notice: To invite the public to comment on a proposed consent order.

A consent order is issued to a business owner or other responsible party to perform specific actions that will bring the entity into compliance with the relevant law and regulations. It is developed cooperatively with the facility and entered into by mutual agreement.

Project description: The State Water Control Board proposes to issue a consent order to Honeywell Nylon LLC to address violations of its VPDES Permit No. VA0005312. The location of the facility where the violation occurred is 4101 Bermuda Hundred Road in Chester, VA. The consent order describes a settlement to resolve the total organic carbon violations that occurred at the facility from August 2004 through January 2005. Corrective action has been completed and the order requires payment of a civil charge.

How a decision is made: After public comments have been considered, the State Water Control Board will make a final decision.

How to comment: DEQ accepts comments from the public by e-mail, fax or postal mail. All comments must include the name, address and telephone number of the person commenting and be received by DEQ within the comment period.

To review the consent order: The public may review the proposed consent order at the DEQ Piedmont Regional Office every work day by appointment or on the DEQ website at [www.deq.virginia.gov](http://www.deq.virginia.gov).

Contact for public comments, document requests and additional information: Frank Lupini, Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, VA 23060, telephone (804) 527-5093, FAX (804) 527-5106, or e-mail [felupini@deq.virginia.gov](mailto:felupini@deq.virginia.gov).

### **Proposed Consent Order for Liberty Fabrics Division of SaraLee Intimate Apparel**

Citizens may comment on a proposed consent order for a facility in Patrick County, Virginia.

Public comment period: August 22, 2005, to September 21, 2005.

Purpose of notice: To invite the public to comment on a proposed consent order.

A consent order is issued to a business owner or other responsible party to perform specific actions that will bring the entity into compliance with the relevant law and regulations. It is developed cooperatively with the facility and entered into by mutual agreement.

Project description: The State Water Control Board proposes to issue a consent order to the Liberty Fabrics Division of SaraLee Intimate Apparel to address violations of VPDES Permit No. 0001554 and the Virginia regulations. The location of the facility where the violation occurred is the wastewater treatment plant at the Liberty Fabrics plant in Woolwine, Virginia. The consent order describes a settlement to resolve a period of time during which the permit referenced above had expired. It requires payment of a civil charge.

How a decision is made: After public comments have been considered, the State Water Control Board will make a final decision.

How to comment: DEQ accepts comments from the public by e-mail, fax or postal mail. All comments must include the

name, address and telephone number of the person commenting and be received by DEQ within the comment period.

To review the consent order: The public may review the proposed consent order at the DEQ West Central Regional Office every work day by appointment or on the DEQ website at [www.deq.virginia.gov](http://www.deq.virginia.gov).

Contact for public comments, document requests and additional information: Robert Steele, Department of Environmental Quality, West Central Regional Office, Roanoke, VA 24019, telephone (540) 562-6777, FAX (540) 562-6725, or e-mail [rpsteele@deq.virginia.gov](mailto:rpsteele@deq.virginia.gov).

### **Proposed Consent Special Order for Mechanicsville Concrete Incorporated**

Citizens may comment on a proposed consent order for a facility in Henrico County, Virginia.

Public comment period: August 22, 2005, to September 22, 2005.

Purpose of notice: To invite the public to comment on a proposed consent order.

A consent order is issued to a business owner or other responsible party to perform specific actions that will bring the entity into compliance with the relevant law and regulations. It is developed cooperatively with the facility and entered into by mutual agreement.

Project description: The State Water Control Board proposes to issue a consent order to Mechanicsville Concrete Incorporated to address violations of its VPDES Permit No. VAG110160. The location of the facility where the violation occurred is Portugee Road in Henrico County, Virginia. The consent order describes a settlement to resolve an unauthorized discharge that occurred at the facility in August 2004. Corrective action has been completed and the order requires payment of a civil charge.

How a decision is made: After public comments have been considered, the State Water Control Board will make a final decision.

How to comment: DEQ accepts comments from the public by e-mail, fax or postal mail. All comments must include the name, address and telephone number of the person commenting and be received by DEQ within the comment period.

To review the consent order: The public may review the proposed consent order at the DEQ Piedmont Regional Office every work day by appointment or on the DEQ website at [www.deq.virginia.gov](http://www.deq.virginia.gov).

Contact for public comments, document requests and additional information: Frank Lupini, Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, VA 23060, telephone (804) 527-5093, FAX (804) 527-5106, or e-mail [felupini@deq.virginia.gov](mailto:felupini@deq.virginia.gov).

### **Proposed Consent Special Order for Q-Markets, Inc.**

Citizens may comment on a proposed consent order for a property in Henrico County, Virginia.

Public comment period: August 22, 2005, to September 21, 2005.

Purpose of notice: To invite the public to comment on a proposed consent order.

A consent order is issued to a business owner to perform specific actions that will bring the facility into compliance with the relevant law and regulations. It is developed cooperatively with the owner and entered into by mutual agreement.

Project description: The State Water Control Board proposes to issue a consent order to Q-Markets, Inc. to address alleged violations of UST regulations for failure to submit a site characterization report. The location of the facility where the alleged violation occurred is at 8701 Staples Mill Road, Richmond, Virginia. The consent order describes a settlement to resolve the alleged violations and requires the payment of a civil charge.

How a decision is made: After public comments have been considered, the State Water Control Board will make a final decision.

How to comment: DEQ accepts comments from the public by e-mail, fax or postal mail. All comments must include the name, address and telephone number of the person commenting and be received by DEQ within the comment period.

To review the consent order: The public may review the proposed consent order at the DEQ Piedmont Regional Office every work day by appointment or on the DEQ website at [www.deq.virginia.gov](http://www.deq.virginia.gov).

Contact for public comments, document requests and additional information: Cynthia Akers, Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, VA 23060, telephone (804) 527-5079, FAX (804) 527-5106, or e-mail [ecakers@deq.virginia.gov](mailto:ecakers@deq.virginia.gov).

### **Proposed Consent Special Order for Mr. Ridner**

Citizens may comment on a proposed consent order for a property in Westmoreland County, Virginia.

Public comment period: August 22, 2005, to September 21, 2005.

Purpose of notice: To invite the public to comment on a proposed consent order.

A consent order is issued to a property owner to perform specific actions that will bring the property into compliance with the relevant law and regulations. It is developed cooperatively with the owner and entered into by mutual agreement.

Project description: The State Water Control Board proposes to issue a consent order to Mr. Ridner to address alleged violations of VWPP regulations. The location of the property where the violation occurred is on Nomini Bay Drive,

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## General Notices/Errata

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Montross, Virginia. The consent order describes a settlement to restore unauthorized wetland impacts that occurred at the property and the payment of a civil charge.

How a decision is made: After public comments have been considered, the State Water Control Board will make a final decision.

How to comment: DEQ accepts comments from the public by e-mail, fax or postal mail. All comments must include the name, address and telephone number of the person commenting and be received by DEQ within the comment period.

To review the consent order: The public may review the proposed consent order at the DEQ Piedmont Regional Office every work day by appointment or on the DEQ website at [www.deq.virginia.gov](http://www.deq.virginia.gov).

Contact for public comments, document requests and additional information Cynthia Akers, Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, VA 23060, telephone (804) 527-5079, FAX (804) 527-5106, or e-mail [ecakers@deq.virginia.gov](mailto:ecakers@deq.virginia.gov).

### **Proposed Consent Special Order for Royster Clark Incorporated**

Citizens may comment on a proposed consent order for a facility in Westmoreland County, Virginia.

Public comment period: August 22, 2005, to September 22, 2005.

Purpose of notice: To invite the public to comment on a proposed consent order.

A consent order is issued to a business owner or other responsible party to perform specific actions that will bring the entity into compliance with the relevant law and regulations. It is developed cooperatively with the facility and entered into by mutual agreement.

Project description: The State Water Control Board proposes to issue a consent order to Royster Clark Incorporated to address violations of its VPA Permit No. VPA 01417. The location of the facility where the violation occurred is Route 604 & 202 in Westmoreland County, VA. The consent order describes a settlement to resolve failure to maintain the groundwater remediation system at the facility. The order requires payment of a civil charge.

How a decision is made: After public comments have been considered, the State Water Control Board will make a final decision.

How to comment: DEQ accepts comments from the public by e-mail, fax or postal mail. All comments must include the name, address and telephone number of the person commenting and be received by DEQ within the comment period.

To review the consent order: The public may review the proposed consent order at the DEQ Piedmont Regional Office every work day by appointment or on the DEQ website at [www.deq.virginia.gov](http://www.deq.virginia.gov).

Contact for public comments, document requests and additional information Frank Lupini, Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, VA 23060, telephone (804) 527-5093, FAX (804) 527-5106, or e-mail [felupini@deq.virginia.gov](mailto:felupini@deq.virginia.gov).

### **Proposed Consent Special Order for Sanville Utilities Corp., The Henry County Public Service Authority**

Citizens may comment on a proposed consent order amendment for a facility in Henry County, Virginia.

Public comment period: August 22, 2005, to September 21, 2005.

Purpose of notice: To invite the public to comment on a proposed consent order amendment. A consent order is issued to a business owner or other responsible party to perform specific actions that will bring the entity into compliance with the relevant law and regulations. It is developed cooperatively with the facility and entered into by mutual agreement.

Project description: The State Water Control Board proposes to issue a consent order amendment to Sanville Utilities Corp., The Henry County Public Service Authority, Receiver to address violations of permits and Virginia's regulations. The order being amended was issued on May 7, 2002. The location of the facility where the violation occurred is the Fairway Acres Sewage Treatment Plant and Westwood Lagoon, both located in Henry County. The consent order describes a settlement to resolve inadequate wastewater treatment by those facilities. It requires connection of both facilities to public sewer. The amendment that is the subject of this notice extends the deadline for completion of the connections.

How a decision is made: After public comments have been considered, the State Water Control Board will make a final decision.

How to comment: DEQ accepts comments from the public by e-mail, fax or postal mail. All comments must include the name, address and telephone number of the person commenting and be received by DEQ within the comment period.

To review the consent order amendment: The public may review the proposed consent order amendment at the DEQ West Central Regional Office every work day by appointment or on the DEQ website at [www.deq.virginia.gov](http://www.deq.virginia.gov).

Contact for public comments, document requests and additional information: Robert Steele, Department of Environmental Quality, West Central Regional Office, Roanoke, VA 24019, telephone (540) 562-6777, FAX (540) 562-6725, or e-mail [rpsteele@deq.virginia.gov](mailto:rpsteele@deq.virginia.gov).

**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

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# CALENDAR OF EVENTS

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## 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](http://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

### BOARD OF ACCOUNTANCY

† September 15, 2005 - 6 p.m. -- Open Meeting

† September 16, 2005 - 8 a.m. -- Open Meeting

Woodlands Hotel and Suites, 105 Visitor Center Drive, Williamsburg, Virginia.♿ (Interpreter for the deaf provided upon request)

A working retreat for board members and staff. The sole purpose of the retreat is to discuss strategic planning. No routine board business will be discussed and no public comment will be taken.

**Contact:** Nancy Taylor Feldman, Executive Director, Board of Accountancy, 3600 W. Broad St., Suite 378, Richmond, VA 23230, telephone (804) 367-8505, FAX (804) 367-2174, (804) 367-9753/TTY☎, e-mail [boa@boa.virginia.gov](mailto:boa@boa.virginia.gov).

### COMMONWEALTH COUNCIL ON AGING

† September 8, 2005 - 9 a.m. -- Open Meeting

Department of Rehabilitative Services, 8004 Franklin Farms Drive, Richmond, Virginia.♿ (Interpreter for the deaf provided upon request)

A regular quarterly meeting. Public comments are welcome.

**Contact:** Marsha Mucha, Virginia Department for the Aging, 1610 Forest Ave., Suite 100, Richmond, VA 23229, telephone (804) 662-9312.

† September 8, 2005 - 1 p.m. -- Open Meeting

Department of Rehabilitative Services, 8004 Franklin Farms Drive, Richmond, Virginia.♿ (Interpreter for the deaf provided upon request)

A joint meeting of the Commonwealth Council on Aging and Virginia's Delegation to the 2005 White House Conference on Aging. Public comments are welcome.

**Contact:** Marsha Mucha, Virginia Department for the Aging, 1610 Forest Ave., Suite 100, Richmond, VA 23229, telephone (804) 662-9312.

### DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

#### Virginia Agricultural Council

August 29, 2005 - 8 a.m. -- Open Meeting

August 30, 2005 - 8 a.m. -- Open Meeting

Comfort Suites, 80 Prosperity Avenue, Leesburg, Virginia.♿

Annual meeting when the council will (i) review grant projects as to progress and results; (ii) review the financial status of the council for the current fiscal year and plans for the coming year; and (iii) visit project sites approved by council action in Loudoun, Clarke, and Frederick counties. The council 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 Donald Ayers at least five days before the meeting date so that suitable arrangements can be made.

**Contact:** Donald Ayers, Executive Director, Virginia Agriculture Council, P.O. Box 1163, Richmond, VA 23218, telephone (804) 786-0480, FAX (804) 371-8372, toll-free (800) 828-1120, (800) 828-1120/TTY☎, e-mail [donald.ayers@vdacs.virginia.gov](mailto:donald.ayers@vdacs.virginia.gov).

#### Virginia Horse Industry Board

† September 29, 2005 - 10 a.m. -- Open Meeting

Virginia Department of Forestry, 900 Natural Resources Drive, 2nd Floor Meeting Room, Charlottesville, Virginia.♿

A meeting to (i) review the minutes of the last meeting, (ii) review the end of the year budget for 2004-2005, and (iii) discuss marketing and promotional projects for 2005-2006. 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 Andrea S. Heid at least five days before the meeting date so that suitable arrangements can be made.

**Contact:** Andrea S. Heid, Equine Marketing Specialist/Program Manager, Department of Agriculture and Consumer Services, 1100 Bank St., 9th Floor, Richmond, VA 23219, telephone (804) 786-5842, FAX (804) 786-3122, e-mail [andrea.heid@vdacs.virginia.gov](mailto:andrea.heid@vdacs.virginia.gov).

## Virginia Irish Potato Board

**August 30, 2005 - 7 p.m.** -- Open Meeting  
Aberdeen Barn Restaurant, Northampton Boulevard, Virginia Beach, Virginia. ☎

A meeting to (i) discuss promotion, research, and education programs; (ii) review and approve minutes of the previous meeting; (iii) review and discuss the annual budget and preliminary results of programs funded by the board; and (iv) discuss other business that may come before the board. 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 Butch Nottingham at least five days before the meeting date so that suitable arrangements can be made.

**Contact:** Butch Nottingham, Program Manager, Department of Agriculture and Consumer Services, P.O. Box 26, Onley, VA 23418, telephone (757) 787-5867, FAX (757) 787-5973, e-mail [jnottingham@vdacs.virginia.gov](mailto:jnottingham@vdacs.virginia.gov).

## Virginia Sheep Industry Board

† **August 27, 2005 - 11 a.m.** -- Open Meeting  
Shenandoah Valley Research Station, McCormick Circle, Steeles Tavern, Virginia. ☎

The board is expected to approve the minutes of the previous two meetings. The latter meeting lacked a board member quorum, requiring the meeting to be held for informational purposes only. The board will review its financial report and approve already budgeted expenditures through January 2006. To obtain directions to the meeting, call 540-377-2255 or the number below. 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 Michael Carpenter at least four days before the meeting date so that suitable arrangements can be made.

**Contact:** Michael Carpenter, Program Manager, Department of Agriculture and Consumer Services, 116 Reservoir St., Harrisonburg, VA 22801, telephone (540) 434-0779, FAX (540) 434-5607.

## Virginia Soybean Board

**August 23, 2005 - 3 p.m.** -- Open Meeting  
Corbin Hall Farm, 2936 Corbin Hall Drive, Waterview, Virginia. ☎

A meeting to discuss checkoff revenues and the financial status of the board following the end of the fiscal year ending June 30, 2005, and hear and approve the minutes of the March 10, 2005, meeting. Reports will also be heard from the chairman, United Soybean Board representatives, and other committees. 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 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 906, Richmond, VA 23219, telephone (804) 371-6157, FAX (804) 371-7786, e-mail [phil.hickman@vdacs.virginia.gov](mailto:phil.hickman@vdacs.virginia.gov).

## SECRETARY OF AGRICULTURE AND FORESTRY

**August 24, 2005 - 1 p.m.** -- Open Meeting  
**August 31, 2005 - 1 p.m.** -- Open Meeting  
Patrick Henry Building, 1111 East Broad Street, House Room 1, Richmond, Virginia. ☎

A meeting of the Work Group Studying Off-Farm and On-Farm Sales of Food Products. The meeting will be a listening session on off-farm and on-farm sales of food products grown and/or processed on individual farms. The public is welcome to come and listen to presentations by parties who have been invited to present their views on this issue. Other parties wishing to comment on this issue should submit written comments no later than August 31, 2005, to the contact person named below.

**Contact:** Donald Blankenship, Deputy Commissioner, Secretariat of Agriculture and Forestry, Washington Bldg., 1100 Bank St., Suite 211, Richmond, VA 23219, telephone (804) 786-3501, FAX (804) 371-2945, e-mail [donald.blankenship@vdacs.virginia.gov](mailto:donald.blankenship@vdacs.virginia.gov).

## STATE AIR POLLUTION CONTROL BOARD

**August 23, 2005 - 7 p.m.** -- Public Hearing  
Appalachian School of Law, Trial Courtroom, Grundy, Virginia. ☎

A public hearing to receive comments on a permit amendment for Buchanan Mining Complex in the Garden Creek area of Buchanan County. The facility is a coal preparation plant with a thermal dryer. The proposed modification concerns the construction and modification of various coal handling, processing and storage equipment and does not affect the thermal dryer. The comment period began on July 21, 2005, and ends on August 19, 2005. There will be an informational briefing 1/2 hour before the public hearing.

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# Calendar of Events

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**Contact:** Bruce Mullins, Department of Environmental Quality, 355 Deadmore St., Abingdon, VA 24212, telephone (276) 676-4825, FAX (276) 676-4899, e-mail abmullins@deq.virginia.gov.

\* \* \* \* \*

**September 12, 2005** - Public comments may be received until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the State Air Pollution Control Board intends to amend regulations entitled **9 VAC 5-50, New and Modified Stationary Sources and 9 VAC 5-80, Permits for Stationary Sources (Rev E05)**. The purpose of the proposed action is to consider amending the regulations that govern permitting for new major stationary sources and major modifications in order to meet the new source reform requirements of 40 CFR Part 51. Public comments may be submitted until 5 p.m. on September 12, 2005.

Statutory Authority: § 10.1-1308 of the Code of Virginia.

**Contact:** Karen G. Sabasteanski, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4426, FAX (804) 698-4510, e-mail kgsabastea@deq.virginia.gov.

## State Advisory Board on Air Pollution

† **September 27, 2005 - 10 a.m.** -- Open Meeting  
† **October 26, 2005 - 10 a.m.** -- Open Meeting  
† **November 16, 2005 - 10 a.m.** -- Open Meeting  
Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia. 

A regular meeting.

**Contact:** Janet Wynne, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4140, e-mail jtwynne@deq.virginia.gov.

## Small Business Environmental Compliance Advisory Board

**September 28, 2005 - 10 a.m.** -- Open Meeting  
Location to be announced.

A regular meeting. A location has not been determined and the time is tentative.

**Contact:** Richard Rasmussen, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4394, FAX (804) 698-4264, e-mail rgrasmussen@deq.virginia.gov.

## ALCOHOLIC BEVERAGE CONTROL BOARD

**August 29, 2005 - 9 a.m.** -- Open Meeting  
**September 12, 2005 - 9 a.m.** -- Open Meeting  
**September 26, 2005 - 9 a.m.** -- Open Meeting  
**October 11, 2005 - 9 a.m.** -- Open Meeting  
**October 24, 2005 - 9 a.m.** -- Open Meeting  
**November 7, 2005 - 9 a.m.** -- Open Meeting  
† **November 21, 2005 - 9 a.m.** -- Open Meeting  
Department of Alcoholic Beverage Control, 2901 Hermitage Road, Richmond, Virginia. 

An executive staff 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 curtis.coleburn@abc.virginia.gov.

## ALZHEIMER'S DISEASE AND RELATED DISORDERS COMMISSION

**September 20, 2005 - 10 a.m.** -- Open Meeting  
Department for the Aging, 1610 Forest Avenue, Suite 100, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A regular meeting.

**Contact:** Cecily Slasor, I and R Specialist, Alzheimer's Disease and Related Disorders Commission, 1610 Forest Ave., Ste. 100, Richmond, VA 23229, telephone (804) 662-9338, FAX (804) 662-9354, toll-free (800) 552-3402, (804) 662-9333/TTY , e-mail cecily.slasor@vda.virginia.gov.

## BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, LAND SURVEYORS, CERTIFIED INTERIOR DESIGNERS AND LANDSCAPE ARCHITECTS

† **September 7, 2005 - 3 p.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Room 453, Richmond, Virginia. 

Informal fact-finding conferences.

**Contact:** Mark N. Courtney, Executive Director, Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY , e-mail apelscidla@dpor.virginia.gov.

**September 8, 2005 - 9 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. 

A meeting of the full board to conduct board business. The meeting is open to the public; however, a portion of the board's business may be discussed in closed session.

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:** Mark N. Courtney, Executive Director, Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail [apelscidla@dpor.virginia.gov](mailto:apelscidla@dpor.virginia.gov).

**October 26, 2005 - 9 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia. ♿

A meeting of the Architects Section to conduct board business. The meeting is open to the public; however, a portion of the board's business may be discussed in closed session. 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:** Mark N. Courtney, Executive Director, Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail [apelscidla@dpor.virginia.gov](mailto:apelscidla@dpor.virginia.gov).

**October 31, 2005 - 9 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia. ♿

A meeting of the Professional Engineers Section to conduct board business. The meeting is open to the public; however, a portion of the board's business may be discussed in closed session. 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:** Mark N. Courtney, Executive Director, Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail [apelscidla@dpor.virginia.gov](mailto:apelscidla@dpor.virginia.gov).

**November 3, 2005 - 9 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia. ♿

A meeting of the Landscape Architects Section to conduct board business. The meeting is open to the public; however, a portion of the board's business may be discussed in closed session. 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:** Mark N. Courtney, Executive Director, Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail [apelscidla@dpor.virginia.gov](mailto:apelscidla@dpor.virginia.gov).

**November 8, 2005 - 9 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia. ♿

A meeting of the Land Surveyors Section to conduct board business. The meeting is open to the public; however, a portion of the board's business may be discussed in closed session. 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:** Mark N. Courtney, Executive Director, Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail [apelscidla@dpor.virginia.gov](mailto:apelscidla@dpor.virginia.gov).

**† November 10, 2005 - 9 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia. ♿

A meeting of the Interior Designers Section to conduct board business. The meeting is open to the public; however, a portion of the board's business may be discussed in closed session. 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:** Mark N. Courtney, Executive Director, Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail [apelscidla@dpor.virginia.gov](mailto:apelscidla@dpor.virginia.gov).

## ART AND ARCHITECTURAL REVIEW BOARD

**September 9, 2005 - 10 a.m.** -- Open Meeting

**October 7, 2005 - 10 a.m.** -- Open Meeting

**November 4, 2005 - 10 a.m.** -- Open Meeting

Science Museum of Virginia, 2500 West Broad Street, Richmond, Virginia. ♿ (Interpreter for the deaf provided upon request)

A monthly meeting to review projects submitted by state agencies. Art and Architectural Review Board submittal

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## Calendar of Events

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forms and submittal instructions can be downloaded by visiting the DGS Forms Center at [www.dgs.state.va.us](http://www.dgs.state.va.us). Request form #DGS-30-905 or submittal instructions #DGS-30-906. The deadline for submitting project datasheets and other required information is two weeks prior to the meeting date.

**Contact:** Richard L. Ford, AIA Chairman, Art and Architectural Review Board, 101 Shockoe Slip, 3rd Floor, Richmond, VA 23219, telephone (804) 648-5040, FAX (804) 225-0329, (804) 786-6152/TTY ☎, or e-mail [rford@comarchs.com](mailto:rford@comarchs.com).

### VIRGINIA BOARD FOR ASBESTOS, LEAD, AND HOME INSPECTORS

**November 2, 2005 - 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, 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](mailto:alhi@dpor.virginia.gov).

### COMPREHENSIVE SERVICES FOR AT-RISK YOUTH AND FAMILIES

#### State Executive Council

**September 14, 2005 - 9 a.m.** -- Open Meeting  
**† November 16, 2005 - 9 a.m.** -- Open Meeting  
Location to be announced.

A regular meeting. The meeting will adjourn by noon.

**Contact:** Kim McGaughy, Executive Director, Comprehensive Services for At-Risk Youth and Families, 1604 Santa Rosa Rd., Richmond, VA 23229, telephone (804) 662-9830, FAX (804) 662-9831.

### AUCTIONEERS BOARD

**October 6, 2005 - 10 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia. ♿

A meeting to conduct board business. The meeting is open to the public; however, a portion of the board's business may be discussed in closed session. Persons desiring to participate in the meeting and requiring special accommodations or interpretive services should contact the department at 804-367-8514 at least 10 days prior to this meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

**Contact:** Marian H. Brooks, Regulatory Board Administrator, Auctioneers Board, 3600 W. Broad St., Richmond, VA 23230,

telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail [auctioneers@dpor.virginia.gov](mailto:auctioneers@dpor.virginia.gov).

### BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

**† November 10, 2005 - 9:30 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street,  
5th Floor, Richmond, Virginia. ♿

A regular board 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) 662-9907, FAX (804) 662-9523, (804) 662-7197/TTY ☎, e-mail [elizabeth.young@dhp.virginia.gov](mailto:elizabeth.young@dhp.virginia.gov).

### BOARD FOR BARBERS AND COSMETOLOGY

**August 26, 2005** - 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 for Barbers and Cosmetology intends to adopt regulations entitled **18 VAC 41-30, Hair Braiding Regulations**. The purpose of the proposed regulations is to promulgate regulations governing the licensure and practice of hair braiding as mandated by Chapter 600 of the 2003 Acts of Assembly.

Statutory Authority: § 54.1-201 and Chapter 7 (§ 54.1-700 et seq.) of Title 54.1 of the Code of Virginia.

**Contact:** William H. Ferguson, II, Executive Director, Board for Barbers and Cosmetology, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8590, FAX (804) 367-6295 or e-mail [william.ferguson@dpor.virginia.gov](mailto:william.ferguson@dpor.virginia.gov).

**September 8, 2005 - 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, Executive Director, Board for Barbers and Cosmetology, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8575, FAX (804) 367-2474, (804) 367-9753/TTY ☎, e-mail [barbercosmo@dpor.virginia.gov](mailto:barbercosmo@dpor.virginia.gov).

\* \* \* \* \*

**† October 17, 2005 - 10 a.m.** -- Public Hearing  
Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia. ♿

**† October 21, 2005** - 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 for Barbers and Cosmetology intends to adopt regulations entitled **18 VAC 41-50, Tattooing Regulations**. The purpose of the

proposed regulations is to promulgate regulations governing the licensure and practice of tattooing as mandated by Chapter 869 of the 2002 Acts of Assembly.

Statutory Authority: § 54.1-201 of the Code of Virginia.

**Contact:** William H. Ferguson, II, Executive Director, Board for Barbers and Cosmetology, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8590, FAX (804) 367-6295 or e-mail [william.ferguson@dpor.virginia.gov](mailto:william.ferguson@dpor.virginia.gov).

**October 31, 2005 - 9 a.m.** -- Open Meeting

Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Conference Room 4W, Richmond, Virginia. 

A meeting to conduct general business and consider regulatory issues as may be presented. A portion of the meeting may be held in closed session. A public comment period will be held at the beginning of the meeting. Any person desiring to attend the meeting and requiring special accommodations or interpreter services should contact the board at least 10 days prior to the meeting so suitable arrangements can be made. The board 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 [barbercosmo@dpor.virginia.gov](mailto:barbercosmo@dpor.virginia.gov).

## DEPARTMENT FOR THE BLIND AND VISION IMPAIRED

### Statewide Rehabilitation Council for the Blind

**September 17, 2005 - 10 a.m.** -- Open Meeting

Department for the Blind and Vision Impaired, 397 Azalea Avenue, Rooms 1 and 2, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A quarterly meeting to advise the Department for the Blind and Vision Impaired on matters related to vocational rehabilitation services for the blind and visually impaired citizens of the Commonwealth.

**Contact:** Susan D. Payne, Vocational Rehabilitation Program Director, Department for the Blind and Vision Impaired, 397 Azalea Ave., Richmond, VA 23227, telephone (804) 371-3184, FAX (804) 371-3390, toll-free (800) 622-2155, (804) 371-3140/TTY , e-mail [susan.payne@dbvi.virginia.gov](mailto:susan.payne@dbvi.virginia.gov).

## BOARD FOR BRANCH PILOTS

**November 1, 2005 - 10 a.m.** -- Open Meeting

Virginia Port Authority, 600 World Trade Center Norfolk, Virginia. 

A meeting to conduct board business. The meeting is open to the public; however, a portion of the board's business may be discussed in closed session. Persons desiring to participate in the meeting and requiring special accommodations or interpretive services should contact the

department at 804-367-8514 at least 10 days prior to this meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

**Contact:** Mark N. Courtney, Executive Director, Board for Branch Pilots, 3600 W. Broad St. Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY , e-mail [branchpilots@dpor.virginia.gov](mailto:branchpilots@dpor.virginia.gov).

## DEPARTMENT OF BUSINESS ASSISTANCE

### Small Business Advisory Board

**September 19, 2005 - 10 a.m.** -- Open Meeting

Department of Business Assistance, 707 East Main Street, 3rd Floor Board Room, Richmond, Virginia. 

A regular meeting.

**Contact:** Vernita Boone, Administrative Assistant, Department of Business Assistance, 707 E. Main St., 3rd Floor, Richmond, VA 23219, telephone (804) 371-8230, FAX (804) 371-2142, toll-free (866) 248-8814, e-mail [vernita.boone@dba.virginia.gov](mailto:vernita.boone@dba.virginia.gov).

## CEMETERY BOARD

**October 19, 2005 - 9 a.m.** -- Open Meeting

Department of Professional and Occupational Regulation, 3600 West Broad Street, 4 West Conference Room, Richmond, Virginia. 

A meeting to discuss 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) 367-8537, FAX (804) 367-2475, (804) 367-9753/TTY , e-mail [oneal@dpor.virginia.gov](mailto:oneal@dpor.virginia.gov).

## CHARITABLE GAMING BOARD

**September 13, 2005 - 10 a.m.** -- Open Meeting

Science Museum of Virginia, 2500 West Broad Street, Discovery Room, Richmond, Virginia. 

A regular quarterly meeting.

**Contact:** Clyde E. Cristman, Director, Department of Charitable Gaming, James Monroe Bldg., 101 N. 14th St., 17th Floor, Richmond, VA 23219, telephone (804) 786-1681, FAX (804) 786-1079, e-mail [clyde.cristman@dpg.virginia.gov](mailto:clyde.cristman@dpg.virginia.gov).

## CHESAPEAKE BAY LOCAL ASSISTANCE BOARD

**September 19, 2005 - 10 a.m.** -- Open Meeting

Location to be announced.

A regular business meeting and review of local programs.

**Contact:** David C. Dowling, Policy, Planning, and Budget Director, Department of Conservation and Recreation, 203

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# Calendar of Events

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Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-2291, FAX (804) 786-6141, e-mail david.dowling@dcr.virginia.gov.

**October 25, 2005 - 10 a.m.** -- Open Meeting  
Department of Conservation and Recreation, James Monroe Building, 101 North 14th Street, 17th Floor Conference Room, Richmond, Virginia.

The Northern Area Review Committee will conduct general business, including review of local Chesapeake Bay Preservation Area programs for the northern area.

**Contact:** David C. Dowling, Policy, Planning, and Budget Director, Department of Conservation and Recreation, 203 Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-2291, FAX (804) 786-6141, e-mail david.dowling@dcr.virginia.gov.

**October 25, 2005 - 2 p.m.** -- Open Meeting  
Department of Conservation and Recreation, James Monroe Building, 101 North 14th St., 17th Floor Conference Room, Richmond, Virginia.

The Southern Area Review Committee will conduct general business, including review of local Chesapeake Bay Preservation Area programs for the southern area.

**Contact:** David C. Dowling, Policy, Planning, and Budget Director, Department of Conservation and Recreation, 203 Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-2291, FAX (804) 786-6141, e-mail david.dowling@dcr.virginia.gov.

## CHILD DAY-CARE COUNCIL

**September 8, 2005 - 10 a.m.** -- Open Meeting  
Department of Social Services, 7 North 8th Street, 6th Floor Conference Room, Richmond, Virginia. 

A regular business meeting.

**Contact:** Pat Rengnerth, State Board Liaison, Department of Social Services, Office of Legislative and Regulatory Affairs, 7 N. 8th St., Room 5214, Richmond, VA 23219, telephone (804) 726-7905, FAX (804) 726-7906, (800) 828-1120/TTY , e-mail patricia.rengnerth@dss.virginia.gov.

## STATE CHILD FATALITY REVIEW TEAM

**September 9, 2005 - 10 a.m.** -- Open Meeting  
**† November 18, 2005 - 10 a.m.** -- Open Meeting  
Office of the Chief Medical Examiner, 400 East Jackson Street, Richmond, Virginia. 

The business portion of the meeting 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, Coordinator, Department of Health, 400 E. Jackson St., Richmond, VA 23219, telephone (804) 786-6047, FAX (804) 371-8595, toll-free (800) 447-1708, e-mail angela.myrick@vdh.virginia.gov.

## STATE BOARD FOR COMMUNITY COLLEGES

**September 14, 2005 - 9 a.m.** -- Open Meeting  
**† November 16, 2005 - 1:30 pm.** -- Open Meeting  
Virginia Community College System, James Monroe Building, 101 North 14th Street, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

Meetings of the Academic Committee, Student Affairs and Workforce Development Committee, and Budget and Finance Committee begin at 1:30 p.m. The Facilities Committee and the Audit Committee will meet at 3 p.m. The Personnel Committee will meet at 3:30 p.m. The Executive Committee will meet at 5 p.m.

**Contact:** D. Susan Hayden, Director of Public Affairs, Virginia Community College System, 101 N. 14th St., Richmond, VA 23219, telephone (804) 819-4961, FAX (804) 819-4768, (804) 371-8504/TTY 

**September 15, 2005 - 9 a.m.** -- Open Meeting  
James Monroe Building, 101 North 14th Street, Godwin-Hamel Board Room, 15th Floor, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A meeting of the full board. Public comment may be received at the beginning of the meeting upon notification at least five working days prior to the meeting.

**Contact:** D. Susan Hayden, Director of Public Affairs, Virginia Community College System, 101 N. 14th St., 15th Floor, Richmond, VA 23219, telephone (804) 819-4961, FAX (804) 819-4768, (804) 371-8504/TTY 

## COMPENSATION BOARD

**August 24, 2005 - 11 a.m.** -- Open Meeting  
830 East Main Street, 2nd Floor, Richmond, Virginia. 

A monthly board meeting.

**Contact:** Cindy P. Waddell, Compensation Board, P.O. Box 710, Richmond, VA 23218, telephone (804) 786-0786, FAX (804) 371-0235, e-mail cindy.waddell@scb.virginia.gov.

## DEPARTMENT OF CONSERVATION AND RECREATION

**September 8, 2005 - Noon** -- Open Meeting  
**October 13, 2005 - Noon** -- Open Meeting  
**† November 10, 2005 - Noon** -- Open Meeting  
Richmond City Hall, 5th Floor Conference Room, Richmond, Virginia.

A regular meeting of the Falls of the James River Scenic Advisory Committee to discuss river issues.

**Contact:** David C. Dowling, Policy, Planning, and Budget Director, Department of Conservation and Recreation, 203 Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-2291, FAX (804) 786-6141, e-mail david.dowling@dcr.virginia.gov.

† **August 23, 2005 - 7 p.m.** -- Open Meeting  
Powhatan County High School, Powhatan, Virginia.

A meeting of the Powhatan State Park Master Plan Advisory Committee to continue discussion of the development of a park master plan.

**Contact:** Robert S. Munson, Planning Bureau Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-6140, FAX (804) 371-7899, e-mail robert.munson@dcr.virginia.gov.

† **September 20, 2005 - 7 p.m.** -- Open Meeting  
Powhatan Village Center, Route 13, Auditorium, Powhatan, Virginia.

A meeting of the Powhatan State Park Master Plan Advisory Committee to hear public input on the proposed master plan for the park.

**Contact:** Robert S. Munson, Planning Bureau Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-6140, FAX (804) 786-6141, e-mail robert.munson@dcr.virginia.gov.

## Virginia Soil and Water Conservation Board

**September 15, 2005 - 9:30 a.m.** -- Open Meeting  
† **November 17, 2005 - 9:30 a.m.** -- Open Meeting  
Location to be determined.

A regular business meeting to discuss soil and water, stormwater management and dam safety issues.

**Contact:** David C. Dowling, Policy, Planning, and Budget Director, Department of Conservation and Recreation, 203 Governor St., Suite 302, Richmond, VA 23219, telephone (804) 786-2291, FAX (804) 786-6141, e-mail david.dowling@dcr.virginia.gov.

## BOARD FOR CONTRACTORS

**August 23, 2005 - 9 a.m.** -- Open Meeting  
**August 25, 2005 - 9 a.m.** -- Open Meeting  
**August 30, 2005 - 9 a.m.** -- Open Meeting  
† **September 1, 2005 - 9 a.m.** -- Open Meeting  
† **September 8, 2005 - 9 a.m.** -- Open Meeting  
**September 13, 2005 - 9 a.m.** -- Open Meeting  
† **September 27, 2005 - 9 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Richmond, Virginia. 

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.

**August 30, 2005 - 9 a.m.** -- CANCELED  
**October 18, 2005 - 9 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. 

A regular meeting to address policy and procedural issues and review and render 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. Persons desiring to participate in the meeting and requiring special accommodations or interpretive services should contact the department at least 10 days prior to this meeting so that suitable arrangements can be made. 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.

† **November 16, 2005 - 10 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. 

A meeting of the Tradesman 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.

## BOARD OF CORRECTIONAL EDUCATION

**September 16, 2005 - 10 a.m.** -- Open Meeting  
James Monroe Building, 101 North 14th Street, 7th Floor, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A meeting to discuss general business.

**Contact:** Patty Ennis, Board Clerk, Department of Correctional Education, 101 N. 14th St., 7th Floor, Richmond, VA 23219, telephone (804) 225-3314, FAX (804) 786-7642, (804) 371-8647/TTY , e-mail patricia.ennis@dce.virginia.gov.

## BOARD OF CORRECTIONS

**August 31, 2005 - 10 a.m.** -- Open Meeting  
Department of Corrections, Western Regional Office, 5427 Peters Creek Road, Suite 350, Roanoke, Virginia. 

A special meeting to review, discuss and vote on proposed Planning Study and Request for State Jail Construction Funding Reimbursement for the Western Virginia Regional Jail.

**Contact:** Barbara Woodhouse, Administrative Staff Assistant, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3124, FAX (804) 674-3236, e-mail barbara.woodhouse@vadoc.virginia.gov.

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# Calendar of Events

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**September 20, 2005 - 10 a.m.** -- Open Meeting  
**† November 15, 2005 - 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) 674-3236, e-mail [barbara.woodhouse@vadoc.virginia.gov](mailto:barbara.woodhouse@vadoc.virginia.gov).

**September 20, 2005 - 1 p.m.** -- Open Meeting  
**† November 15, 2005 - 1 p.m.** -- Open Meeting  
Department of Corrections, 6900 Atmore Drive, 3rd Floor, Room 3054, 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) 674-3236, e-mail [barbara.woodhouse@vadoc.virginia.gov](mailto:barbara.woodhouse@vadoc.virginia.gov).

**September 21, 2005 - 9:30 a.m.** -- Open Meeting  
**† November 16, 2005 - 9:30 a.m.** -- Open Meeting  
Department of Corrections, 6900 Atmore Drive, 3rd Floor Board Room, 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) 674-3236, e-mail [barbara.woodhouse@vadoc.virginia.gov](mailto:barbara.woodhouse@vadoc.virginia.gov).

**September 21, 2005 - 10 a.m.** -- Open Meeting  
**† November 16, 2005 - 10 a.m.** -- Open Meeting  
Department of Corrections, 6900 Atmore Drive, 3rd Floor Board Room, Richmond, Virginia. 

A regular meeting of the full board to review and discuss all matters considered by board committees that require action by the board.

**Contact:** Barbara Woodhouse, Administrative Staff Assistant, Department of Corrections, 6900 Atmore Dr., Richmond, VA 23225, telephone (804) 674-3124, FAX (804) 674-3236, e-mail [barbara.woodhouse@vadoc.virginia.gov](mailto:barbara.woodhouse@vadoc.virginia.gov).

## BOARD OF COUNSELING

**† August 26, 2005 - 1 p.m.** -- Open Meeting  
**November 3, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 3, Richmond, Virginia. 

A meeting of the Credentials Review Committee to review the files of applicants to determine if they have met the requirements for licensure.

**Contact:** Evelyn B. Brown, Executive Director, Board of Counseling, Alcoa Bldg., 6603 W. Broad St., 5th Floor,

Richmond, VA 23230-1712, telephone (804) 662-9912, FAX (804) 662-9943, (804) 662-7197/TTY , e-mail [evelyn.brown@dhp.virginia.gov](mailto:evelyn.brown@dhp.virginia.gov).

**November 4, 2005 - 9:30 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 2, Richmond, Virginia. 

A quarterly meeting to conduct board business.

**Contact:** Evelyn B. Brown, Executive Director, Board of Counseling, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9912, FAX (804) 662-9943, (804) 662-7197/TTY , e-mail [evelyn.brown@dhp.virginia.gov](mailto:evelyn.brown@dhp.virginia.gov).

## CRIMINAL JUSTICE SERVICES BOARD

**September 8, 2005 - 9 a.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. 

A meeting of the Committee on Training.

**Contact:** Leon D. Baker, Jr., Division Director, Department of Criminal Justice Services, Eighth Street Office Bldg., 805 E. Broad St., 10th Floor, Richmond, VA 23219, telephone (804) 225-4086, FAX (804) 786-0588, e-mail [lbaker@dcjs.virginia.gov](mailto:lbaker@dcjs.virginia.gov).

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**September 8, 2005 - 9 a.m.** -- Public Hearing  
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. 

**September 9, 2005** - 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 Criminal Justice Services Board intends to adopt regulations entitled **6 VAC 20-240, Regulations Relating to School Security Officers**. The purpose of the proposed action is to identify compulsory minimum standards for employment, entry-level and in-service training requirements and certification requirements for school security officers.

**Statutory Authority:** § 9.1-102 of the Code of Virginia.

**Contact:** Donna Bowman, Manager, Virginia Center for School Safety, 805 E. Broad St., Richmond, VA 23219, telephone (804) 371-6506, FAX (804) 371-8981, or e-mail [donna.bowman@dcjs.virginia.gov](mailto:donna.bowman@dcjs.virginia.gov).

**September 8, 2005 - 11 a.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. 

A meeting to conduct general board business.

**Contact:** Leon D. Baker, Jr., Division Director, Department of Criminal Justice Services, Eighth Street Office Bldg., 805 E. Broad St., 10th Floor, Richmond, VA 23219, telephone (804) 225-4086, FAX (804) 786-0588, e-mail [lbaker@dcjs.virginia.gov](mailto:lbaker@dcjs.virginia.gov).

## BOARD OF DENTISTRY

**August 26, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street,  
5th Floor, Richmond, Virginia. 

A meeting of the Special Conference Committee to hold informal conferences. There will not be a public comment period.

**Contact:** Cheri Emma-Leigh, Operations Manager, Board of Dentistry, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9906, FAX (804) 662-7246, (804) 662-7197/TTY , e-mail cheri.emma-leigh@dhp.virginia.gov.

**September 16, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street,  
Richmond, Virginia. 

A meeting to discuss business issues. There will be a public comment period at the beginning of the meeting.

**Contact:** Sandra Reen, Executive Director, Board of Dentistry, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, 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

**September 15, 2005 - 11 a.m.** -- Open Meeting  
**October 20, 2005 - 11 a.m.** -- Open Meeting  
**† November 17, 2005 - 11 a.m.** -- Open Meeting  
Department of General Services, Eighth Street Office Building,  
805 East Broad Street, 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. Bishton, Administrative Assistant, Department of General Services, 805 E. Broad Street, Room 101, Richmond, VA 23219, telephone (804) 786-3263, FAX (804) 371-7934, (804) 786-6152/TTY , or e-mail rhonda.bishton@dgs.virginia.gov.

## BOARD OF EDUCATION

**† August 25, 2005 - 9 a.m.** -- Open Meeting  
Crowne Plaza Hotel, 555 Canal Street, Richmond, Virginia.

A meeting of the Advisory Committee on Adult Education and Literacy. 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:** Mrs. Gloria Murphy, Department of Education, P.O. Box 2120, James Monroe Bldg., 101 N. 14th St., 25th Floor, Richmond, VA 23219, 804-225-2293, gloria.murphy@doe.virginia.gov.

**September 21, 2005 - 9 a.m.** -- Open Meeting  
**† October 26, 2005 - 9 a.m.** -- Open Meeting  
James Monroe Building, 101 North 14th Street, Main Lobby Level, Conference Rooms C and D, Richmond, Virginia. 

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.

**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 margaret.roberts@doe.virginia.gov.

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**September 21, 2005 - 11 a.m.** -- Public Hearing  
James Monroe Building, 101 North 14th Street, Main Lobby Level, Conference Rooms D and E, Richmond, Virginia. 

**October 11, 2005** - 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 Board of Education intends to adopt regulations entitled **8 VAC 20-660, Regulations Governing Reenrollment Plans**. The General Assembly established the requirements for regulations in response to a study regarding the transfer of students between public schools, detention homes and juvenile correctional centers. This study recommended establishment of a reenrollment plan to share information about the student's public and correctional education and to facilitate the student's reenrollment in public schools upon release from commitment.

Statutory Authority: §§ 16.1-293, 22.1-17.1 and 22.1-343 of the Code of Virginia.

**Contact:** Dr. Cynthia Cave, Director of Student Services, Department of Education, P.O. Box 2120, Richmond, VA 23218, telephone (804) 225-2818, FAX (804) 225-2524 or e-mail ccave@mail.vak12ed.edu.

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# Calendar of Events

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## DEPARTMENT OF ENVIRONMENTAL QUALITY

† **August 24, 2005 - 7 p.m.** -- Public Hearing  
King George County Court House, 9483 Kings Highway,  
Courtroom #1, King George, Virginia. 

A public hearing on a draft permit for a facility to manage hazardous waste. The public comment period runs from July 25, 2006, to September 8, 2005.

**Contact:** Kurt Stafford, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4005, FAX (804) 698-4234, e-mail [kastafford@deq.virginia.gov](mailto:kastafford@deq.virginia.gov).

† **August 25, 2005 - 7 p.m.** -- Open Meeting  
Waverly Town Hall, 119 Bank Street, Waverly, Virginia. 

The final public meeting on the development of a benthic TMDL for Spring Branch located in Waverly. The public notice appears in the Virginia Register on August 22, 2005. The public comment period will run from August 22, 2005, through September 24, 2005.

**Contact:** Chris French, Department of Environmental Quality, 4949-A Cox Rd., Glen Allen, VA 23260, telephone (804) 527-5021, FAX (804) 527-5106, e-mail [rcfrench@deq.virginia.gov](mailto:rcfrench@deq.virginia.gov).

**August 30, 2005 - 3 p.m.** -- Open Meeting  
Alleghany County Governmental Complex, 9212 Winterberry Avenue, Board of Supervisors Room, Low Moor, Virginia. 

A public meeting on the development of a TMDL for impaired waters in the Jackson River watershed in Alleghany, Botetourt, and Covington. The public notice appears in the Virginia Register on August 8, 2005. The comment period begins on August 30, 2005, and ends on September 30, 2005.

**Contact:** Jason R. Hill, Department of Environmental Quality, 3019 Peters Creek Rd., Roanoke, VA 24019, telephone (540) 562-6724, FAX (540) 562-6860, e-mail [jrhill@deq.virginia.gov](mailto:jrhill@deq.virginia.gov).

† **September 7, 2005 - 1:30 p.m.** -- Open Meeting  
Department of Environmental Quality, 629 East Main Street, Richmond, Virginia. 

A meeting on the 2006 water quality assessment guidance manual to be used for the development of Virginia's 2006 305(b)/303(d) combined water quality assessment and impaired waters report. The assessment guidance can be viewed at <http://www.deq.virginia.gov/wqa>. Public notice of the comment period appears in the Virginia Register on August 22, 2005. The public comment period closes on September 23, 2005.

**Contact:** Harry Augustine, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4037, FAX (804) 698-4116, e-mail [hhaugustin@deq.virginia.gov](mailto:hhaugustin@deq.virginia.gov).

† **September 20, 2005 - 9 a.m.** -- Open Meeting  
Department of Environmental Quality, 629 East Main Street, Richmond, 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) 698-4116, e-mail [mamassie@deq.virginia.gov](mailto:mamassie@deq.virginia.gov).

## Litter Control and Recycling Fund Advisory Board

**October 12, 2005 - 10:30 a.m.** -- Open Meeting  
Department of Environmental Quality, 629 East Main Street, Richmond, Virginia.

A regular meeting.

**Contact:** G. Steven Coe, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4029, FAX (804) 698-4224, e-mail [gscocoe@deq.virginia.gov](mailto:gscocoe@deq.virginia.gov).

## BOARD OF FORESTRY

† **September 26, 2005 - 8:30 a.m.** -- Open Meeting  
Virginia Tech, Cheatham Hall, Blacksburg, Virginia.   
(Interpreter for the deaf provided upon request)

A business meeting.

**Contact:** Donna S. Hoy, Administrative Staff Specialist, Board of Forestry, 900 Natural Resources Dr., Charlottesville, VA 22903, telephone (434) 220-9045, FAX (434) 977-7749, e-mail [donna.hoy@dof.virginia.gov](mailto:donna.hoy@dof.virginia.gov).

## BOARD OF FUNERAL DIRECTORS AND EMBALMERS

† **September 7, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia. 

The Special Conference Committee will meet to hear possible violations of the laws and regulations that govern the practice of funeral service.

**Contact:** Elizabeth Young, Executive Director, Board of Funeral Directors and Embalmers, 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](mailto:elizabeth.young@dhp.virginia.gov).

† **September 13, 2005 - 9 a.m.** -- Open Meeting  
† **September 14, 2005 - 9 a.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 funeral service.

**Contact:** Elizabeth Young, Executive Director, Board of Funeral Directors and Embalmers, 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](mailto:elizabeth.young@dhp.virginia.gov).

**September 13, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street,  
5th Floor, Richmond, Virginia. 

A meeting to discuss general business matters relating to funeral service.

**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](mailto:elizabeth.young@dhp.virginia.gov).

## BOARD FOR GEOLOGY

**October 12, 2005 - 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](mailto:geology@dpor.virginia.gov).

## STATE BOARD OF HEALTH

**August 29, 2005** - 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 Board of Health intends to repeal regulations entitled **12 VAC 5-480, Radiation Protection Regulations** and adopt regulations entitled **12 VAC 5-481, Virginia Radiation Protection Regulations**. The purpose of the proposed action is to comprehensively amend the regulations in light of the most current safety considerations.

Statutory Authority: § 32.1-229 of the Code of Virginia.

**Contact:** Les Foldesi, Director, Radiological Health Program, Department of Health, 109 Governor St., Richmond, VA 23219, telephone (804) 864-8150, FAX (804) 864-7902 or e-mail [les.foldesi@vdh.virginia.gov](mailto:les.foldesi@vdh.virginia.gov).

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† **October 21, 2005** - 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 Board of Health intends to amend regulations entitled **12 VAC 5-410, Regulations for the Licensure of Hospitals in Virginia**. The purpose of the proposed action is to require a registered nurse, qualified by education and experience in perioperative nursing, to be present as a circulating nurse in each operating room during surgical procedures conducted in inpatient hospitals and outpatient surgical centers. This amendment is the result of a petition for rulemaking received from the Virginia Council of Perioperative Nurses.

Statutory Authority: §§ 32.1-12 and 32.1-127 of the Code of Virginia.

**Contact:** Carrie Eddy, Senior Policy Analyst, Center for Quality Health Care Services, Department of Health, 3600 W. Broad St., Suite 216, Richmond, VA 23230, telephone (804) 367-2157, FAX (804) 367-2149 or e-mail [carrie.eddy@vdh.virginia.gov](mailto:carrie.eddy@vdh.virginia.gov).

## DEPARTMENT OF HEALTH

**October 21, 2005 - 10 a.m.** -- Open Meeting  
Virginia Hospital and Healthcare Association, 4200 Innslake Drive, Glen Allen, Virginia.  (Interpreter for the deaf provided upon request)

A meeting of the Virginia Early Hearing Detection and Intervention Program Advisory Committee to assist the Virginia Department of Health in the implementation of the Virginia Early Hearing Detection and Intervention Program. The advisory committee meets four times a year.

**Contact:** Pat T. Dewey, Program Manager, Department of Health, 109 Governor St., 8th Floor, Richmond, VA 23219, telephone (804) 864-7713, FAX (804) 864-7721, toll-free (866) 493-1090, (800) 828-1120/TTY , e-mail [pat.dewey@vdh.virginia.gov](mailto:pat.dewey@vdh.virginia.gov).

## Hemophilia Advisory Board

**September 23, 2005 - 10 a.m.** -- Open Meeting  
State Corporation Commission Building, 1300 E. Main Street,  
Richmond, Virginia.

Discussion of hemophilia-related issues, statistics and reports. Other matters are not yet determined.

**Contact:** Jan Kuhn, Program Nurse Manager, or Tamara Quarles, Program Specialist, Department of Health, P.O. Box 980461, telephone (804) 827-3306, FAX (804) 692-0291, toll-free (866) 228-2516, e-mail [jgkuhn@mail2.vcu.edu](mailto:jgkuhn@mail2.vcu.edu) or [tsquarles@vcu.edu](mailto:tsquarles@vcu.edu).

## BOARD OF HEALTH PROFESSIONS

† **August 25, 2005 - 10 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street,  
5th Floor, Room 4, Richmond, Virginia. 

† **September 8, 2005 - 10:30 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street,  
5th Floor, Room 1, Richmond, Virginia. 

A meeting of the Executive Committee to consider and make recommendations regarding the agency's budget. Public comment will be received at the beginning of the meeting.

**Contact:** Elizabeth A. Carter, Ph.D., Executive Director, Board of Health Professions, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-7691, FAX (804) 662-7098, (804) 662-7197/TTY , e-mail [elizabeth.carter@dhp.virginia.gov](mailto:elizabeth.carter@dhp.virginia.gov).

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## Calendar of Events

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† **September 8, 2005 - 8:15 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street,  
5th Floor, Room 1, Richmond, Virginia. 

A meeting of the Regulatory Research Committee to review reports and make recommendations concerning its update on telehealth and on its evaluation of the need to regulate naturopaths. In addition, the committee will review an amendment to its legislative proposal drafted in response to public comment. The amended version would allow a 24-month grace period for training dialysis patient care technicians prior to requiring certification as opposed to a year. Public comment will be received at the beginning of the meeting.

**Contact:** Elizabeth A. Carter, Ph.D., Executive Director, Board of Health Professions, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-7691, FAX (804) 662-7098, (804) 662-7197/TTY , e-mail [elizabeth.carter@dhp.virginia.gov](mailto:elizabeth.carter@dhp.virginia.gov).

† **September 8, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street,  
5th Floor, Room 3, Richmond, Virginia. 

A meeting of the Nominating Committee to develop a slate of officers for the annual elections. Public comment will be received at the beginning of the meeting.

**Contact:** Elizabeth A. Carter, Ph.D., Executive Director, Board of Health Professions, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-7691, FAX (804) 662-7098, (804) 662-7197/TTY , e-mail [elizabeth.carter@dhp.virginia.gov](mailto:elizabeth.carter@dhp.virginia.gov).

† **September 8, 2005 - 9:30 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street,  
5th Floor, Room 1, Richmond, Virginia. 

A meeting of the Enforcement Committee to receive a progress report on the Sanctions Reference Study highlighting medicine's and dentistry's implementation experiences to-date, as well as the status of the work for nursing, veterinary medicine and pharmacy. The committee will also review agency performance reporting formats and consider agency standards performance in light of the priority system. Also, the committee will receive reports on current strategies being used by the individual boards as well as agency staff to meet disciplinary caseload demands. Public comment will be received at the beginning of the meeting.

**Contact:** Elizabeth A. Carter, Ph.D., Executive Director, Board of Health Professions, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-7691, FAX (804) 662-7098, (804) 662-7197/TTY , e-mail [elizabeth.carter@dhp.virginia.gov](mailto:elizabeth.carter@dhp.virginia.gov).

† **September 8, 2005 - 11:30 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street,  
5th Floor, Room 1, Richmond, Virginia. 

A meeting of the Education Committee to review and make recommendations concerning the disciplinary brochures for informal conferences and be briefed on the October issues

forum development. Public comment will be received at the beginning of the meeting.

**Contact:** Elizabeth A. Carter, Ph.D., Executive Director, Board of Health Professions, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-7691, FAX (804) 662-7098, (804) 662-7197/TTY , e-mail [elizabeth.carter@dhp.virginia.gov](mailto:elizabeth.carter@dhp.virginia.gov).

† **September 8, 2005 - 1 p.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street,  
5th Floor, Room 1, Richmond, Virginia. 

A meeting of the full board to receive reports from the Director, Executive Director, and respective standing committees and each health regulatory board. In addition, the board will hold its annual election of officers. Public comment will be received at the beginning of the meeting.

**Contact:** Elizabeth A. Carter, Ph.D., Executive Director, Board of Health Professions, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-7691, FAX (804) 662-7098, (804) 662-7197/TTY , e-mail [elizabeth.carter@dhp.virginia.gov](mailto:elizabeth.carter@dhp.virginia.gov).

**October 21, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street,  
Board Room 3, Richmond, Virginia. 

A meeting of the Health Practitioners' Intervention Program Committee.

**Contact:** Peggy W. Call, Intervention Program Manager, Department of Health Professions, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9424, FAX (804) 662-7358, e-mail [peggy.call@dhp.virginia.gov](mailto:peggy.call@dhp.virginia.gov).

### BOARD FOR HEARING AID SPECIALISTS

**August 29, 2005 - 9 a.m.** -- Open Meeting

**November 7, 2005 - 9 a.m.** -- Open Meeting

Department of Professional and Occupational Regulation  
3600 West Broad Street, 4th Floor 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 conducted in closed session. Persons desiring to participate in the meeting and requiring special accommodations or interpretive services should contact the department at least 10 days prior to this 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 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590, FAX (804) 367-6295, (804) 367-9753/TTY , e-mail [hearingaidspec@dpor.virginia.gov](mailto:hearingaidspec@dpor.virginia.gov).

## STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA

**September 12, 2005** - 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 Council of Higher Education for Virginia intends to amend regulations entitled **8 VAC 40-20, Regulations for the Senior Citizen Higher Education Program**. The purpose of the proposed action is to conform the regulations with the enabling statute, § 23-38.56 of the Code of Virginia, by providing clarifying language and by incorporating changes from Chapters 381, 521, and 700 of the Acts of Assembly.

Statutory Authority: § 23-38.56 of the Code of Virginia.

**Contact:** Rick Patterson, Regulatory Coordinator, State Council of Higher Education for Virginia, 101 N. 14th St., Richmond, VA 23219, telephone (804) 225-2609, FAX (804) 225-2604, or e-mail rickpatterson@schev.edu.

## VIRGINIA INFORMATION TECHNOLOGIES AGENCY

### Information Technology Investment Board

**September 8, 2005 - 1 p.m.** -- Open Meeting  
Virginia Information Technologies Agency Operations Center, 110 South 7th Street, 4th Floor Auditorium, Richmond, Virginia. 

A special meeting to review and approve the recommendations of the Enterprise Applications PPEA Steering Committee to proceed (or not) into negotiation phase. A request will be made to hold the meeting in closed session. For more information on PPEA, visit <http://www.vita.virginia.gov/ppea/ppea.cfm>.

**Contact:** Jennifer W. Hunter, Interim IT Investment Board Executive Director, Virginia Information Technologies Agency, 110 S. 7th St., 3rd Floor, Richmond, VA 23219, telephone (804) 343-9012, FAX (804) 343-9015, e-mail jenny.hunter@vita.virginia.gov.

**October 5, 2005 - 1 p.m.** -- Open Meeting  
Virginia Information Technologies Agency Operations Center, 110 South 7th Street, 4th Floor Auditorium, Richmond, Virginia. 

A regular meeting.

**Contact:** Jennifer W. Hunter, Interim IT Investment Board Executive Director, Virginia Information Technologies Agency, 110 S. 7th St., 3rd Floor, Richmond, VA 23219, telephone (804) 343-9012, FAX (804) 343-9015, e-mail jenny.hunter@vita.virginia.gov.

## E-911 Wireless Services Board

**September 14, 2005 - 9 a.m.** -- Open Meeting  
† **November 9, 2005 - 9 a.m.** -- Open Meeting  
110 South 7th Street, 1st Floor, Telecommunications Conference Room, Suite 100, Richmond, Virginia.

A subcommittee meeting. 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., 3rd Floor, Richmond, VA 23219, telephone (804) 371-0015, FAX (804) 371-2277, toll-free (866) 482-3911, e-mail [steve.marzolf@vita.virginia.gov](mailto:steve.marzolf@vita.virginia.gov).

**September 14, 2005 - 10 a.m.** -- Open Meeting  
† **November 9, 2005 - 10 a.m.** -- Open Meeting  
110 South 7th Street, 4th Floor Auditorium, Richmond, Virginia.

A regular board meeting.

**Contact:** Steve Marzolf, Public Safety Communications Coordinator, Virginia Information Technologies Agency, 110 S. 7th St., 3rd Floor, Richmond, VA 23219, telephone (804) 371-0015, FAX (804) 371-2277, toll-free (866) 482-3911, e-mail [steve.marzolf@vita.virginia.gov](mailto:steve.marzolf@vita.virginia.gov).

## GOVERNOR'S TASK FORCE ON INFORMATION TECHNOLOGY IN HEALTH CARE

† **September 9, 2005 - 10 a.m.** -- Open Meeting  
Patrick Henry Building, Capitol Square, Room 3032, Richmond, Virginia.

A meeting of subcommittee 4 on technology, interoperability, governance, policy and legal issues to provide the full task force with two deliverables at the full task force meeting: (i) a high-level technology plan for Virginia's health information infrastructure and (ii) principles which ensure privacy and security of electronic health records.

**Contact:** Diane Horvath, Legal and Legislative Services, VITA, Office of Governor, 1111 E. Broad St., Richmond VA, telephone (804) 343-9009.

## INNOVATIVE TECHNOLOGY AUTHORITY

† **September 14, 2005 - 1 p.m.** -- Open Meeting  
Center for Innovative Technology, 2214 Rock Hill Road, Herndon, Virginia. 

A meeting to elect officers.

**Contact:** June Portch, Operations Manager, Innovative Technology Authority, 2214 Rock Hill Rd., Herndon, VA 20170, telephone (703) 689-3049, FAX (703) 464-1708, e-mail [jpportch@cit.org](mailto:jpportch@cit.org).

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# Calendar of Events

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## VIRGINIA INTERAGENCY COORDINATING COUNCIL

† **September 14, 2005 - 9:30 a.m.** -- Open Meeting  
Henrico Area Mental Health's East Center, East Wing 23,  
4825 South Laburnum Avenue, Richmond, Virginia.   
(Interpreter for the deaf provided upon request)

The Virginia Interagency Coordinating Council meets quarterly 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 implementation of the Part C program.

**Contact:** La Keisha White, Part C Office Services Specialist, Department of Mental Health, Mental Retardation and Substance Abuse Services, Child and Family Services, 9th Floor, P.O. Box 1797, Richmond, VA 23218-1797, telephone (804) 786-3710, FAX (804) 371-7959.

## JAMESTOWN-YORKTOWN FOUNDATION

NOTE: CHANGE IN MEETING DATE

**October 12, 2005 - Noon** -- Open Meeting  
Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A regular meeting of the Executive Committee of the Jamestown 2007 Steering Committee. Call contact below for specific meeting location.

**Contact:** Judith Leonard, Administrative Office Manager, Jamestown-Yorktown Foundation, 410 W. Francis St., Williamsburg, VA 23185, telephone (757) 253-4253, FAX (757) 253-4950, (757) 253-5110/TTY , e-mail [judith.leonard@jyf.virginia.gov](mailto:judith.leonard@jyf.virginia.gov).

† **November 21, 2005 - 10 a.m.** -- Open Meeting

† **November 22, 2005 - 8 a.m.** -- Open Meeting  
Williamsburg Hospitality House, 415 Richmond Road, Williamsburg, Virginia.  (Interpreter for the deaf provided upon request)

A semiannual two-day meeting of the Board of Trustees and the board's standing committees. Time listed above is approximate as a detailed schedule is yet to be determined. Opportunity for public comment will be included on the November 22 business meeting agenda.

**Contact:** Laura W. Bailey, Executive Assistant to the Boards, Jamestown-Yorktown Foundation, P.O. Box 1607, Williamsburg, VA 23187, telephone (757) 253-7285, FAX (757) 253-5299, toll-free (888) 593-4682, (757) 253-5110/TTY , e-mail [laura.bailey@jyf.virginia.gov](mailto:laura.bailey@jyf.virginia.gov).

## BOARD OF JUVENILE JUSTICE

**November 9, 2005 - 10 a.m.** -- Public Hearing  
Department of Juvenile Justice, 700 East Franklin Street, 4th Floor, Richmond, Virginia.

**November 25, 2005** - 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 Juvenile Justice intends to amend regulations entitled **6 VAC 35-10, Public Participation Guidelines**. The purpose of the proposed action is to update the regulation to reflect technological and statutory changes since the original regulation was adopted in 1991.

Statutory Authority: §§ 2.2-4007 and 66-3 of the Code of Virginia.

Public comments may be submitted until November 25, 2005, to Patricia Rollston, P.O. Box 1110, Richmond, VA 23219-1110.

**Contact:** Donald R. Carignan, Regulatory Coordinator, Department of Juvenile Justice, P.O. Box 1110, Richmond, VA 23219-1110, telephone (804) 371-0743, FAX (804) 371-0773 or e-mail [don.carignan@djj.virginia.gov](mailto:don.carignan@djj.virginia.gov).

## DEPARTMENT OF LABOR AND INDUSTRY

### Virginia Apprenticeship Council

NOTE: CHANGE IN MEETING DATE

**September 14, 2005 - 10 a.m.** -- Open Meeting  
Location to be announced.  (Interpreter for the deaf provided upon request)

A meeting to conduct general business.

**Contact:** Beverley Donati, Program Director, Department of Labor and Industry, Powers-Taylor Bldg., 13 S. 13th St., Richmond, VA 23219, telephone (804) 786-2382, FAX (804) 786-8418, (804) 786-2376/TTY , e-mail [bgd@doli.state.va.us](mailto:bgd@doli.state.va.us).

## STATE LAND EVALUATION ADVISORY COUNCIL

**September 13, 2005 - 11 a.m.** -- Open Meeting  
Department of Taxation, 2220 West Broad Street, Richmond, Virginia. 

A meeting 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 [keith.mawyer@tax.virginia.gov](mailto:keith.mawyer@tax.virginia.gov).

## STATE LIBRARY BOARD

**September 19, 2005 - 8:15 a.m.** -- Open Meeting  
† **November 14, 2005 - 8:15 a.m.** -- Open Meeting  
The Library of Virginia, 800 East Broad Street, Richmond, Virginia. ♿

Meetings of the board to discuss matters pertaining to the Library of Virginia and the board. Committees of the board will meet as follows:

8:15 a.m. - Public Library Development Committee, Orientation Room  
Publications and Educational Services Committee, Conference Room B  
Records Management Committee, Conference Room C

9:30 a.m. - Archival and Information Services Committee, Orientation Room  
Collection Management Services Committee, Conference Room B  
Legislative and Finance Committee, Conference Room C

10:30 a.m. - Library Board, Conference Room, 2M

**Contact:** Jean H. Taylor, Executive Secretary to the Librarian, The Library of Virginia, 800 E. Broad St., Richmond, VA 23219-8000, telephone (804) 692-3535, FAX (804) 692-3594, (804) 692-3976/TTY ♿, e-mail jtaylor@lva.lib.va.us.

## COMMISSION ON LOCAL GOVERNMENT

† **September 12, 2005 - 10 a.m.** -- Open Meeting  
The Jackson Center, 501 North 2nd Street, 3rd Floor Conference Room, Richmond, Virginia. ♿

A regular meeting to consider matters as may be presented.

**Contact:** Ted McCormack, Associate Director, Commission on Local Government, 501 N. 2nd St., Richmond, VA 23219, telephone (804) 786-6508, FAX (804) 371-7090, (804) 828-1120/TTY ♿, e-mail ted.mccormack@dhcd.virginia.gov.

## MARINE RESOURCES COMMISSION

**August 23, 2005 - 9:30 a.m.** -- Open Meeting  
**September 27, 2005 9:30 a.m.** -- Open Meeting  
Marine Resources Commission, 2600 Washington Avenue, 4th Floor, Newport News, Virginia. ♿ (Interpreter for the deaf provided upon request)

A monthly commission meeting.

**Contact:** Jane McCroskey, Commission Secretary, Marine Resources Commission, 2600 Washington Avenue, 3rd Floor, Newport News, VA 23607, telephone (757) 247-2215, FAX (757) 247-8101, toll-free (800) 541-4646, (757) 247-2292/TTY ♿, e-mail jane.mccroskey@mrc.virginia.gov.

## BOARD OF MEDICAL ASSISTANCE SERVICES

**September 13, 2005 - 10 a.m.** -- Open Meeting  
Department of Medical Assistance Services, 600 East Broad Street, 13th Floor Conference Room, Richmond, Virginia. ♿

A quarterly meeting.

**Contact:** Nancy Malczewski, Board Liaison, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-8096, FAX (804) 371-4981, (800) 343-0634/TTY ♿, e-mail nancy.malczewski@dmas.virginia.gov.

## DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

**August 31, 2005 - 9 a.m.** -- Open Meeting  
Department of Medical Assistance Services, 600 East Broad Street, 13th Floor, Richmond, Virginia. ♿

A quarterly meeting of the Pharmacy and Therapeutics Committee.

**Contact:** Katina Goodwyn, Pharmacy Contract Manager, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-0428, FAX (804) 786-0973, (800) 343-0634/TTY ♿, e-mail katina.goodwyn@dmas.virginia.gov.

**September 21, 2005 - 1 p.m.** -- Open Meeting  
† **November 16, 2005 - 1 p.m.** -- Open Meeting  
Department of Medical Assistance Services, 600 East Broad Street, 13th Floor, Boardroom, Richmond, Virginia.

A meeting of the Medicaid Transportation Advisory Committee to discuss issues and concerns about Medicaid transportation issues with the committee and the community.

**Contact:** Bob Knox, Transportation Manager, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-8854, FAX (804) 786-5799, (800) 343-0634/TTY ♿, e-mail bob.knox@dmas.virginia.gov.

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**September 23, 2005** - 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 30-80, Methods and Standards for Establishing Payment Rates: Other Types of Care**. The purpose of the proposed action is to establish a new payment methodology for generic drugs and brand-name drugs that are priced as generics that is based on Wholesale Average Cost (WAC). This methodology will permit the weekly review of marketplace prices for drugs and revisions of DMAS' prices.

Statutory Authority: §§ 32.1-324 and 32.1-325 of the Code of Virginia.

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# Calendar of Events

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**Contact:** Katina Goodwyn, Pharmacy Contract Manager, Division of Healthcare Services, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-0428, FAX (804) 786-1680 or e-mail [katina.goodwyn@dmas.virginia.gov](mailto:katina.goodwyn@dmas.virginia.gov).

† **November 10, 2005 - 2 p.m.** -- Open Meeting  
Department of Medical Assistance Services, 600 East Broad Street, 13th Floor Board Room, Richmond, Virginia. 

A meeting of the Drug Utilization Review Board to discuss issues and concerns about Medicaid pharmacy issues with the committee and the community.

**Contact:** Rachel Cain, Pharmacist, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 225-2873, FAX (804) 786-5799, (800) 343-0634/TTY , e-mail [rachel.cain@dmas.virginia.gov](mailto:rachel.cain@dmas.virginia.gov).

† **November 15, 2005 - 1 p.m.** -- Open Meeting  
Department of Medical Assistance Services, 600 East Broad Street, 13th Floor, Boardroom, Richmond, Virginia. 

A meeting of the Pharmacy Liaison to discuss issues and concerns about Medicaid pharmacy issues with the committee and the community.

**Contact:** Rachel Cain, Pharmacist, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 225-2873, FAX (804) 786-5799, (800) 343-0634/TTY , e-mail [rachel.cain@dmas.virginia.gov](mailto:rachel.cain@dmas.virginia.gov).

## BOARD OF MEDICINE

**August 24, 2005 - 9 a.m.** -- Open Meeting  
† **September 21, 2005 - 9 a.m.** -- Open Meeting  
Williamsburg Marriott, 50 Kingsmill Road, Williamsburg, Virginia.

† **August 30, 2005 - 10 a.m.** -- Open Meeting  
Clarion Hotel, 3315 Ordway Drive, Roanoke, Virginia.

**September 13, 2005 - 9 a.m.** -- Open Meeting  
Holiday Inn Select, 2801 Plank Road, Fredericksburg, Virginia. (Interpreter for the deaf provided upon request)

A Special Conference Committee will convene an informal conference to inquire into allegations that certain practitioners of medicine or the other healing arts may have violated certain laws and regulations governing the practice of medicine. Further, the committee may review cases with board staff for case disposition, including consideration of consent orders for settlement. The committee will meet in open and closed session pursuant to the Code of Virginia. Public comment will not be received.

**Contact:** Renee S. Dixon, Discipline Case Manager, Board of Medicine, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-7009, FAX (804) 662-9517, (804) 662-7197/TTY , e-mail [renee.dixon@dhp.virginia.gov](mailto:renee.dixon@dhp.virginia.gov).

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**September 9, 2005** - Public comments may be received until this date.

Notice is hereby given in accordance with § 2.2-4007 of the Code of Virginia that the Board of Medicine intends to amend regulations entitled **18 VAC 85-20, Regulations Governing the Practice of Medicine, Osteopathy, Podiatry and Chiropractic**. The purpose of the proposed action is to incorporate the requirement for the practitioner to report any final disciplinary action taken by institutions or entities, which results in suspension or revocation of privileges or termination of employment. The requirement for reporting is currently stated in § 54.1-2910.1 (10) of the Code of Virginia, but its addition to regulation will ensure that practitioners are obligated to report within 30 days.

Statutory Authority: §§ 54.1-2400 and 54.1-2910.1 of the Code of Virginia.

Public comments may be submitted until September 9, 2005, to William L. Harp, M.D., Director, Board of Medicine, 6603 West Broad Street, Richmond, VA 23230-1712.

**Contact:** Elaine J. Yeatts, Regulatory Coordinator, Department of Health Professions, 6603 W. Broad St., Richmond, VA 23230-1712, telephone (804) 662-9918, FAX (804) 662-9114 or e-mail [elaine.yeatts@dhp.virginia.gov](mailto:elaine.yeatts@dhp.virginia.gov).

**September 16, 2005 - 8 a.m.** -- Open Meeting  
† **November 17, 2005 - 8 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 2, Richmond, Virginia.

A meeting to consider regulatory and disciplinary matters as may be presented on the agenda. Public comment on agenda items 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](mailto:william.harp@dhp.virginia.gov).

**September 16, 2005 - 8 a.m.** -- CANCELED  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 2, Richmond, Virginia.

A meeting of the Executive Committee has been canceled.

**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](mailto:william.harp@dhp.virginia.gov).

## VIRGINIA MUSEUM OF FINE ARTS

† **September 8, 2005 - 8 a.m.** -- Open Meeting  
 † **October 6, 2005 - 8 a.m.** -- Open Meeting  
 † **November 1, 2005 - 8 a.m.** -- Open Meeting  
 Virginia Museum of Fine Arts, 200 North Boulevard, Main Lobby Conference Room, Richmond, Virginia. 

A meeting for staff to update the Executive Committee. Public comment will not be received.

**Contact:** Suzanne Broyles, Secretary of the Museum, Virginia Museum of Fine Arts, 200 N. Boulevard, Richmond, VA 23220, telephone (804) 340-1503, FAX (804) 340-1502, (804) 340-1401/TTY , e-mail sbroyles@vmfa.state.va.us.

† **September 13, 2005 - 2 p.m.** -- Open Meeting  
 Virginia Museum of Fine Arts, 200 North Boulevard, Main Lobby Conference Room, Richmond, Virginia. 

A meeting of the Strategic Plan Subcommittee for the subcommittee to discuss strategic plan creation. Public comment will not be received.

**Contact:** Suzanne Broyles, Secretary of the Museum, Virginia Museum of Fine Arts, 200 N. Boulevard, Richmond, VA 23220, telephone (804) 340-1503, FAX (804) 340-1502, (804) 340-1401/TTY , e-mail sbroyles@vmfa.state.va.us.

† **September 21, 2005 - 1 p.m.** -- Open Meeting  
 Virginia Museum of Fine Arts, 200 North Boulevard, Richmond, Virginia. 

The following committees will meet for staff updates:

9 a.m. - Museum Expansion (most of the meeting will be held in closed session) - CEO Parlor

11:15 a.m. - Art Acquisitions (most of the meeting will be held in closed session) - Library

1 p.m. - Artistic Oversight - CEO Parlor

3:30 p.m. - Government Affairs - 2nd Floor Meeting Room

Public comment will not be received.

**Contact:** Suzanne Broyles, Secretary of the Museum, Virginia Museum of Fine Arts, 200 N. Boulevard, Richmond, VA 23220, telephone (804) 340-1503, FAX (804) 340-1502, (804) 340-1401/TTY , e-mail sbroyles@vmfa.state.va.us.

† **September 22, 2005 - 9 a.m.** -- Open Meeting  
 Virginia Museum of Fine Arts, 200 North Boulevard, 2nd Floor Meeting Room, Richmond, Virginia. 

A meeting of the Fiscal Oversight Committee for staff to update the committee. Public comment will not be received.

**Contact:** Suzanne Broyles, Secretary of the Museum, Virginia Museum of Fine Arts, 200 N. Boulevard, Richmond, VA 23220, telephone (804) 340-1503, FAX (804) 340-1502, (804) 340-1401/TTY , e-mail sbroyles@vmfa.state.va.us.

† **September 22, 2005 - Noon** -- Open Meeting  
 Virginia Museum of Fine Arts, 200 North Boulevard, CEO Parlor, Richmond, Virginia. 

A meeting for staff to update the board. Part of the meeting will be held in closed session. Public comment will not be received.

**Contact:** Suzanne Broyles, Secretary of the Museum, Virginia Museum of Fine Arts, 200 N. Boulevard, Richmond, VA 23220, telephone (804) 340-1503, FAX (804) 340-1502, (804) 340-1401/TTY , e-mail sbroyles@vmfa.state.va.us.

## BOARD OF NURSING

**August 23, 2005 - 9 a.m.** -- Open Meeting  
**August 25, 2005 - 9 a.m.** -- Open Meeting  
**August 30, 2005 - 9 a.m.** -- Open Meeting  
**October 4, 2005 - 9 a.m.** -- Open Meeting  
**October 11, 2005 - 9 a.m.** -- Open Meeting  
**October 17, 2005 - 9 a.m.** -- Open Meeting  
**October 18, 2005 - 9 a.m.** -- Open Meeting  
**October 20, 2005 - 9 a.m.** -- Open Meeting  
**October 25, 2005 - 9 a.m.** -- Open Meeting  
 Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia. 

A Special Conference Committee comprised of two or three members of the Virginia Board of Nursing or agency subordinate 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 7, 2005 - 10 a.m.** -- Open Meeting  
 Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 1, Richmond, Virginia. 

A meeting of the Medication Aide Task Force to promulgate regulations regarding medication aides.

**Contact:** Jay P. Douglas, R.N., Executive Director, Board of Nursing, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9909, FAX (804) 662-9512, (804) 662-7197/TTY , e-mail jay.douglas@dhp.virginia.gov.

**September 19, 2005 - 9 a.m.** -- Open Meeting  
**September 21, 2005 - 9 a.m.** -- Open Meeting  
**September 22, 2005 - 9 a.m.** -- Open Meeting  
 † **November 14, 2005 - 9 a.m.** -- Open Meeting  
 † **November 16, 2005 - 9 a.m.** -- Open Meeting  
 † **November 17, 2005 - 9 a.m.** -- Open Meeting  
 Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 2, Richmond, Virginia. 

A panel of the board will conduct formal hearings with licensees and/or certificate holders. Public comment will not be received.

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# Calendar of Events

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**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.

**September 20, 2005 - 9 a.m.** -- Open Meeting  
**† November 15, 2005 - 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 discipline case decisions as presented on the agenda. Public comment will be received at 11 a.m.

**Contact:** Jay P. Douglas, R.N., Executive Director, Board of Nursing, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9909, FAX (804) 662-9512, (804) 662-7197/TTY ☎, e-mail jay.douglas@dhp.virginia.gov.

## JOINT BOARDS OF NURSING AND MEDICINE

**August 24, 2005 - 9 a.m.** -- CANCELED  
**October 19, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Board Room 1, Richmond, Virginia. ♿

A meeting of the Joint Boards of Nursing and Medicine.

**Contact:** Jay P. Douglas, RN, MSM, CSAC, 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.

## BOARD OF NURSING HOME ADMINISTRATORS

**October 12, 2005 - 9:30 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia. ♿

A meeting to discuss general board business. There will be a public comment period during the first 15 minutes of the meeting.

**Contact:** Sandra Reen, Executive Director, Board of Nursing Home Administrators, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-7457, FAX (804) 662-9943, (804) 662-7197/TTY ☎, e-mail sandra.reen@dhp.virginia.gov.

## OLD DOMINION UNIVERSITY

**September 9, 2005 - 1 p.m.** -- Open Meeting  
Webb University Center, Old Dominion University, Norfolk, Virginia. ♿

A quarterly meeting of the governing board of the institution to discuss business of the board and the institution as determined by the rector and the president. Public comment will not be received by the board.

**Contact:** Donna Meeks, Executive Secretary to the Board of Visitors, Old Dominion University, 204 Koch Hall, Norfolk, VA 23529, telephone (757) 683-3072, FAX (757) 683-5679, e-mail dmeeks@odu.edu.

**October 24, 2005 - 3 p.m.** -- Open Meeting  
**† November 15, 2005 - 3 p.m.** -- Open Meeting  
Webb University Center, Old Dominion University, Norfolk, Virginia. ♿

A regular meeting of the executive committee of the governing board of the institution to discuss business of the board and the institution as determined by the rector and the president. Public comment will not be received by the board.

**Contact:** Donna Meeks, Executive Secretary to the Board of Visitors, Old Dominion University, 204 Koch Hall, Norfolk, VA 23529, telephone (757) 683-3072, FAX (757) 683-5679, e-mail dmeeks@odu.edu.

## OLMSTEAD OVERSIGHT ADVISORY COMMITTEE

**August 23, 2005 - 1 p.m.** -- Open Meeting  
Wythe Building, 1604 Santa Rosa Rd, Richmond, Virginia.

A joint meeting of the Implementation Team and Oversight Committee. Public comment will not be received.

**Contact:** Jennifer Smith, Administrative Assistant, 8004 Franklin Farms Dr., Richmond, VA 23229, telephone (804) 662-7069, FAX (804) 662-7663, e-mail jennifer.smith@drs.virginia.gov.

**September 13, 2005 - 11 a.m.** -- Open Meeting  
**September 14, 2005 - 9 a.m.** -- Open Meeting  
Department of Rehabilitative Services, 8004 Franklin Farms Drive, Richmond, Virginia.

**October 13, 2005 - 11 a.m.** -- Open Meeting  
Virginia Housing Development Authority, 621 South Belvedere Street, Richmond, Virginia.

A regular meeting.

**Contact:** Kathie Shifflett, Administrative Assistant, 8004 Franklin Farms Dr., Richmond, VA 23229, telephone (804) 622-7069, FAX (804) 662-7663, e-mail kathie.shifflett@drs.virginia.gov.

## BOARD FOR OPTICIANS

**NOTE: CHANGE IN MEETING DATE**  
**† November 18, 2005 - 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. Person 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 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.

## BOARD OF OPTOMETRY

† **September 13, 2005 - 8:30 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Room 3, Richmond, Virginia. ♿

A meeting of the TPA Formulary Committee to review the annual TPA Formulary. 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 W. 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.

† **September 13, 2005 - 9:30 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Room 3, Richmond, Virginia. ♿

The board will meet to receive an ARBO/CELMO update, discuss issues relating to professional designation titles, adopt final regulations for incorporation of TPA certification, review the budget, have elections, set 2006 calendar, review case agency standards and conduct any other general business as needed. 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 W. 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.

† **September 13, 2005 - 1 p.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia. ♿

Formal hearings. Public comment will not be received.

**Contact:** Elizabeth A. Carter, Ph.D., Executive Director, Board of Optometry, Alcoa Bldg., 6603 W. 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.

## VIRGINIA BOARD FOR PEOPLE WITH DISABILITIES

**August 31, 2005 - 10 a.m.** -- Open Meeting  
NOTE: CHANGE IN MEETING LOCATION  
1021 Koger Center Boulevard, Richmond, Virginia. ♿

A meeting of the Executive Committee.

**Contact:** Sandra Smalls, Executive Assistant, Virginia Board for People with Disabilities, 202 N. 9th St., 9th Floor,

Richmond, VA 23219, telephone (804) 786-0016, FAX (804) 786-1118, toll-free (800) 846-4464, (800) 846-4464/TTY ☎, e-mail sandra.smalls@vbpd.virginia.gov.

**September 1, 2005 - 9 a.m.** -- Open Meeting  
NOTE: CHANGE IN MEETING LOCATION  
1021 Koger Center Boulevard, Richmond, Virginia. ♿  
(Interpreter for the deaf provided upon request)

A quarterly board meeting.

**Contact:** Sandra Smalls, Executive Assistant, Virginia Board for People with Disabilities, 202 N. 9th St., 9th Floor, Richmond, VA 23219, telephone (804) 786-0016, FAX (804) 786-1118, toll-free (800) 846-4464, (800) 846-4464/TTY ☎, e-mail sandra.smalls@vbpd.virginia.gov.

## BOARD OF PHARMACY

**August 23, 2005 - 9:30 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia. ♿

A panel will discuss disciplinary matters. No public comments will be received.

**Contact:** Elizabeth Scott Russell, Executive Director, Board of Pharmacy, 6603 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 662-9911, FAX (804) 662-9313.

**September 13, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia. ♿

A meeting to consider regulatory and disciplinary matters as may be presented on the agenda. Public comment will be received at the beginning of the meeting.

**Contact:** Elizabeth Scott Russell, RPh, Executive Director, Board of Pharmacy, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9911, FAX (804) 662-9313, (804) 662-7197/TTY ☎, e-mail scottirussell@dhp.virginia.gov.

## BOARD OF PHYSICAL THERAPY

**October 28, 2005 - 9 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia. ♿

A regular business 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.

## POLYGRAPH EXAMINERS ADVISORY BOARD

**September 1, 2005 - 10 a.m.** -- CANCELED  
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ♿

The meeting has been canceled.

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## Calendar of Events

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**Contact:** Kevin Hoeft, Regulatory Boards Administrator, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-2785, FAX (804) 367-2474, (804) 367-9753/TTY ☎, e-mail kevin.hoeft@dpor.virginia.gov.

### BOARD FOR PROFESSIONAL AND OCCUPATIONAL REGULATION

**September 19, 2005 - 10 a.m.** -- Open Meeting  
**† November 14, 2005 - 10 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ♿

A quarterly board meeting.

**Contact:** Judith A. Spiller, Executive Secretary, Board for 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.

### BOARD OF PSYCHOLOGY

**August 23, 2005 - 9:30 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia. ♿

A formal hearing.

**Contact:** Evelyn B. Brown, Executive Director, Board of Psychology, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9913, FAX (804) 662-9943, (804) 662-7197/TTY ☎, e-mail evelyn.brown@dhp.virginia.gov.

**October 11, 2005 - 9:30 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia. ♿

A business meeting to include reports from standing committees and any regulatory and disciplinary matters as may be presented on the agenda. Public comment will be received at the beginning of the meeting.

**Contact:** Evelyn B. Brown, Executive Director, Board of Psychology, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9913, FAX (804) 662-9943, (804) 662-7197/TTY ☎, e-mail evelyn.brown@dhp.virginia.gov.

**† October 17, 2005 - 10 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Richmond, Virginia. ♿

An informal conference.

**Contact:** Evelyn B. Brown, Executive Director, Board of Psychology, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9913, FAX (804) 662-9943, (804) 662-7197/TTY ☎, e-mail evelyn.brown@dhp.virginia.gov.

### VIRGINIA PUBLIC GUARDIAN AND CONSERVATOR ADVISORY BOARD

**September 29, 2005 - 10 a.m.** -- Open Meeting  
Department for the Aging, 1610 Forest Avenue, Suite 100, Richmond, Virginia. ♿

An advisory board meeting.

**Contact:** Janet Dingle Brown, Esq., Public Guardianship Coordinator and Legal Services Developer, Department for the Aging, 1610 Forest Ave., Suite 100, Richmond, VA 23229, telephone (804) 662-7049, FAX (804) 662-9354, toll-free (800) 552-3402, (804) 662-9333/TTY ☎, e-mail janet.brown@vda.virginia.gov.

### SECRETARY OF PUBLIC SAFETY

**August 24, 2005 - 10 a.m.** -- Open Meeting  
Patrick Henry Building, 1111 East Broad Street, Richmond, Virginia. ♿

A citizen soldier meeting.

**Contact:** Doug Manley, Department of Military Affairs, Building 316, Fort Pickett, Blackstone, VA, telephone (434) 298-6405, e-mail douglas.manley@va.ngb.army.mil.

### REAL ESTATE APPRAISER BOARD

**August 23, 2005 - 10 a.m.** -- Open Meeting  
**November 1, 2005 - 10 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4 West Conference Room, Richmond, Virginia. ♿

A meeting to discuss 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) 367-8537, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail karen.oneal@dpor.virginia.gov.

**† September 1, 2005 - 9 a.m.** -- Open Meeting  
**September 14, 2005 - 11 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Room 453, Richmond, Virginia. ♿

Informal fact-finding conferences.

**Contact:** Christine Martine, Executive Director, Real Estate Appraiser Board, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8552, FAX (804) 367-6946, (804) 367-9753/TTY ☎, e-mail reappraisers@dpor.virginia.gov.

### REAL ESTATE BOARD

**† September 1, 2005 - 9 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Room 453, Richmond, Virginia. ♿

Informal fact-finding conferences.

**Contact:** Christine Martine, Executive Director, Real Estate Appraiser Board, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8552, FAX (804) 367-6946, (804) 367-9753/TTY ☎, e-mail reappraisers@dpor.virginia.gov.

**September 15, 2005 - 9 a.m.** -- Open Meeting  
**† November 17, 2005 - 9 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4 West Conference Room, Richmond, Virginia. ♿

A meeting to discuss any and all board business.

**Contact:** Christine Martine, Executive Director, Real Estate Board, 3600 W. Broad Street, Richmond, VA 23230, telephone (804) 367-8552, FAX (804) 367-6946, (804) 367-9753/TTY ☎, e-mail reboard@dpor.virginia.gov.

## DEPARTMENT OF REHABILITATIVE SERVICES

### Commonwealth Neurotrauma Initiative Trust Fund Advisory Board

**September 30, 2005 - 10 a.m.** -- Open Meeting  
Department of Rehabilitative Services, 8004 Franklin Farms Drive, Conference Room 101, Richmond, Virginia. ♿  
(Interpreter for the deaf provided upon request)

A regular meeting.

**Contact:** Kristie Chamberlain, CNI Program Administrator, Department of Rehabilitative Services, 8004 Franklin Farms Dr., Richmond, VA 23229, telephone (804) 662-7154, FAX (804) 662-7663, toll-free (800) 552-5019, e-mail kristie.chamberlain@drs.virginia.gov.

## VIRGINIA RESEARCH AND TECHNOLOGY ADVISORY COMMISSION

NOTE: CHANGE IN MEETING TIME

**September 20, 2005 - 12:30 p.m.** -- Open Meeting  
Greater Richmond Convention Center, 403 North 3rd Street, Richmond, Virginia.

E-mail Nancy Vorona for information and to participate in the meeting.

**Contact:** Nancy Vorona, VP Research Investment, CIT, Virginia Research and Technology Advisory Commission, 2214 Rock Hill Rd., Suite 600, Herndon, VA 20170, telephone (703) 689-3043, FAX (703) 464-1720, e-mail nvorona@cit.org.

**November 15, 2005 - 1 p.m.** -- Open Meeting  
NASA Langley Research Center/National Institute of Aerospace, Hampton, Virginia.

Tour at 10 a.m. Meeting will follow at 1 p.m. Lunch will be provided.

**Contact:** Nancy Vorona, VP Research Investment, CIT, Virginia Research and Technology Advisory Commission, 2214 Rock Hill Rd., Suite 600, Herndon, VA 20170, telephone (703) 689-3043, FAX (703) 464-1720, e-mail nvorona@cit.org.

## SEWAGE HANDLING AND DISPOSAL APPEAL REVIEW BOARD

**September 14, 2005 - 10 a.m.** -- Open Meeting

NOTE: CHANGE IN MEETING LOCATION

**October 19, 2005 - 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.

## STATE BOARD OF SOCIAL SERVICES

**August 26, 2005** - 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 Board of Social Services intends to amend regulations entitled **22 VAC 40-740, Adult Protective Services**. The purpose of the proposed action is to provide guidelines to local departments of social services for investigating reports and protecting the health, safety, and welfare of the elderly and adults who are incapacitated and to maximize statewide consistency in the implementation of the adult protective services program following comprehensive APS legislation in the 2004 General Assembly.

Statutory Authority: § 63.2-217 and Article 2 (§ 63.2-1603 et seq.) of Chapter 16 of Title 54.1 of the Code of Virginia.

**Contact:** Sue Murdock, Adult Services Program Consultant, Department of Social Services, 7 N. 8th St., Richmond, VA 23219, telephone (804) 726-7616, FAX (804) 726-7895 or e-mail susan.murdock@dss.virginia.gov.

## BOARD OF SOCIAL WORK

**August 24, 2005 - 9 a.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 social work.

**Contact:** Evelyn B. Brown, Executive Director, Board of Social Work, Alcoa Bldg., 6603 W. Broad St., 5th Floor, Richmond, VA 23230-1712, telephone (804) 662-9914, FAX (804) 662-7250, (804) 662-7197/TTY ☎, e-mail evelyn.brown@dhp.virginia.gov.

**September 16, 2005 - 10 a.m.** -- Open Meeting  
Department of Health Professions, 6603 West Broad Street, 5th Floor, Conference Room 1, Richmond, Virginia. ♿

A meeting to conduct regular board business.

**Contact:** Evelyn B. Brown, Executive Director, Board of Social Work, Alcoa Bldg., 6603 W. Broad St., 5th Floor,

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## Calendar of Events

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Richmond, VA 23230-1712, telephone (804) 662-9914, FAX (804) 662-7250, (804) 662-7197/TTY ☎, e-mail evelyn.brown@dhp.virginia.gov.

### BOARD FOR PROFESSIONAL SOIL SCIENTISTS AND WETLAND PROFESSIONALS

**October 12, 2005 - 10 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ♿

A meeting to conduct board business. The meeting is open to the public; however a portion of the board's business may be discussed in closed session. All meetings are subject to cancellation. The time of the meeting is subject to change. Any person desiring to attend the meeting and requiring special accommodations or interpreter services should contact the board at least 10 days prior to the meeting so suitable arrangements can be made. The board fully complies with the Americans with Disabilities Act.

**Contact:** Mark N. Courtney, Executive Director, Board for Professional Soil Scientists and Wetland Professionals, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514, FAX (804) 367-2475, (804) 367-9753/TTY ☎, e-mail soilscientist@dpor.virginia.gov.

### COUNCIL ON TECHNOLOGY SERVICES

**August 25, 2005 - 2 p.m.** -- Open Meeting  
Department of Transportation, 1221 East Broad Street, Auditorium, Richmond, Virginia. ♿

A regular meeting of the advisory council to the chief information officer of the Commonwealth on matters related to information technology in the Commonwealth.

**Contact:** Jennifer W. Hunter, Special Assistant for Communications/COTS Executive Director, Council on Technology Services, 411 E. Franklin St., Suite 500, Richmond, VA 23219, telephone (804) 343-9012, FAX (804) 343-9015, e-mail jenny.hunter@vita.virginia.gov.

### COMMONWEALTH TRANSPORTATION BOARD

† **September 15, 2005 - 9 a.m.** -- Open Meeting  
Department of Transportation, 1221 East Broad Street, Auditorium, Richmond, Virginia. ♿

A combined workshop and regularly scheduled meeting to transact CTB business, such as permits, additions/deletions to the highway system, and other matters requiring board approval. Public comment will be received at the outset of the meeting on items on the agenda for which the opportunity for public comment has not been afforded the public in another forum. Remarks will be limited to five minutes. Large groups will be asked to select one individual to speak for the group. The board reserves the right to amend these conditions. Separate committee meetings may be held on call of the chairman. Contact VDOT Public Affairs at (804) 786-2715 for schedule.

**Contact:** Carol A. Mathis, Administrative Staff Assistant, Department of Transportation, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-2701, e-mail carol.mathis@vdot.virginia.gov.

NOTE: CHANGE IN MEETING DATE

**September 21, 2005 - 7 p.m.** -- Open Meeting

NOTE: CHANGE IN MEETING LOCATION

Prince William County, 15941 Donald Curtis Drive, Ferlazzo Auditorium, Woodbridge, Virginia. ♿

The third meeting of the I-95/395 PPTA Advisory Panel to consider two proposals for improvements to the I-95/395 corridor. Proceedings will be televised over the county's cable network. Public comments will be received.

**Contact:** Robert L. Trachy, Jr., Project Manager, Department of Transportation, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-4263, e-mail larry.trachy@vdot.virginia.gov.

**October 11, 2005 - 7 p.m.** -- Open Meeting

1200 Government Center Parkway, Fairfax County Board of Supervisors Meeting Room, Fairfax, Virginia. ♿

The final meeting of the I-95/395 PPTA Advisory Panel to consider two proposals for improvements to the I-95/395 corridor. Public comment will not be received. Proceedings will be televised over the county's cable network.

**Contact:** Robert L. Trachy, Jr., Project Manager, Department of Transportation, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-4263, FAX (804) 225-4700, or e-mail larry.trachy@vdot.virginia.gov.

### TREASURY BOARD

**September 21, 2005 - 9 a.m.** -- Open Meeting

† **October 19, 2005 - 9 a.m.** -- Open Meeting

† **November 16, 2005 - 9 a.m.** -- Open Meeting

Department of the Treasury, 101 North 14th Street, 3rd Floor, Treasury Board Room, Richmond, Virginia. ♿

A regular meeting.

**Contact:** Melissa Mayes, Secretary, Department of the Treasury, 101 N. 14th St., 3rd Floor, Richmond, VA 23219, telephone (804) 371-6011, FAX (804) 786-0833, e-mail melissa.mayes@trs.virginia.gov.

### DEPARTMENT OF VETERANS SERVICES

#### Joint Leadership Council of Veterans Service Organizations

**September 14, 2005 - 11 a.m.** -- Open Meeting  
Location to be determined.

A regular meeting.

**Contact:** Steven Combs, Assistant to the Commissioner, Department of Veterans Services, 900 E. Main St., Richmond, VA 23219, telephone (804) 786-0294, e-mail steven.combs@dvs.virginia.gov.

## Board of Veterans Services

**September 19, 2005 - 11 a.m.** -- Open Meeting  
Location to be announced; Richmond, Virginia. 

A regular meeting.

**Contact:** Steve Combs, Assistant to the Commissioner, Department of Veterans Services, 900 E. Main St., Richmond, VA 23219, telephone (804) 786-0294, e-mail [steven.combs@dvs.virginia.gov](mailto:steven.combs@dvs.virginia.gov).

## BOARD OF VETERINARY MEDICINE

**September 23, 2005** - 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 Veterinary Medicine intends to amend regulations entitled **18 VAC 150-20, Regulations Governing the Practice of Veterinary Medicine**. The purpose of the proposed action is to require a notice on a rabies certificate stating the 28-day waiting period for effectiveness.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Public comments may be submitted until September 23, 2005, to Elizabeth Carter, Ph.D., Executive Director, Board of Veterinary Medicine, 6603 West Broad Street, Richmond, VA 23230-1712.

**Contact:** Elaine J. Yeatts, Regulatory Coordinator, Department of Health Professions, 6603 W. Broad St., Richmond, VA 23230-1712, telephone (804) 662-9918, FAX (804) 662-9114 or e-mail [elaine.yeatts@dhp.virginia.gov](mailto:elaine.yeatts@dhp.virginia.gov).

## BOARD FOR WASTE MANAGEMENT FACILITY OPERATORS

**August 26, 2005** - 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 for Waste Management Facility Operators intends to amend regulations entitled **18 VAC 155-20, Waste Management Facility Operators Regulations**. The purpose of the proposed action is to (i) create a new license classification (Class V) for Municipal Solid Waste (MSW) composting facilities and move MSW composting from Class II to the new Class V; (ii) clarify that a waste management facility for which the board has not established training and licensure requirements may be operated by a Class I licensee; (iii) require applicants using experience to substitute for a high school diploma to have obtained that experience during the seven years immediately preceding the date of application; (iv) require applicants to document at least one year of experience with a waste management facility in order to qualify for licensure; (v) repeal language requiring facility specific training to have been completed after January 1, 1989, and language concerning the first renewal after May 1, 2000, which assigned a single expiration date to all classes of license held by a single individual; (vi) require license renewal

applicants to state that they are in compliance with all Virginia and federal laws and regulations; (vii) amend the training course curriculum section to be more reflective of current technology and training needs, to amend Class II training to remove MSW composting requirements, and to create a new curriculum for Class V MSW composting; and (viii) make renewing a license through fraudulent means or misrepresentation a ground for license denial and disciplinary action and to cite the provisions of § 54.1-204 of the Code of Virginia pertinent to applicants with criminal convictions.

Statutory Authority: § 54.1-2211 of the Code of Virginia.

**Contact:** David Dick, Executive Director, Board for Waste Management Facility Operators, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-0219, FAX (804) 367-6128 or e-mail [wastemgt@dpor.virginia.gov](mailto:wastemgt@dpor.virginia.gov).

† **September 1, 2005 - 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 E. Dick, Assistant Director, Board for Waste Management Facility Operators, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8595, FAX (804) 367-2475, (804) 367-9753/TTY , e-mail [wastemgt@dpor.virginia.gov](mailto:wastemgt@dpor.virginia.gov).

† **September 28, 2005 - 10 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Richmond, Virginia. 

A meeting to conduct board business. The meeting is open to the public; however, a portion of the board's business may be discussed in closed session. All meetings are subject to cancellation. The time of the meeting is subject to change. Any person desiring to attend the meeting and requiring special accommodations or interpreter services should contact the board at least 10 days prior to the meeting so suitable arrangements can be made. The board fully complies with the Americans with Disabilities Act.

**Contact:** David E. Dick, Executive Director, Board for Waste Management Facility Operators, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-0219, FAX (804) 367-2475, (804) 367-9753/TTY , e-mail [wastemgt@dpor.virginia.gov](mailto:wastemgt@dpor.virginia.gov).

## STATE WATER CONTROL BOARD

**August 25, 2005 - 9:30 a.m.** -- Open Meeting

**September 16, 2005 - 9:30 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 Virginia Water Protection Permit Regulation.

**Contact:** William K. Norris, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone

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## Calendar of Events

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(804) 698-4022, FAX (804) 698-4224, e-mail wknorris@deq.virginia.gov.

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**August 30, 2005 - 10 a.m.** -- Public Hearing  
Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia.

**September 23, 2005** - 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 25-115, General Virginia Pollutant Discharge Elimination System (VPDES) Permit for Seafood Processing Facilities**. The purpose of the proposed action is to reissue and amend, as necessary, the general VPDES permit which establishes limitations and monitoring requirements for point source discharges from seafood processing facilities.

Statutory Authority: § 62.1-44.15 of the Code of Virginia.

**Contact:** Michael B. Gregory, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4065, FAX (804) 698-4032 or e-mail mbgregory@deq.virginia.gov.

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**August 30, 2005 - 10 a.m.** -- Public Hearing  
Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia.

**September 23, 2005** - 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 25-193, General Virginia Pollutant Discharge Elimination System (VPDES) Permit for Ready-Mixed Concrete Plants**. The purpose of the proposed action is to amend the existing general VPDES permit to include appropriate and necessary permitting requirements for discharges of wastewater from concrete product facilities.

Statutory Authority: § 62.1-44.15 of the Code of Virginia.

**Contact:** Burton Tuxford, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4086, FAX (804) 698-4032 or e-mail brtuxford@deq.virginia.gov.

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**August 30, 2005 - 10 a.m.** -- Public Hearing  
Department of Environmental Quality, Piedmont Regional Office, 4949-A Cox Road, Glen Allen, Virginia.

**September 23, 2005** - 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 25-810, General Virginia Pollutant Discharge Elimination System (VPDES) Permit for Coin-Operated Laundry**. The purpose of the proposed action is to establish appropriate and necessary permitting requirements for discharges of wastewater from coin-operated laundries.

Statutory Authority: § 62.1-44.15 of the Code of Virginia.

**Contact:** George E. Cosby, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4067, FAX (804) 698-4032 or e-mail gec Cosby@deq.virginia.gov.

**August 31, 2005 - 9:30 a.m.** -- Open Meeting  
**† September 19, 2005 - 9:30 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 a General VPDES Watershed Permit Regulation for Total Nitrogen and Total Phosphorus Discharges and Nutrient Trading in the Chesapeake Bay Watershed in Virginia.

**Contact:** Allan Brockenbrough, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240, telephone (804) 698-4147, FAX (804) 698-4032, e-mail abrockenb@deq.virginia.gov.

**† September 27, 2005 - 9:30 a.m.** -- Open Meeting  
**† September 28, 2005 - 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 cmb Berndt@deq.virginia.gov.

### BOARD FOR WATERWORKS AND WASTEWATER WORKS OPERATORS

**August 26, 2005** - 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 for Waterworks and Wastewater Works Operators intends to amend regulations entitled **18 VAC 160-20, Board for Waterworks and Wastewater Works Operators**. The purpose of the proposed action is to allow applicants that meet all of the board's license qualification requirements except for experience at a classified facility to sit for the board's examination. Those so qualified who do pass the examination will be issued a conditional license. A full license will be issued upon receipt of documentation of half of the classified facility experience from a conditional license holder. The public health, safety and welfare will benefit from a larger pool of qualified individuals that can more quickly become licensed to operate a classified facility and from the operation of nonclassified facilities by those who have met the standards set by the board's regulations.

The goal is to allow individuals who are technically qualified but who have not obtained experience at a classified facility operated under the oversight of the Virginia Department of Health or the Virginia Department of Environmental Quality to sit for the board's examination. The board expects a disproportionately large number of operator retirements in the coming years and feels that this amendment will create a pool of qualified individuals that can become licensed after a relatively short period of employment at a classified facility. Costs to the facilities (many of which are publicly owned and funded) to recruit replacements should be reduced as a result.

Conditional licensees operating nonclassified facilities would be under the disciplinary authority of the board. The board can take action against a conditional license holder should his operation cause an adverse affect to the consuming public or to the classified facilities receiving his treated waste.

Statutory Authority: § 54.1-2301 of the Code of Virginia.

**Contact:** David Dick, Executive Director, Board for Waste Management Facility Operators, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-0219, FAX (804) 367-6128 or e-mail [wastemtg@dpor.virginia.gov](mailto:wastemtg@dpor.virginia.gov).

**September 14, 2005 - 8:30 a.m.** -- Open Meeting  
Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia. 

A meeting to conduct board business. The meeting is open to the public; however, a portion of the board's business may be discussed in closed session. 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:** 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 [waterwasteoper@dpor.virginia.gov](mailto:waterwasteoper@dpor.virginia.gov).

† **September 15, 2005 - 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 E. Dick, Assistant Director, Board for Waterworks and Wastewater Works Operators, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8595, FAX (804) 367-2475, (804) 367-9753/TTY , e-mail [waterwasteoper@dpor.virginia.gov](mailto:waterwasteoper@dpor.virginia.gov).

## INDEPENDENT

### STATE LOTTERY BOARD

**September 7, 2005 - 9:30 a.m.** -- Open Meeting  
Virginia Lottery Department, 900 East Main Street, 13th Floor,  
Richmond, Virginia. 

A regular meeting to conduct routine business. There will be an opportunity for public comment shortly after the meeting is convened.

**Contact:** Frank S. Ferguson, Director, Legislative and Regulatory Affairs, Virginia Lottery Department, 900 E. Main St., Richmond, VA 23219, telephone (804) 692-7901, FAX (804) 692-7905, e-mail [fferguson@valottery.state.va.us](mailto:fferguson@valottery.state.va.us).

### VIRGINIA OFFICE FOR PROTECTION AND ADVOCACY

#### Board for Protection and Advocacy

**September 20, 2005 - 9 a.m.** -- Open Meeting  
Virginia Office for Protection and Advocacy, Byrd Building,  
1910 Byrd Avenue, Suite 5, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

Public comment is welcomed and will be accepted at the start of the meeting. If you wish to provide public comment via telephone, or if interpreter services or other accommodations are required, please contact Lisa Shehi no later than Tuesday, July 5, 2005.

**Contact:** Lisa Shehi, Administrative Assistant, Virginia Office for Protection and Advocacy, 1910 Byrd Ave., Suite 5, Richmond, VA 23230, telephone (804) 225-2042, FAX (804) 662-7431, toll-free (800) 552-3962, (804) 225-2042/TTY , e-mail [lisa.shehi@vopa.virginia.gov](mailto:lisa.shehi@vopa.virginia.gov).

#### Disabilities Advisory Council

† **October 12, 2005 - 10 a.m.** -- Open Meeting  
Virginia Office for Protection and Advocacy, 1910 Byrd  
Avenue, Suite 5, Richmond, Virginia.  (Interpreter for the deaf provided upon request)

A meeting of the Disabilities Advisory Council. Public comment will be received at 10 a.m. Public comment will also be accepted by telephone. If you wish to provide public comment via telephone, you must call Lisa Shehi, Administrative Assistant at 1-800-552-3962 (Voice/TTY) or via e-mail at [lisa.shehi@vopa.virginia.gov](mailto:lisa.shehi@vopa.virginia.gov) no later than September 28, 2005. Ms. Shehi will take your name and phone number and you will be telephoned during the public comment period. Directions and further information are available by contacting Ms. Shehi. If interpreter services or other accommodations are required please contact Ms. Shehi no later than September 28, 2005.

**Contact:** Lisa Shehi, Administrative Assistant, Virginia Office for Protection and Advocacy, 1910 Byrd Avenue, Suite 5, Richmond, Virginia 23230, telephone (804) 225-2042, FAX

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# Calendar of Events

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(804) 662-7413, toll-free (800) 552-3962, (804) 225-2042/TTY ☎, e-mail [lisa.shehi@vopa.virginia.gov](mailto:lisa.shehi@vopa.virginia.gov).

**November 3, 2005 - 10 a.m.** -- Open Meeting  
Albemarle County Office Building, 1600 5th Street, Meeting Room B, Charlottesville, Virginia. ♿ (Interpreter for the deaf provided upon request)

A meeting of the PAIMI Advisory Council. Public comment is welcome and will be received at the beginning of the meeting. For those needing interpreter services or other accommodations, please contact Delicia (Dee) Vance by October 20, 2005.

**Contact:** Delicia (Dee) Vance, Outreach Advocate, Virginia Office for Protection and Advocacy, 1910 Byrd Ave., Suite 5, Richmond, Virginia 23230, telephone (804) 662-7099, FAX (804) 662-7057, toll-free (800) 552-3962, (804) 225-2042/TTY ☎, e-mail [delicia.vance@vopa.virginia.gov](mailto:delicia.vance@vopa.virginia.gov).

## VIRGINIA RETIREMENT SYSTEM

† **September 23, 2005 - 10 a.m.** -- Open Meeting  
Virginia Retirement System Investment Department, 1111 East Main St., 3rd Floor, Richmond, Virginia. ♿

A special meeting of the Investment Advisory Committee. No public comment will be received at the meeting.

**Contact:** Phyllis Henderson, Executive 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](mailto:phenderson@vrs.state.va.us).

**October 12, 2005 - 9 a.m.** -- Open Meeting  
† **November 9, 2005 - 9 a.m.** -- Open Meeting  
† **November 17, 2005 - 9 a.m.** -- Open Meeting  
Virginia Retirement System Headquarters Building, 1200 East Main Street, Richmond, Virginia. ♿

A regular 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 ☎, or e-mail [lking@vrs.state.va.us](mailto:lking@vrs.state.va.us).

**October 12, 2005 - 10 a.m.** -- Open Meeting  
**November 8, 2005 - 1 p.m.** -- Open Meeting  
† **November 16, 2005 - 2:30 p.m.** -- Open Meeting  
Virginia Retirement System Headquarters Building, 1200 East Main Street, Richmond, Virginia. ♿

A regular meeting of the Benefits and Actuarial 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 ☎, or e-mail [lking@vrs.state.va.us](mailto:lking@vrs.state.va.us).

† **August 29, 2005 - 10 a.m.** -- Open Meeting

**November 8, 2005 - 3:30 p.m.** -- Open Meeting  
† **November 16, 2005 - 4 p.m.** -- Open Meeting  
Virginia Retirement System Headquarters Building, 1200 East Main Street, Richmond, Virginia. ♿

A regular meeting of the Audit and Compliance 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 ☎, or e-mail [lking@vrs.state.va.us](mailto:lking@vrs.state.va.us).

† **November 15, 2005 - 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](mailto:lking@vrs.state.va.us).

† **November 16, 2005 - 4 p.m.** -- Open Meeting  
Virginia Retirement System Headquarters Building, 1200 East Main Street, Richmond, Virginia. ♿

Meetings of the following committees:

11 a.m. - Investment Advisory  
4 p.m. - Administration and Personnel

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](mailto:lking@vrs.state.va.us).

## LEGISLATIVE

### JOINT SUBCOMMITTEE ON ADOPTION LAWS AND POLICIES

**September 12, 2005 - 10 a.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, Senate Room B, Richmond, Virginia. ♿

A regular meeting. For questions regarding the meeting agenda, contact Jescey French, Division of Legislative Services, (804) 786-3591. Individuals requiring interpreter services or other accommodations should telephone Senate Committee Operations at (804) 698-7450, (804) 698-7419/TTY, or write to Senate Committee Operations, P.O. Box 396, Richmond, VA 23218, at least seven days prior to the meeting.

**Contact:** Patty Lung, Senate Committee Operations, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 698-7410.

692-3237, (804) 828-1120/TTY ☎, e-mail  
stephen.walz@dmme.virginia.gov.

## JOINT SUBCOMMITTEE STUDYING OPERATIONS OF CIRCUIT COURT CLERKS' OFFICES

† **August 23, 2005 - 10 a.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, Senate Room A, Richmond, Virginia. ♿

A regular meeting. For questions regarding the meeting agenda, contact Mary Kate Felch, Division of Legislative Services, (804) 786-3591. Individuals requiring interpreter services or other accommodations should telephone Senate Committee Operations at (804) 698-7450, (804) 698-7419/TTY, or write to Senate Committee Operations, P.O. Box 396, Richmond, VA 23218, at least seven days prior to the meeting.

**Contact:** Patty Lung, Senate Committee Operations, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 698-7410.

## VIRGINIA CODE COMMISSION

**September 21, 2005 - 10 a.m.** -- Open Meeting  
**October 19, 2005 - 10 a.m.** -- Open Meeting  
† **November 16, 2005 - 10 a.m.** -- Open Meeting  
† **December 21, 2005 - 10 a.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, 6th Floor, Speaker's Conference Room, Richmond, Virginia. ♿

A meeting to continue work on the 2007 Code of Virginia reorganization project and the Title 3.1 recodification.

**Contact:** Jane Chaffin, Registrar of Regulations, Virginia Code Commission, General Assembly Building, 2nd Floor, 910 Capitol Street, Richmond, VA 23219, telephone (804) 786-3591, FAX (804) 692-0625 or e-mail jchaffin@leg.state.va.us.

## SECRETARY OF COMMERCE AND TRADE

† **August 23, 2005 - 10 a.m.** -- Open Meeting  
Virginia Institute of Marine Science, Waterman's Hall, Classroom AB, Gloucester Point, Virginia. ♿ (Interpreter for the deaf provided upon request)

This is the second meeting of the advisory group to Secretary of Commerce and Trade's study of the possibility of exploring for natural gas in the areas offshore of the Commonwealth. Special accommodations for the disabled will be made available at the public meeting on request. Anyone needing special accommodations should contact the Department of Mines, Minerals and Energy at least seven days prior to the meeting date.

**Contact:** Stephen Walz, DMME Division of Administration Director, Secretary of Commerce and Trade, Department of Mines, Minerals and Energy, 202 N. 9th S., 8th Floor, Richmond, VA 23219, telephone (804) 692-3211, FAX (804)

## JOINT SUBCOMMITTEE STUDYING CONFLICTS OF INTERESTS AND LOBBYIST DISCLOSURE FILINGS

**August 22, 2005 - 1 p.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. ♿

A regular meeting. For questions regarding the meeting agenda, contact Amigo Wade or Jeff Sharp, Division of Legislative Services, (804) 786-3591.

**Contact:** Barbara L. Teague, House Committee Operations, 910 Capitol St., Richmond, VA 23219, telephone (804) 698-1540.

## VIRGINIA FREEDOM OF INFORMATION ADVISORY COUNCIL

**August 31, 2005 - 1 p.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. ♿

An agenda for the meeting will be posted as soon as it is available.

**Contact:** Maria Everett, Executive Director, Virginia Freedom of Information Advisory Council, 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 255-3056, FAX (804) 371-0169, toll-free (866) 448-4100.

## HOUSE AND SENATE FINANCE COMMITTEES

**August 29, 2005 - Noon** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia. ♿

A meeting of the House and Senate Subcommittees on Land Conservation Tax Credit. A public hearing will begin at 12:45 p.m. Any questions about the agenda for the meeting or the public hearing should be addressed to Joan Putney or David Rosenberg in the Division of Legislative Services, (804) 786-3591. If you are unable to attend this meeting or if our office may be of assistance, please call (804) 698-1540.

**Contact:** Joan Putney or David Rosenberg, Division of Legislative Services, 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591.

## VIRGINIA INDIGENT DEFENSE COMMISSION

**August 24, 2005 - 2 p.m.** -- Open Meeting  
Virginia Indigent Defense Commission, 701 East Franklin Street, Suite 1416, Richmond, Virginia. ♿

A regular meeting.

**Contact:** Danita Pryor, Office Manager, Virginia Indigent Defense Commission, 701 E. Franklin St., Suite 1416,

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## Calendar of Events

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Richmond, VA 23219, telephone (804) 225-3297, FAX (804) 371-8326, e-mail [dprior@idc.virginia.gov](mailto:dprior@idc.virginia.gov).

### HOUSE AND SENATE SUBCOMMITTEES ON LAND CONSERVATION TAX CREDIT

† **November 10, 2005 - 2 p.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. 

A regular meeting. For questions regarding the meeting agenda, contact Joan Putney, Division of Legislative Services, (804) 786-3591.

**Contact:** William L. Owen, House Committee Operations, 910 Capitol St., Richmond, VA 23219, telephone (804) 698-1540.

### JOINT SUBCOMMITTEE ON MANUFACTURING NEEDS AND THE FUTURE OF MANUFACTURING IN VIRGINIA

**August 25, 2005 - 1 p.m.** -- Open Meeting  
Volvo Trucks - North America, 4881 Cougar Trail Road, Dublin, Virginia. 

A regular meeting. For questions regarding the meeting agenda, contact Frank Munyan, Division of Legislative Services, (804) 786-3591. Individuals requiring interpreter services or other accommodations should telephone Senate Committee Operations at (804) 698-7450, (804) 698-7419/TTY, or write to Senate Committee Operations, P.O. Box 396, Richmond, VA 23218, at least seven days prior to the meeting.

**Contact:** Hobie Lehman, Senate Committee Operations, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 698-7410.

### JOINT SUBCOMMITTEE STUDYING MEDICAL, ETHICAL, AND SCIENTIFIC ISSUES RELATING TO STEM CELL RESEARCH

**September 21, 2005 - 10 a.m.** -- Open Meeting  
**November 15, 2005 - 2 p.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia. 

A regular meeting. For questions regarding the meeting agenda, contact Norma Szakal or Amy Marschean, Division of Legislative Services, (804) 786-3591.

**Contact:** Barbara L. Regen, House Committee Operations, 910 Capitol St., Richmond, VA 23219, telephone (804) 698-1540.

### JOINT SUBCOMMITTEE TO EXAMINE THE COST AND FEASIBILITY OF RELOCATING THE MUSEUM AND WHITE HOUSE OF THE CONFEDERACY

† **August 29, 2005 - 2 p.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, Senate Room A, Richmond, Virginia. 

† **September 26, 2005 - 2 p.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia. 

† **November 21, 2005 - 2 p.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. 

A regular meeting. For questions regarding the meeting agenda, contact Robie Ingram or Bryan Stogdale, Division of Legislative Services, (804) 786-3591.

**Contact:** Barbara L. Teague, House Committee Operations, 910 Capitol St., Richmond, VA 23219, telephone (804) 698-1540.

### JOINT SUBCOMMITTEE ON RISK MANAGEMENT PLANS

† **August 30, 2005 - 10 a.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, Senate Room A, Richmond, Virginia. 

A regular meeting. For questions regarding the meeting agenda, contact Jescey French, Division of Legislative Services, (804) 786-3591. Individuals requiring interpreter services or other accommodations should telephone Senate Committee Operations at (804) 698-7450, (804) 698-7419/TTY, or write to Senate Committee Operations, P.O. Box 396, Richmond, VA 23218, at least seven days prior to the meeting.

**Contact:** Patty Lung, Senate Committee Operations, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 698-7410.

### JOINT COMMISSION ON TECHNOLOGY AND SCIENCE

**September 12, 2005 - 10 a.m.** -- Open Meeting  
**October 18, 2005 - 10 a.m.** -- Open Meeting  
General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. 

A meeting of the JCOTS Emerging Technology Issues Advisory Committee.

**Contact:** Lisa Wallmeyer, Executive Director, Joint Commission on Technology and Science, 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, e-mail [lwallmeyer@leg.state.va.us](mailto:lwallmeyer@leg.state.va.us).

NOTE: CHANGE IN MEETING TIME

**September 14, 2005 - 1 p.m.** -- Open Meeting

**October 19, 2005 - 1 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:** Lisa Wallmeyer, Executive Director, Joint Commission on Technology and Science, 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, e-mail lwallmeyer@leg.state.va.us.

**October 11, 2005 - 2 p.m.** -- Open Meeting

† **November 15, 2005 - 2 p.m.** -- Open Meeting

General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. ♿

A meeting of the JCOTS Integrated Government Advisory Committee.

**Contact:** Lisa Wallmeyer, Executive Director, Joint Commission on Technology and Science, 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, e-mail lwallmeyer@leg.state.va.us.

**October 12, 2005 - 2 p.m.** -- Open Meeting

† **November 16, 2005 - 2 pm.** -- Open Meeting

General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. ♿

A meeting of the JCOTS Privacy Advisory Committee.

**Contact:** Lisa Wallmeyer, Executive Director, Joint Commission on Technology and Science, 910 Capitol St., 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591, e-mail lwallmeyer@leg.state.va.us.

## HOUSE TRANSPORTATION SPECIAL SUBCOMMITTEE

† **August 29, 2005 - 1 p.m.** -- Open Meeting

General Assembly Building, 9th and Broad Streets, House Room D, Richmond, Virginia. ♿

A regular meeting. For questions regarding the meeting agenda, contact Alan Wambold or Stephanie Bishop, Division of Legislative Services, (804) 786-3591.

**Contact:** Scott Maddrea, House Committee Operations, 910 Capitol St., Richmond, VA 23219, telephone (804) 698-1540.

## JOINT SUBCOMMITTEE STUDYING THE VEHICLE TOWING AND RECOVERY INDUSTRY

**September 12, 2005 - 2 p.m.** -- Open Meeting

General Assembly Building, 9th and Broad Streets, Senate Room B, Richmond, Virginia. ♿

A regular meeting. For questions regarding the meeting agenda, contact Alan Wambold, Division of Legislative Services, (804) 786-3591. Individuals requiring interpreter services or other accommodations should telephone Senate Committee Operations at (804) 698-7450, (804) 698-

7419/TTY, or write to Senate Committee Operations, P.O. Box 396, Richmond, VA 23218, at least seven days prior to the meeting.

**Contact:** Hobie Lehman, Senate Committee Operations, General Assembly Bldg., 910 Capitol St., Richmond, VA 23219, telephone (804) 698-7410.

## JOINT SUBCOMMITTEE STUDYING THE VOTING EQUIPMENT CERTIFICATION PROCESS

NOTE: CHANGE IN MEETING TIME

**August 22, 2005 - 12:30 p.m.** -- Open Meeting

**November 21, 2005 - 1 p.m.** -- Open Meeting

General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia. ♿

A regular meeting. For questions regarding the meeting agenda, contact Mary Spain or Jack Austin, Division of Legislative Services, (804) 786-3591.

**Contact:** Barbara L. Regen, House Committee Operations, 910 Capitol St., Richmond, VA 23219, telephone (804) 698-1540.

## JOINT SUBCOMMITTEE STUDYING WORKFORCE DEVELOPMENT TRAINING RESOURCES

**August 30, 2005 - 10 a.m.** -- Open Meeting

**September 21, 2005 - 10 a.m.** -- Open Meeting

**November 15, 2005 - 2 p.m.** -- Open Meeting

General Assembly Building, 9th and Broad Streets, House Room C, Richmond, Virginia. ♿

A regular meeting. For questions regarding the meeting agenda, contact Frank Munyan, Division of Legislative Services, (804) 786-3591.

**Contact:** Lois V. Johnson, House Committee Operations, 910 Capitol St., Richmond, VA 23219, telephone (804) 698-1540.

## CHRONOLOGICAL LIST

### OPEN MEETINGS

**August 22**

Conflicts of Interest and Lobbyist Disclosure Filings, Joint Subcommittee Studying  
Voting Equipment Certification Process, Joint  
Subcommittee Studying the

**August 23**

Agriculture and Consumer Services, Department of  
- Virginia Soybean Board  
† Circuit Court Clerks' Offices, Joint Subcommittee Studying  
† Commerce and Trade, Secretary of  
† Conservation and Recreation, Department  
- Powhatan State Park Master Plan Advisory Committee  
Contractors, Board for  
Marine Resources Commission  
Nursing, Board of  
Olmstead Oversight Advisory Committee  
Pharmacy, Board of

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# Calendar of Events

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Psychology, Board of  
Real Estate Appraiser Board

## August 24

Agriculture and Forestry, Secretariat of  
Compensation Board  
† Environmental Quality, Department of  
Indigent Defense Commission, Virginia  
Medicine, Board of  
Public Safety, Secretary of  
Social Work, Board of

## August 25

Contractors, Board for  
† Education, Board of  
† Environmental Quality, Department of  
† Health Professions, Board of  
Manufacturing Needs and the Future of Manufacturing in  
Virginia, Joint Subcommittee on  
Nursing, Board of  
Technology Services, Council on  
Water Control Board, State

## August 26

† Counseling, Board of  
Dentistry, Board of

## August 27

† Agriculture and Consumer Services, Department of  
- Virginia Sheep Industry Board

## August 29

Agriculture and Consumer Services, Department of  
- Virginia Agricultural Council  
Alcoholic Beverage Control Board  
Hearing Aid Specialists, Board for  
House and Senate Finance Committees  
† House Transportation Special Subcommittee  
† Museum and White House of the Confederacy, Joint  
Subcommittee to Examine the Cost and Feasibility of  
Relocating the  
† Retirement System, Virginia

## August 30

Agriculture and Consumer Services, Department of  
- Virginia Agricultural Council  
- Virginia Irish Potato Board  
Contractors, Board for  
Environmental Quality, Department of  
† Medicine, Board of  
Nursing, Board of  
† Risk Management Plans, Joint Subcommittee on  
Workforce Development and Training Resources, Joint  
Subcommittee Studying

## August 31

Agriculture and Forestry, Secretariat of  
Corrections, Board of  
Freedom of Information Advisory Council, Virginia  
Medical Assistance Services, Department of  
People with Disabilities, Virginia Board for  
Water Control Board, State

## September 1

† Contractors, Board for  
People with Disabilities, Virginia Board for  
† Real Estate Appraiser Board  
† Real Estate Board  
† Waste Management Facility Operators, Board for

## September 7

† Architects, Professional Engineers, Land Surveyors,  
Certified Interior Designers and Landscape Architects,  
Board for  
† Environmental Quality, Department of  
† Funeral Directors and Embalmers, Board of  
Lottery Board  
Nursing, Board of

## September 8

† Aging, Commonwealth Council on Aging  
Architects, Professional Engineers, Land Surveyors,  
Certified Interior Designers and Landscape Architects,  
Board for  
Barbers and Cosmetology, Board for  
Child Day-Care Council  
Conservation and Recreation, Department of  
- Falls of the James Scenic River Advisory Committee  
† Contractors, Board for  
Criminal Justice Services Board  
† Health Professions, Board of  
Information Technologies Agency, Virginia  
- Information Technology Investment Board  
† Museum of Fine Arts, Virginia

## September 9

Art and Architectural Review Board  
Child Fatality Review Team, State  
† Governor, Office of the  
Old Dominion University

## September 12

Adoption Laws and Policies, Joint Subcommittee on  
Alcoholic Beverage Control Board  
† Local Government, Commission on  
Technology and Science, Joint Commission on  
Vehicle Towing and Recovery Industry, Joint Subcommittee  
Studying the

## September 13

Charitable Gaming Board  
Contractors, Board for  
† Funeral Directors and Embalmers, Board of  
Gaming Board, Charitable  
Land Evaluation Advisory Council, State  
Medical Assistance Services, Board of  
Medicine, Board of  
† Museum of Fine Arts, Virginia  
Olmstead Oversight Advisory Committee  
† Optometry, Board of  
Pharmacy, Board of

## September 14

At-Risk Youth and Families, Comprehensive Services for  
Community Colleges, State Board for  
† Funeral Directors and Embalmers, Board of  
Information Technologies Agency, Virginia  
- E-911 Wireless Services Board  
† Innovative Technology Authority  
† Interagency Coordinating Council  
Labor and Industry, Department of  
- Virginia Apprenticeship Council  
Olmstead Oversight Advisory Committee  
Real Estate Appraiser Board  
Sewage Handling and Disposal Appeal Review Board  
Technology and Science, Joint Commission on  
Veterans Services, Department of

Waterworks and Wastewater Works Operators, Board for

## September 15

† Accountancy, Board of  
Community Colleges, State Board for  
Conservation and Recreation, Department of  
- Virginia Soil and Water Conservation Board  
Design-Build/Construction Management Review Board  
Real Estate Board  
† Transportation Board, Commonwealth  
† Waterworks and Wastewater Works Operators, Board for

## September 16

† Accountancy, Board of  
Correctional Education, Board of  
Dentistry, Board of  
Medicine, Board of  
Social Work, Board of  
† Water Control Board, State

## September 17

Blind and Vision Impaired, Department for the  
- Statewide Rehabilitation Council for the Blind

## September 19

Business Assistance, Department of  
- Small Business Advisory Board  
Chesapeake Bay Local Assistance Board  
Library Board, State  
Nursing, Board of  
Professional and Occupational Regulation, Board for  
Veterans Services, Department of  
- Board of Veterans Services  
† Water Control Board, State

## September 20

Alzheimer's Disease and Related Disorders Commission  
† Conservation and Recreation, Department of  
- Powhatan State Park Master Plan Advisory Committee  
Corrections, Board of  
† Environmental Quality, Department of  
Nursing, Board of  
Protection and Advocacy, Virginia Office for  
- Board for Protection and Advocacy  
Research and Technology Advisory Commission, Virginia

## September 21

Code Commission, Virginia  
Corrections, Board of  
Education, Board of  
Medical Assistance Services, Department of  
† Medicine, Board of  
† Museum of Fine Arts, Virginia  
Nursing, Board of  
Stem Cell Research, Joint Subcommittee Studying Medical,  
Ethical and Scientific Issues Relating to  
Transportation Board, Commonwealth  
Treasury Board  
Workforce Development Training Resources, Joint  
Subcommittee Studying

## September 22

† Museum of Fine Arts, Virginia  
Nursing, Board of

## September 23

Health, Department of  
- Hemophilia Advisory Board  
† Retirement System, Virginia

## September 26

Alcoholic Beverage Control Board  
† Forestry, Board of  
† Museum and White House of the Confederacy, Joint  
Subcommittee to Examine the Cost and Feasibility of  
Relocating the

## September 27

† Air Pollution Control Board, State  
† Contractors, Board for  
Marine Resources Commission  
† Water Control Board, State

## September 28

Air Pollution Control Board, State  
- Small Business Environmental Compliance Advisory  
Board  
† Waste Management Facility Operators, Board for  
† Water Control Board, State

## September 29

† Agriculture and Consumer Services, Department of  
- Virginia Horse Industry Board  
Public Guardian and Conservator Advisory Board, Virginia

## September 30

Rehabilitative Services, Department of  
- Commonwealth Neurotrauma Initiative Trust Fund  
Advisory Board

## October 4

Nursing, Board of

## October 5

Information Technology Agency, Virginia  
- Information Technology Investment Board

## October 6

Auctioneers Board  
† Museum of Fine Arts, Virginia

## October 7

Art and Architectural Review Board

## October 11

Alcoholic Beverage Control Board  
Nursing, Board of  
Psychology, Board of  
Technology and Science, Joint Commission on  
Transportation Board, Commonwealth

## October 12

Environmental Quality, Department of  
- Litter Control and Recycling Fund Advisory Board  
Geology, Board for  
Jamestown-Yorktown Foundation  
Nursing Home Administrators, Board of  
† Protection and Advocacy, Virginia Office for  
Retirement System, Virginia  
Soil Scientists and Wetland Professionals, Board for  
Technology and Science, Joint Commission on

## October 13

Conservation and Recreation, Department of  
- Falls of the James Scenic River Advisory Committee  
Olmstead Oversight Advisory Committee

## October 17

Nursing, Board of  
† Psychology, Board of

## October 18

Contractors, Board for  
Nursing, Board of  
Technology and Science, Joint Commission on

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# Calendar of Events

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**October 19**

Cemetery Board  
Code Commission, Virginia  
Nursing and Medicine, Joint Boards of  
Sewage Handling and Disposal Appeal Review Board  
Technology and Science, Joint Commission on  
† Treasury Board

**October 20**

Design-Build/Construction Management Review Board  
Nursing, Board of

**October 21**

Health, Department of  
Health Professions, Department of  
- Health Practitioners Intervention Program Committee

**October 24**

Alcoholic Beverage Control Board  
Old Dominion University

**October 25**

Chesapeake Bay Local Assistance Board  
Nursing, Board of

**October 26**

† Air Pollution Control Board, State  
Architects, Professional Engineers, Land Surveyors,  
Certified Interior Designers and Landscape Architects,  
Board for  
† Education, Board of

**October 28**

Physical Therapy, Board of

**October 31**

Architects, Professional Engineers, Land Surveyors,  
Certified Interior Designers and Landscape Architects,  
Board for  
Barbers and Cosmetology, Board of

**November 1**

Branch Pilots, Board for  
† Museum of Fine Arts, Virginia  
Real Estate Appraiser Board

**November 2**

Asbestos, Lead, and Home Inspectors, Virginia Board for

**November 3**

Architects, Professional Engineers, Land Surveyors,  
Certified Interior Designers and Landscape Architects,  
Board for  
Counseling, Board of  
Protection and Advocacy, Virginia Office for

**November 4**

Art and Architectural Review Board  
Counseling, Board of

**November 7**

Alcoholic Beverage Control Board  
Hearing Aid Specialists, Board for

**November 8**

Architects, Professional Engineers, Land Surveyors,  
Certified Interior Designers and Landscape Architects,  
Board for  
Retirement System, Virginia

**November 9**

† Information Technologies Agency, Virginia  
- E-911 Wireless Services Board  
† Retirement System, Virginia

**November 10**

† Architects, Professional Engineers, Land Surveyors,  
Certified Interior Designers and Landscape Architects,  
Board for  
† Audiology and Speech-Language Pathology, Board of  
† Conservation and Recreation, Department of  
- Falls of the James Scenic River Advisory Board  
† Land Conservation Tax Credit, House and Senate  
Subcommittees  
† Medical Assistance Services, Department of  
- Drug Utilization Review Board

**November 14**

† Library Board  
† Nursing, Board of  
† Professional and Occupational Regulation, Board for

**November 15**

† Corrections, Board of  
† Medical Assistance Services, Department of  
† Nursing, Board of  
† Old Dominion University  
Research and Technology Advisory Commission, Virginia  
† Retirement System, Virginia  
Stem Cell Research, Joint Subcommittee Studying Medical,  
Ethical and Scientific Issues Relating to  
† Technology and Science, Joint Commission on  
Workforce Development Training Resources, Joint  
Subcommittee Studying

**November 16**

† Air Pollution Control Board, State  
† At-Risk Youth and Families, Comprehensive Services for  
† Code Commission, Virginia  
† Community Colleges, State Board for  
† Contractors, Board for  
† Corrections, Board of  
† Medical Assistance Services, Department of  
† Nursing, Board of  
† Retirement System, Virginia  
† Technology and Science, Joint Commission on  
† Treasury Board

**November 17**

† Conservation and Recreation, Department of  
- Virginia Soil and Water Conservation Board  
† Design-Build/Construction Management Review Board  
† Medicine, Board of  
† Nursing, Board of  
† Real Estate Board  
† Retirement System, Virginia

**November 18**

† Child Fatality Review Team, State  
† Opticians, Board for

**November 21**

† Alcoholic Beverage Control Board  
† Jamestown-Yorktown Foundation  
† Museum and White House of the Confederacy, Joint  
Subcommittee to Examine the Cost and Feasibility of  
Relocating the  
Voting Equipment Certification Process, Joint  
Subcommittee Studying the

**November 22**

† Jamestown-Yorktown Foundation

**December 21**

† Code Commission, Virginia

## **PUBLIC HEARINGS**

**August 23**

Air Pollution Control Board

**August 24**

† Environmental Quality, Department of

**August 30**

Water Control Board, State

**September 8**

Criminal Justice Services Board

**September 21**

Education, Board of

**October 17**

† Barbers and Cosmetology, Board for

**November 9**

Juvenile Justice, Board of

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# Calendar of Events

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