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## HOUSE BILL NO. 1318

## AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the House Committee on Health and Human Services  
on February 12, 2026)

(Patron Prior to Substitute—Delegate Willett)

A BILL to amend and reenact § 32.1-127 of the Code of Virginia, relating to hospitals; emergency department physicians.

Be it enacted by the General Assembly of Virginia:

1. That § 32.1-127 of the Code of Virginia is amended and reenacted as follows:

§ 32.1-127. Regulations.

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

B. Such regulations:

1. Shall include minimum standards for (i) the construction and maintenance of hospitals, nursing homes, and certified nursing facilities to ensure the environmental protection and the life safety of its patients, employees, and the public; (ii) the operation, staffing, and equipping of hospitals, nursing homes, and certified nursing facilities; (iii) qualifications and training of staff of hospitals, nursing homes, and certified nursing facilities, except those professionals licensed or certified by the Department of Health Professions; (iv) conditions under which a hospital or nursing home may provide medical and nursing services to patients in their places of residence; and (v) policies related to infection prevention, disaster preparedness, and facility security of hospitals, nursing homes, and certified nursing facilities;

2. Shall provide that at least one physician who is licensed to practice medicine in the Commonwealth and is primarily responsible for the emergency department shall be on duty and physically present at all times at each hospital that operates or holds itself out as operating an emergency service. *No physician shall be required to be on duty and physically present for a psychiatric emergency department as defined in subsection A of § 37.2-809 that:*

*a. Is co-located immediately adjacent to an emergency department that provides emergency medical treatment and has protocols requiring immediate physician response to all medical emergencies; or*

*b. Promotes itself to the community as only providing psychiatric services, does not offer itself to the community as providing emergency medical treatment, is located within the City of Hampton, and has:*

*(1) A written agreement in place with local emergency medical services providers stating that patients experiencing non-psychiatric emergency medical conditions will be transported to a facility that provides emergency medical treatment;*

*(2) A transfer agreement in place with a facility that provides emergency medical treatment stating that patients requiring non-psychiatric emergency medical services will be transferred to that facility;*

*(3) Video consultative services available with a physician at a facility that provides emergency medical treatment;*

*(4) A medical director who is a physician with onsite clinical oversight and quality improvement responsibilities for the psychiatric emergency department; and*

*(5) Licensed providers on duty at all times with Advanced Cardiovascular Life Support and Pediatric Advanced Life Support training as well as initial Basic Life Support resuscitation capabilities who are able to provide emergency medical treatment until qualified medical transport has arrived.*

*Hospitals with psychiatric emergency departments that meet the requirements for the exception provided in this subdivision shall report (i) the number of patients seen for non-psychiatric or substance abuse complaints or with non-psychiatric or substance abuse primary diagnoses, (ii) the number of patients requiring transfer via emergency medical services to a facility capable of providing emergency medical treatment, and (iii) the total number of patients evaluated in the psychiatric emergency department to the Chairs of the Senate Committee on Education and Health, the House Committee on Health and Human Services Committee, and the Behavioral Health Commission annually by November 1;*

3. May classify hospitals and nursing homes by type of specialty or service and may provide for licensing hospitals and nursing homes by bed capacity and by type of specialty or service;

4. Shall also require that each hospital establish a protocol for organ donation, in compliance with federal law and the regulations of the Centers for Medicare and Medicaid Services (CMS), particularly 42 C.F.R. § 482.45. Each hospital shall have an agreement with an organ procurement organization designated in CMS regulations for routine contact, whereby the provider's designated organ procurement organization certified by CMS (i) is notified in a timely manner of all deaths or imminent deaths of patients in the hospital and (ii)

60 is authorized to determine the suitability of the decedent or patient for organ donation and, in the absence of a  
61 similar arrangement with any eye bank or tissue bank in Virginia certified by the Eye Bank Association of  
62 America or the American Association of Tissue Banks, the suitability for tissue and eye donation. The  
63 hospital shall also have an agreement with at least one tissue bank and at least one eye bank to cooperate in  
64 the retrieval, processing, preservation, storage, and distribution of tissues and eyes to ensure that all usable  
65 tissues and eyes are obtained from potential donors and to avoid interference with organ procurement. The  
66 protocol shall ensure that the hospital collaborates with the designated organ procurement organization to  
67 inform the family of each potential donor of the option to donate organs, tissues, or eyes or to decline to  
68 donate. The individual making contact with the family shall have completed a course in the methodology for  
69 approaching potential donor families and requesting organ or tissue donation that (a) is offered or approved  
70 by the organ procurement organization and designed in conjunction with the tissue and eye bank community  
71 and (b) encourages discretion and sensitivity according to the specific circumstances, views, and beliefs of  
72 the relevant family. In addition, the hospital shall work cooperatively with the designated organ procurement  
73 organization in educating the staff responsible for contacting the organ procurement organization's personnel  
74 on donation issues, the proper review of death records to improve identification of potential donors, and the  
75 proper procedures for maintaining potential donors while necessary testing and placement of potential  
76 donated organs, tissues, and eyes takes place. This process shall be followed, without exception, unless the  
77 family of the relevant decedent or patient has expressed opposition to organ donation, the chief administrative  
78 officer of the hospital or his designee knows of such opposition, and no donor card or other relevant  
79 document, such as an advance directive, can be found;

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

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

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

96 8. Shall require that each licensed hospital establish a protocol relating to the rights and responsibilities of  
97 patients which shall include a process reasonably designed to inform patients of such rights and  
98 responsibilities. Such rights and responsibilities of patients, a copy of which shall be given to patients on  
99 admission, shall be consistent with applicable federal law and regulations of the Centers for Medicare and  
100 Medicaid Services;

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

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

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

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

120 13. Shall require that each nursing home and certified nursing facility register with the Department of  
121 State Police to receive notice of the registration, reregistration, or verification of registration information of

122 any person required to register with the Sex Offender and Crimes Against Minors Registry pursuant to  
 123 Chapter 9 (§ 9.1-900 et seq.) of Title 9.1 within the same or a contiguous zip code area in which the home or  
 124 facility is located, pursuant to § 9.1-914;

125 14. Shall require that each nursing home and certified nursing facility ascertain, prior to admission,  
 126 whether a potential patient is required to register with the Sex Offender and Crimes Against Minors Registry  
 127 pursuant to Chapter 9 (§ 9.1-900 et seq.) of Title 9.1, if the home or facility anticipates the potential patient  
 128 will have a length of stay greater than three days or in fact stays longer than three days;

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

133 16. Shall require that each nursing home and certified nursing facility shall, upon the request of the  
 134 facility's family council, send notices and information about the family council mutually developed by the  
 135 family council and the administration of the nursing home or certified nursing facility, and provided to the  
 136 facility for such purpose, to the listed responsible party or a contact person of the resident's choice up to six  
 137 times per year. Such notices may be included together with a monthly billing statement or other regular  
 138 communication. Notices and information shall also be posted in a designated location within the nursing  
 139 home or certified nursing facility. No family member of a resident or other resident representative shall be  
 140 restricted from participating in meetings in the facility with the families or resident representatives of other  
 141 residents in the facility;

142 17. Shall require that each nursing home and certified nursing facility maintain, per facility, non-eroding  
 143 general liability insurance coverage in a minimum amount of \$1 million per occurrence, and professional  
 144 liability coverage in an amount at least equal to the recovery limit set forth in § 8.01-581.15 per patient  
 145 occurrence, to compensate patients or individuals for injuries and losses resulting from the negligent acts of  
 146 the facility. Failure to maintain such minimum insurance limits under this section shall result in revocation of  
 147 the facility's license. Each nursing home and certified nursing facility shall provide at licensure renewal or  
 148 have available to the Board proof of the insurance coverages as required by this section;

149 18. Shall require each hospital that provides obstetrical services to establish policies to follow when a  
 150 stillbirth, as defined in § 32.1-69.1, occurs that meet the guidelines pertaining to counseling patients and their  
 151 families and other aspects of managing stillbirths as may be specified by the Board in its regulations;

152 19. Shall require each nursing home to provide a full refund of any unexpended patient funds on deposit  
 153 with the facility following the discharge or death of a patient, other than entrance-related fees paid to a  
 154 continuing care provider as defined in § 38.2-4900, within 30 days of a written request for such funds by the  
 155 discharged patient or, in the case of the death of a patient, the person administering the person's estate in  
 156 accordance with the Virginia Small Estates Act (§ 64.2-600 et seq.);

157 20. Shall require that each hospital that provides inpatient psychiatric services establish a protocol that  
 158 requires, for any refusal to admit (i) a medically stable patient referred to its psychiatric unit, direct verbal  
 159 communication between the on-call physician in the psychiatric unit and the referring physician, if requested  
 160 by such referring physician, and prohibits on-call physicians or other hospital staff from refusing a request for  
 161 such direct verbal communication by a referring physician and (ii) a patient for whom there is a question  
 162 regarding the medical stability or medical appropriateness of admission for inpatient psychiatric services due  
 163 to a situation involving results of a toxicology screening, the on-call physician in the psychiatric unit to which  
 164 the patient is sought to be transferred to participate in direct verbal communication, either in person or via  
 165 telephone, with a clinical toxicologist or other person who is a Certified Specialist in Poison Information  
 166 employed by a poison control center that is accredited by the American Association of Poison Control  
 167 Centers to review the results of the toxicology screen and determine whether a medical reason for refusing  
 168 admission to the psychiatric unit related to the results of the toxicology screen exists, if requested by the  
 169 referring physician;

170 21. Shall require that each hospital that is equipped to provide life-sustaining treatment shall develop a  
 171 policy governing determination of the medical and ethical appropriateness of proposed medical care, which  
 172 shall include (i) a process for obtaining a second opinion regarding the medical and ethical appropriateness of  
 173 proposed medical care in cases in which a physician has determined proposed care to be medically or  
 174 ethically inappropriate; (ii) provisions for review of the determination that proposed medical care is  
 175 medically or ethically inappropriate by an interdisciplinary medical review committee and a determination by  
 176 the interdisciplinary medical review committee regarding the medical and ethical appropriateness of the  
 177 proposed health care; and (iii) requirements for a written explanation of the decision reached by the  
 178 interdisciplinary medical review committee, which shall be included in the patient's medical record. Such  
 179 policy shall ensure that the patient, his agent, or the person authorized to make medical decisions pursuant to  
 180 § 54.1-2986 (a) are informed of the patient's right to obtain his medical record and to obtain an independent  
 181 medical opinion and (b) afforded reasonable opportunity to participate in the medical review committee  
 182 meeting. Nothing in such policy shall prevent the patient, his agent, or the person authorized to make medical  
 183 decisions pursuant to § 54.1-2986 from obtaining legal counsel to represent the patient or from seeking other

184 remedies available at law, including seeking court review, provided that the patient, his agent, or the person  
185 authorized to make medical decisions pursuant to § 54.1-2986, or legal counsel provides written notice to the  
186 chief executive officer of the hospital within 14 days of the date on which the physician's determination that  
187 proposed medical treatment is medically or ethically inappropriate is documented in the patient's medical  
188 record;

189 22. Shall require every hospital with an emergency department to establish a security plan. Such security  
190 plan shall be developed using standards established by the International Association for Healthcare Security  
191 and Safety or other industry standard and shall be based on the results of a security risk assessment of each  
192 emergency department location of the hospital and shall include the presence of at least one off-duty  
193 law-enforcement officer or trained security personnel who is present in the emergency department at all times  
194 as indicated to be necessary and appropriate by the security risk assessment. Such security plan shall be based  
195 on identified risks for the emergency department, including trauma level designation, overall volume, volume  
196 of psychiatric and forensic patients, incidents of violence against staff, and level of injuries sustained from  
197 such violence, and prevalence of crime in the community, in consultation with the emergency department  
198 medical director and nurse director. The security plan shall also outline training requirements for security  
199 personnel in the potential use of and response to weapons, defensive tactics, de-escalation techniques,  
200 appropriate physical restraint and seclusion techniques, crisis intervention, and trauma-informed approaches.  
201 Such training shall also include instruction on safely addressing situations involving patients, family  
202 members, or other persons who pose a risk of harm to themselves or others due to mental illness or substance  
203 abuse or who are experiencing a mental health crisis. Such training requirements may be satisfied through  
204 completion of the Department of Criminal Justice Services minimum training standards for auxiliary police  
205 officers as required by § 15.2-1731. The Commissioner shall provide a waiver from the requirement that at  
206 least one off-duty law-enforcement officer or trained security personnel be present at all times in the  
207 emergency department if the hospital demonstrates that a different level of security is necessary and  
208 appropriate for any of its emergency departments based upon findings in the security risk assessment;

209 23. Shall require that each hospital establish a protocol requiring that, before a health care provider  
210 arranges for air medical transportation services for a patient who does not have an emergency medical  
211 condition as defined in 42 U.S.C. § 1395dd(e)(1), the hospital shall provide the patient or his authorized  
212 representative with written or electronic notice that the patient (i) may have a choice of transportation by an  
213 air medical transportation provider or medically appropriate ground transportation by an emergency medical  
214 services provider and (ii) will be responsible for charges incurred for such transportation in the event that the  
215 provider is not a contracted network provider of the patient's health insurance carrier or such charges are not  
216 otherwise covered in full or in part by the patient's health insurance plan;

217 24. Shall establish an exemption from the requirement to obtain a license to add temporary beds in an  
218 existing hospital or nursing home, including beds located in a temporary structure or satellite location  
219 operated by the hospital or nursing home, provided that the ability remains to safely staff services across the  
220 existing hospital or nursing home, (i) for a period of no more than the duration of the Commissioner's  
221 determination plus 30 days when the Commissioner has determined that a natural or man-made disaster has  
222 caused the evacuation of a hospital or nursing home and that a public health emergency exists due to a  
223 shortage of hospital or nursing home beds or (ii) for a period of no more than the duration of the emergency  
224 order entered pursuant to § 32.1-13 or 32.1-20 plus 30 days when the Board, pursuant to § 32.1-13, or the  
225 Commissioner, pursuant to § 32.1-20, has entered an emergency order for the purpose of suppressing a  
226 nuisance dangerous to public health or a communicable, contagious, or infectious disease or other danger to  
227 the public life and health;

228 25. Shall establish protocols to ensure that any patient scheduled to receive an elective surgical procedure  
229 for which the patient can reasonably be expected to require outpatient physical therapy as a follow-up  
230 treatment after discharge is informed that he (i) is expected to require outpatient physical therapy as a follow-  
231 up treatment and (ii) will be required to select a physical therapy provider prior to being discharged from the  
232 hospital;

233 26. Shall permit nursing home staff members who are authorized to possess, distribute, or administer  
234 medications to residents to store, dispense, or administer cannabis oil to a resident who has been issued a  
235 valid written certification for the use of cannabis oil in accordance with § 4.1-1601;

236 27. Shall require each hospital with an emergency department to establish a protocol for the treatment and  
237 discharge of individuals experiencing a substance use-related emergency, which shall include provisions for  
238 (i) appropriate screening and assessment of individuals experiencing substance use-related emergencies to  
239 identify medical interventions necessary for the treatment of the individual in the emergency department and  
240 (ii) recommendations for follow-up care following discharge for any patient identified as having a substance  
241 use disorder, depression, or mental health disorder, as appropriate, which may include, for patients who have  
242 been treated for substance use-related emergencies, including opioid overdose, or other high-risk patients, (a)  
243 the dispensing of naloxone or other opioid antagonist used for overdose reversal pursuant to subsection Y of  
244 § 54.1-3408 at discharge or (b) issuance of a prescription for and information about accessing naloxone or  
245 other opioid antagonist used for overdose reversal, including information about accessing naloxone or other

246 opioid antagonist used for overdose reversal at a community pharmacy, including any outpatient pharmacy  
 247 operated by the hospital, or through a community organization or pharmacy that may dispense naloxone or  
 248 other opioid antagonist used for overdose reversal without a prescription pursuant to a statewide standing  
 249 order. Such protocols may also provide for referrals of individuals experiencing a substance use-related  
 250 emergency to peer recovery specialists and community-based providers of behavioral health services, or to  
 251 providers of pharmacotherapy for the treatment of drug or alcohol dependence or mental health diagnoses;

252 28. During a public health emergency related to COVID-19, shall require each nursing home and certified  
 253 nursing facility to establish a protocol to allow each patient to receive visits, consistent with guidance from  
 254 the Centers for Disease Control and Prevention and as directed by the Centers for Medicare and Medicaid  
 255 Services and the Board. Such protocol shall include provisions describing (i) the conditions, including  
 256 conditions related to the presence of COVID-19 in the nursing home, certified nursing facility, and  
 257 community, under which in-person visits will be allowed and under which in-person visits will not be  
 258 allowed and visits will be required to be virtual; (ii) the requirements with which in-person visitors will be  
 259 required to comply to protect the health and safety of the patients and staff of the nursing home or certified  
 260 nursing facility; (iii) the types of technology, including interactive audio or video technology, and the staff  
 261 support necessary to ensure visits are provided as required by this subdivision; and (iv) the steps the nursing  
 262 home or certified nursing facility will take in the event of a technology failure, service interruption, or  
 263 documented emergency that prevents visits from occurring as required by this subdivision. Such protocol  
 264 shall also include (a) a statement of the frequency with which visits, including virtual and in-person, where  
 265 appropriate, will be allowed, which shall be at least once every 10 calendar days for each patient; (b) a  
 266 provision authorizing a patient or the patient's personal representative to waive or limit visitation, provided  
 267 that such waiver or limitation is included in the patient's health record; and (c) a requirement that each  
 268 nursing home and certified nursing facility publish on its website or communicate to each patient or the  
 269 patient's authorized representative, in writing or via electronic means, the nursing home's or certified nursing  
 270 facility's plan for providing visits to patients as required by this subdivision;

271 29. Shall require each hospital, nursing home, and certified nursing facility to establish and implement  
 272 policies to ensure the permissible access to and use of an intelligent personal assistant provided by a patient,  
 273 in accordance with such regulations, while receiving inpatient services. Such policies shall ensure protection  
 274 of health information in accordance with the requirements of the federal Health Insurance Portability and  
 275 Accountability Act of 1996, 42 U.S.C. § 1320d et seq., as amended. For the purposes of this subdivision,  
 276 "intelligent personal assistant" means a combination of an electronic device and a specialized software  
 277 application designed to assist users with basic tasks using a combination of natural language processing and  
 278 artificial intelligence, including such combinations known as "digital assistants" or "virtual assistants";

279 30. During a declared public health emergency related to a communicable disease of public health threat,  
 280 shall require each hospital, nursing home, and certified nursing facility to establish a protocol to allow  
 281 patients to receive visits from a rabbi, priest, minister, or clergy of any religious denomination or sect  
 282 consistent with guidance from the Centers for Disease Control and Prevention and the Centers for Medicare  
 283 and Medicaid Services and subject to compliance with any executive order, order of public health,  
 284 Department guidance, or any other applicable federal or state guidance having the effect of limiting visitation.  
 285 Such protocol may restrict the frequency and duration of visits and may require visits to be conducted  
 286 virtually using interactive audio or video technology. Any such protocol may require the person visiting a  
 287 patient pursuant to this subdivision to comply with all reasonable requirements of the hospital, nursing home,  
 288 or certified nursing facility adopted to protect the health and safety of the person, patients, and staff of the  
 289 hospital, nursing home, or certified nursing facility;

290 31. Shall require that every hospital that makes health records, as defined in § 32.1-127.1:03, of patients  
 291 who are minors available to such patients through a secure website shall make such health records available  
 292 to such patient's parent or guardian through such secure website, unless the hospital cannot make such health  
 293 record available in a manner that prevents disclosure of information, the disclosure of which has been denied  
 294 pursuant to subsection F of § 32.1-127.1:03 or for which consent required in accordance with subsection E of  
 295 § 54.1-2969 has not been provided;

296 32. Shall require that every hospital where surgical procedures are performed adopt a policy requiring the  
 297 use of a smoke evacuation system for all planned surgical procedures that are likely to generate surgical  
 298 smoke. For the purposes of this subdivision, "smoke evacuation system" means smoke evacuation equipment  
 299 and technologies designed to capture, filter, and remove surgical smoke at the site of origin and to prevent  
 300 surgical smoke from making ocular contact or contact with a person's respiratory tract;

301 33. Shall require every hospital with an emergency department, when conducting a urine drug screening  
 302 to assist in diagnosing a patient's condition, to include testing for fentanyl in such urine drug screening; and

303 34. Shall establish fees for the issuance, change, or renewal of a hospital or nursing home license to cover  
 304 the costs of operating the hospital and nursing home licensure and inspection program in a manner that  
 305 ensures timely completion of inspections as set forth in § 32.1-126. In establishing such fees, the Board shall  
 306 distribute the costs of operating the hospital and nursing home licensure and inspection program in an  
 307 equitable manner across all hospitals or nursing homes and ensure that the amount of such fees shall change

308 no more frequently than annually. Fee changes under this section shall only be initiated if the expenses  
309 allocated to the Hospital and Nursing Home Licensure and Inspection Program Fund established under  
310 § 32.1-130, plus any state or other funding sources appropriated for the hospital and nursing home licensure  
311 and inspection program, are shown to be more than 10 percent greater or less than the annual costs of  
312 operating the hospital and nursing home licensure and inspection program in a manner that ensures timely  
313 completion of inspections. This analysis shall be conducted separately for hospital fees and nursing home  
314 fees, and resulting fee changes shall be established such that fees are sufficient to cover unfunded expenses  
315 but not excessive.

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

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

326 E. Hospitals in the Commonwealth may enter into agreements with the Department of Health for the  
327 provision to uninsured patients of naloxone or other opioid antagonists used for overdose reversal.

328 F. Hospitals in the Commonwealth shall:

329 1. Establish a workplace violence incident reporting system, through which each hospital shall document,  
330 track, and analyze any incident of workplace violence reported. The results of such analysis shall be used to  
331 make improvements in preventing workplace violence, including improvements achieved through continuing  
332 education in targeted areas, including de-escalation training, risk identification, and violence prevention  
333 planning. Such reporting system shall (i) be clearly communicated to all employees, including to any new  
334 employees at the employee orientation, and (ii) include guidelines on when and how to report incidents of  
335 workplace violence to the employer, security agencies, and appropriate law-enforcement authorities;

336 2. Record all reported incidents of workplace violence as voluntarily reported by an employee; and

337 3. Adopt a policy that prohibits any person from discriminating or retaliating against any employee of the  
338 hospital for reporting to, or seeking assistance or intervention from, the employer, security agencies,  
339 law-enforcement authorities, local emergency services organizations, government agencies, or others  
340 participating in any incident investigation. Such policy shall comply with the provisions of § 40.1-27.3.

341 G. Each hospital in the Commonwealth shall maintain the record of reported incidents of workplace  
342 violence made pursuant to subsection F for at least two years and shall include in such record, at a minimum:

343 1. The date and time of the incident;

344 2. A description of the incident, including the job titles of the affected employee;

345 3. Whether the perpetrator was a patient, visitor, employee, or other person;

346 4. A description of where the incident occurred;

347 5. Information relating the type of incident, including whether the incident involved (i) a physical attack  
348 without a weapon; (ii) an attack with a weapon or object; (iii) a threat of physical force or use of a weapon or  
349 other object with the intent to cause bodily harm; (iv) sexual assault or the threat of sexual assault; or (v)  
350 anything else not listed in subdivisions (i) through (iv);

351 6. The response to and any consequences of the incident, including (i) whether security or law  
352 enforcement was contacted and, if so, their response and (ii) whether the incident resulted in any change to  
353 hospital policy; and

354 7. Information about the individual who completed the report, including such individual's name, job title,  
355 and the date of completion.

356 H. Each hospital shall:

357 1. Report the data collected and reported pursuant to subsection G to the chief medical officer and the  
358 chief nursing officer of such hospital on, at a minimum, a quarterly basis; and

359 2. Send a report to the Department on an annual basis that includes, at a minimum, the number of  
360 incidents of workplace violence voluntarily reported by an employee pursuant to subsection F. Any report  
361 made to the Department pursuant to this subdivision shall be aggregated to remove any personally  
362 identifiable information.

363 I. As used in this section:

364 "Employee of the hospital" or "employee" means an employee of the hospital or any health care provider  
365 credentialed by the hospital or engaged by the hospital to perform health care services on the premises of the  
366 hospital.

367 "Workplace violence" means any act of violence or threat of violence, without regard to the intent of the  
368 perpetrator, that occurs against an employee of the hospital while on the premises of such hospital and  
369 engaged in the performance of his duties. "Workplace violence" includes (i) the threat or use of physical force

370 against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or  
371 stress, regardless of whether physical injury is sustained, and (ii) any incident involving the threat of using  
372 dangerous weapons or using common objects as weapons or to cause physical harm, regardless of whether  
373 physical injury is sustained.