

097808338

SENATE BILL NO. 1270

Offered January 14, 2009

Prefiled January 14, 2009

A BILL to amend and reenact §§ 32.1-102.1, 32.1-123, 32.1-125, 32.1-125.1, 32.1-126, 32.1-127, 32.1-129, 32.1-130, 32.1-133, and 32.1-135 of the Code of Virginia, relating to regulations and licensure of abortion clinics; penalties.

Patrons—Vogel; Delegate: Cole

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That §§ 32.1-102.1, 32.1-123, 32.1-125, 32.1-125.1, 32.1-126, 32.1-127, 32.1-129, 32.1-130, 32.1-133, and 32.1-135 of the Code of Virginia are amended and reenacted as follows:

§ 32.1-102.1. Definitions.

As used in this article, unless the context indicates otherwise:

"Certificate" means a certificate of public need for a project required by this article.

"Clinical health service" means a single diagnostic, therapeutic, rehabilitative, preventive or palliative procedure or a series of such procedures that may be separately identified for billing and accounting purposes.

"Health planning region" means a contiguous geographical area of the Commonwealth with a population base of at least 500,000 persons which is characterized by the availability of multiple levels of medical care services, reasonable travel time for tertiary care, and congruence with planning districts.

"Medical care facility," as used in this title, means any institution, place, building or agency, whether or not licensed or required to be licensed by the Board or the State Mental Health, Mental Retardation and Substance Abuse Services Board, whether operated for profit or nonprofit and whether privately owned or privately operated or owned or operated by a local governmental unit, (i) by or in which health services are furnished, conducted, operated or offered for the prevention, diagnosis or treatment of human disease, pain, injury, deformity or physical condition, whether medical or surgical, of two or more nonrelated mentally or physically sick or injured persons, or for the care of two or more nonrelated persons requiring or receiving medical, surgical or nursing attention or services as acute, chronic, convalescent, aged, physically disabled or crippled or (ii) which is the recipient of reimbursements from third-party health insurance programs or prepaid medical service plans. For purposes of this article, only the following medical care facilities shall be subject to review:

1. General hospitals.

2. Sanitariums.

3. Nursing homes.

4. Intermediate care facilities, except those intermediate care facilities established for the mentally retarded that have no more than 12 beds and are in an area identified as in need of residential services for people with mental retardation in any plan of the Department of Mental Health, Mental Retardation and Substance Abuse Services.

5. Extended care facilities.

6. Mental hospitals.

7. Mental retardation facilities.

8. Psychiatric hospitals and intermediate care facilities established primarily for the medical, psychiatric or psychological treatment and rehabilitation of alcoholics or drug addicts.

9. Specialized centers or clinics or that portion of a physician's office developed for the provision of outpatient or ambulatory surgery, cardiac catheterization, computed tomographic (CT) scanning, gamma knife surgery, lithotripsy, magnetic resonance imaging (MRI), magnetic source imaging (MSI), positron emission tomographic (PET) scanning, radiation therapy, nuclear medicine imaging, except for the purpose of nuclear cardiac imaging, or such other specialty services as may be designated by the Board by regulation.

10. Rehabilitation hospitals.

11. Any facility licensed as a hospital.

The term "medical care facility" shall not include any facility of (i) the Department of Mental Health, Mental Retardation and Substance Abuse Services; (ii) any nonhospital substance abuse residential treatment program operated by or contracted primarily for the use of a community services board under the Department of Mental Health, Mental Retardation and Substance Abuse Services' Comprehensive Plan; (iii) an intermediate care facility for the mentally retarded that has no more than 12 beds and is in

INTRODUCED

SB1270

59 an area identified as in need of residential services for people with mental retardation in any plan of the
60 Department of Mental Health, Mental Retardation and Substance Abuse Services; (iv) a physician's
61 office, except that portion of a physician's office described above in subdivision 9 of the definition of
62 "medical care facility"; ~~or~~ (v) the Woodrow Wilson Rehabilitation Center of the Department of
63 Rehabilitative Services; *or* (vi) *an abortion clinic as defined in § 32.1-123*. "Medical care facility" shall
64 also not include that portion of a physician's office dedicated to providing nuclear cardiac imaging.

65 "Project" means:

66 1. Establishment of a medical care facility;

67 2. An increase in the total number of beds or operating rooms in an existing medical care facility;

68 3. Relocation of beds from one existing facility to another; provided that "project" shall not include
69 the relocation of up to 10 beds or 10 percent of the beds, whichever is less, (i) from one existing
70 facility to another existing facility at the same site in any two-year period, or (ii) in any three-year
71 period, from one existing nursing home facility to any other existing nursing home facility owned or
72 controlled by the same person that is located either within the same planning district, or within another
73 planning district out of which, during or prior to that three-year period, at least 10 times that number of
74 beds have been authorized by statute to be relocated from one or more facilities located in that other
75 planning district and at least half of those beds have not been replaced; provided further that, however, a
76 hospital shall not be required to obtain a certificate for the use of 10 percent of its beds as nursing
77 home beds as provided in § 32.1-132;

78 4. Introduction into an existing medical care facility of any new nursing home service, such as
79 intermediate care facility services, extended care facility services, or skilled nursing facility services,
80 regardless of the type of medical care facility in which those services are provided;

81 5. Introduction into an existing medical care facility of any new cardiac catheterization, computed
82 tomographic (CT) scanning, gamma knife surgery, lithotripsy, magnetic resonance imaging (MRI),
83 magnetic source imaging (MSI), medical rehabilitation, neonatal special care, obstetrical, open heart
84 surgery, positron emission tomographic (PET) scanning, psychiatric, organ or tissue transplant service,
85 radiation therapy, nuclear medicine imaging, except for the purpose of nuclear cardiac imaging,
86 substance abuse treatment, or such other specialty clinical services as may be designated by the Board
87 by regulation, which the facility has never provided or has not provided in the previous 12 months;

88 6. Conversion of beds in an existing medical care facility to medical rehabilitation beds or
89 psychiatric beds;

90 7. The addition by an existing medical care facility of any medical equipment for the provision of
91 cardiac catheterization, computed tomographic (CT) scanning, gamma knife surgery, lithotripsy, magnetic
92 resonance imaging (MRI), magnetic source imaging (MSI), open heart surgery, positron emission
93 tomographic (PET) scanning, radiation therapy, or other specialized service designated by the Board by
94 regulation. Replacement of existing equipment shall not require a certificate of public need; or

95 8. Any capital expenditure of \$15 million or more, not defined as reviewable in subdivisions 1
96 through 7 of this definition, by or in behalf of a medical care facility. However, capital expenditures
97 between \$5 and \$15 million shall be registered with the Commissioner pursuant to regulations developed
98 by the Board. The amounts specified in this subdivision shall be revised effective July 1, 2008, and
99 annually thereafter to reflect inflation using appropriate measures incorporating construction costs and
100 medical inflation.

101 "Regional health planning agency" means the regional agency, including the regional health planning
102 board, its staff and any component thereof, designated by the Virginia Health Planning Board to perform
103 the health planning activities set forth in this chapter within a health planning region.

104 "State Medical Facilities Plan" means the planning document adopted by the Board of Health which
105 shall include, but not be limited to, (i) methodologies for projecting need for medical care facility beds
106 and services; (ii) statistical information on the availability of medical care facilities and services; and
107 (iii) procedures, criteria and standards for review of applications for projects for medical care facilities
108 and services.

109 "Virginia Health Planning Board" means the statewide health planning body established pursuant to
110 § 32.1-122.02 which serves as the analytical and technical resource to the Secretary of Health and
111 Human Resources in matters requiring health analysis and planning.

112 § 32.1-123. Definitions.

113 As used in this article unless a different meaning or construction is clearly required by the context or
114 otherwise:

115 "*Abortion clinic*" means any facility, other than a hospital as defined herein or an ambulatory
116 surgery center licensed by the Board, in which 25 or more first trimester abortions are performed in
117 any 12-month period.

118 "Certified nursing facility" means any skilled nursing facility, skilled care facility, intermediate care
119 facility, nursing or nursing care facility, or nursing home, whether freestanding or a portion of a
120 freestanding medical care facility, that is certified as a Medicare or Medicaid provider, or both, pursuant

121 to § 32.1-137.

122 "Class I violation" means failure of a nursing home or certified nursing facility to comply with one
123 or more requirements of state or federal law or regulations which creates a situation that presents an
124 immediate and serious threat to patient health or safety.

125 "Class II violation" means a pattern of noncompliance by a nursing home or certified nursing facility
126 with one or more federal conditions of participation which indicates delivery of substandard quality of
127 care but does not necessarily create an immediate and serious threat to patient health and safety.
128 Regardless of whether the facility participates in Medicare or Medicaid, the federal conditions of
129 participation shall be the standards for Class II violations.

130 "Hospital" means any facility licensed pursuant to this article in which the primary function is the
131 provision of diagnosis, of treatment, and of medical and nursing services, surgical or nonsurgical, for
132 two or more nonrelated individuals, including hospitals known by varying nomenclature or designation
133 such as sanatoriums, sanitariums and general, acute, rehabilitation, chronic disease, short-term, long-term,
134 outpatient surgical, and inpatient or outpatient maternity hospitals.

135 "Immediate and serious threat" means a situation or condition having a high probability that serious
136 harm or injury to patients could occur at any time, or already has occurred, and may occur again, if
137 patients are not protected effectively from the harm, or the threat is not removed.

138 "Inspection" means all surveys, inspections, investigations and other procedures necessary for the
139 Department of Health to perform in order to carry out various obligations imposed on the Board or
140 Commissioner by applicable state and federal laws and regulations.

141 "Nursing home" means any facility or any identifiable component of any facility licensed pursuant to
142 this article in which the primary function is the provision, on a continuing basis, of nursing services and
143 health-related services for the treatment and inpatient care of two or more nonrelated individuals,
144 including facilities known by varying nomenclature or designation such as convalescent homes, skilled
145 nursing facilities or skilled care facilities, intermediate care facilities, extended care facilities and nursing
146 or nursing care facilities.

147 "Nonrelated" means not related by blood or marriage, ascending or descending or first degree full or
148 half collateral.

149 "Substandard quality of care" means deficiencies in practices of patient care, preservation of patient
150 rights, environmental sanitation, physical plant maintenance, or life safety which, if not corrected, will
151 have a significant harmful effect on patient health and safety.

152 § 32.1-125. Establishment or operation of abortion clinics, hospitals and nursing homes prohibited
153 without license or certification; licenses not transferable.

154 A. No person shall own, establish, conduct, maintain, manage or operate in this Commonwealth any
155 hospital or nursing home unless such hospital or nursing home is licensed or certified as provided in this
156 article.

157 B. No license issued hereunder shall be assignable or transferable.

158 C. *On and after July 1, 2009, no proposed abortion clinic shall operate in the Commonwealth unless*
159 *such clinic is licensed by the Board. The Board shall promulgate regulations for the licensure of*
160 *abortion clinics that require that every licensed abortion clinic comply with the requirements for the*
161 *operation of ambulatory surgery centers in effect on June 30, 2009, except for the requirement for a*
162 *certificate of public need pursuant to Article 1.1 (§ 32.1-102.1 et seq.) of Chapter 4. Further, the Board*
163 *may waive structural requirements for the operation of ambulatory surgery centers, such as, but not*
164 *limited to, the width of doors, upon finding that the existing building conditions will accommodate the*
165 *safe removal and transfer of patients from the abortion clinic.*

166 § 32.1-125.1. Inspection of abortion clinics and hospitals by state agencies generally.

167 As used in this section unless the context requires a different meaning, "abortion clinic" or "hospital"
168 means a *an abortion clinic or hospital as defined in § 32.1-123 or § 37.2-100.*

169 State agencies shall make or cause to be made only such inspections of *abortion clinics and hospitals*
170 *as are necessary to carry out the various obligations imposed on each agency by applicable state and*
171 *federal laws and regulations. Any on-site inspection by a state agency or a division or unit thereof that*
172 *substantially complies with the inspection requirements of any other state agency or any other division*
173 *or unit of the inspecting agency charged with making similar inspections shall be accepted as an*
174 *equivalent inspection in lieu of an on-site inspection by said agency or by a division or unit of the*
175 *inspecting agency. A state agency shall coordinate its hospital inspections both internally and with those*
176 *required by other state agencies so as to ensure that the requirements of this section are met.*

177 Notwithstanding any provision of law to the contrary, all hospitals licensed by the Department of
178 Health or Department of Mental Health, Mental Retardation and Substance Abuse Services which have
179 been certified under the provisions of Title XVIII of the Social Security Act for hospital or psychiatric
180 services or which have obtained accreditation from the Joint Commission on Accreditation of Healthcare
181 Organizations may be subject to inspections so long as such certification or accreditation is maintained

182 but only to the extent necessary to ensure the public health and safety.

183 § 32.1-126. Commissioner to inspect and to issue licenses to or assure compliance with certification
184 requirements for abortion clinics, hospitals, nursing homes and certified nursing facilities; notice of
185 denial of license; consultative advice and assistance; notice to electric utilities.

186 A. Pursuant to this article, the Commissioner shall issue licenses to, and assure compliance with
187 certification requirements for *abortion clinics*, hospitals and nursing homes, and assure compliance with
188 certification requirements for facilities owned or operated by agencies of the Commonwealth as defined
189 in subdivision (vi) of § 32.1-124, which after inspection are found to be in compliance with the
190 provisions of this article and with all applicable state and federal regulations. The Commissioner shall
191 notify by certified mail or by overnight express mail any applicant denied a license of the reasons for
192 such denial.

193 B. The Commissioner shall cause each and every *abortion clinic*, hospital, nursing home, and
194 certified nursing facility to be inspected periodically, but not less often than biennially, in accordance
195 with the provisions of this article and regulations of the Board.

196 Unless expressly prohibited by federal statute or regulation, the findings of the Commissioner, with
197 respect to periodic surveys of nursing facilities conducted pursuant to the Survey, Certification, and
198 Enforcement Procedures set forth in 42 C.F.R. Part 488, shall be considered case decisions pursuant to
199 the Administrative Process Act (§ 2.2-4000 et seq.) and shall be subject to the Department's informal
200 dispute resolution procedures, or, at the option of the Department or the nursing facility, the formal
201 fact-finding procedures under § 2.2-4020. The Commonwealth shall be deemed the proponent for
202 purposes of § 2.2-4020. Further, notwithstanding the provisions of clause (iii) of § 2.2-4025, such case
203 decisions shall also be subject to the right to court review pursuant to Article 5 (§ 2.2-4025 et seq.) of
204 Chapter 40 of Title 2.2.

205 C. The Commissioner may, in accordance with regulations of the Board, provide for consultative
206 advice and assistance, with such limitations and restrictions as he deems proper, to any person who
207 intends to apply for a *an abortion clinic*, hospital or nursing home license or nursing facility
208 certification.

209 D. For the purpose of facilitating the prompt restoration of electrical service and prioritization of
210 customers during widespread power outages, the Commissioner shall notify on a quarterly basis all
211 electric utilities serving customers in Virginia as to the location of all nursing homes licensed in the
212 Commonwealth. The requirements of this subsection shall be met if the Commissioner maintains such
213 information on an electronic database accessible by electric utilities serving customers in Virginia.

214 E. *Upon determining that any abortion clinic is in violation of this chapter, any other state law or*
215 *regulation, any federal law or regulation, the Commissioner may, upon proper notice, deny, suspend, or*
216 *revoke its license or pursue one or more of the civil or criminal penalties set out in § 32.1-27. Appeals*
217 *of such actions may be made in accordance with the Administrative Process Act (§ 2.2-4000 et seq.).*

218 § 32.1-127. Regulations.

219 A. The regulations promulgated by the Board to carry out the provisions of this article shall be in
220 substantial conformity to the standards of health, hygiene, sanitation, construction and safety as
221 established and recognized by medical and health care professionals and by specialists in matters of
222 public health and safety, including health and safety standards established under provisions of Title
223 XVIII and Title XIX of the Social Security Act, and to the provisions of Article 2 (§ 32.1-138 et seq.)
224 of this chapter. *Further, the Board's regulations for licensure of abortion clinics shall require that such*
225 *clinics comply with the requirements for ambulatory surgery centers in effect on June 30, 2009, except*
226 *the requirement for a certificate of public need pursuant to Article 1.1 (§ 32.1-102.1 et seq.) of Chapter*
227 *4.*

228 B. Such regulations:

229 1. Shall include minimum standards for (i) the construction and maintenance of hospitals, nursing
230 homes and certified nursing facilities to assure the environmental protection and the life safety of its
231 patients and employees and the public; (ii) the operation, staffing and equipping of *abortion clinics*,
232 hospitals, nursing homes and certified nursing facilities; (iii) qualifications and training of staff of
233 hospitals, nursing homes and certified nursing facilities, except those professionals licensed or certified
234 by a *health regulatory board within* the Department of Health Professions; and (iv) conditions under
235 which a *an abortion clinic*, hospital or nursing home may provide medical and nursing services to
236 patients in their places of residence;

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

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

242 4. Shall also require that each hospital establish a protocol for organ donation, in compliance with
243 federal law and the regulations of the Centers for Medicare & Medicaid Services (CMS), particularly 42

244 C.F.R. § 482.45. Each hospital shall have an agreement with an organ procurement organization
 245 designated in CMS regulations for routine contact, whereby the provider's designated organ procurement
 246 organization certified by CMS (i) is notified in a timely manner of all deaths or imminent deaths of
 247 patients in the hospital and (ii) is authorized to determine the suitability of the decedent or patient for
 248 organ donation and, in the absence of a similar arrangement with any eye bank or tissue bank in
 249 Virginia certified by the Eye Bank Association of America or the American Association of Tissue
 250 Banks, the suitability for tissue and eye donation. The hospital shall also have an agreement with at least
 251 one tissue bank and at least one eye bank to cooperate in the retrieval, processing, preservation, storage,
 252 and distribution of tissues and eyes to ensure that all usable tissues and eyes are obtained from potential
 253 donors and to avoid interference with organ procurement. The protocol shall ensure that the hospital
 254 collaborates with the designated organ procurement organization to inform the family of each potential
 255 donor of the option to donate organs, tissues, or eyes or to decline to donate. The individual making
 256 contact with the family shall have completed a course in the methodology for approaching potential
 257 donor families and requesting organ or tissue donation that (i) is offered or approved by the organ
 258 procurement organization and designed in conjunction with the tissue and eye bank community and (ii)
 259 encourages discretion and sensitivity according to the specific circumstances, views, and beliefs of the
 260 relevant family. In addition, the hospital shall work cooperatively with the designated organ procurement
 261 organization in educating the staff responsible for contacting the organ procurement organization's
 262 personnel on donation issues, the proper review of death records to improve identification of potential
 263 donors, and the proper procedures for maintaining potential donors while necessary testing and
 264 placement of potential donated organs, tissues, and eyes takes place. This process shall be followed,
 265 without exception, unless the family of the relevant decedent or patient has expressed opposition to
 266 organ donation, the chief administrative officer of the hospital or his designee knows of such opposition,
 267 and no donor card or other relevant document, such as an advance directive, can be found;

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

270 6. Shall also require that each licensed hospital develop and implement a protocol requiring written
 271 discharge plans for identified, substance-abusing, postpartum women and their infants. The protocol shall
 272 require that the discharge plan be discussed with the patient and that appropriate referrals for the mother
 273 and the infant be made and documented. Appropriate referrals may include, but need not be limited to,
 274 treatment services, comprehensive early intervention services for infants and toddlers with disabilities
 275 and their families pursuant to Part H of the Individuals with Disabilities Education Act, 20 U.S.C.
 276 § 1471 et seq., and family-oriented prevention services. The discharge planning process shall involve, to
 277 the extent possible, the father of the infant and any members of the patient's extended family who may
 278 participate in the follow-up care for the mother and the infant. Immediately upon identification, pursuant
 279 to § 54.1-2403.1, of any substance-abusing, postpartum woman, the hospital shall notify, subject to
 280 federal law restrictions, the community services board of the jurisdiction in which the woman resides to
 281 appoint a discharge plan manager. The community services board shall implement and manage the
 282 discharge plan;

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

285 8. Shall require that each licensed *abortion clinic and each licensed* hospital establish a protocol
 286 relating to the rights and responsibilities of patients which shall include a process reasonably designed to
 287 inform patients of such rights and responsibilities. Such rights and responsibilities of patients, a copy of
 288 which shall be given to patients on admission, shall be based on Joint Commission on Accreditation of
 289 Healthcare Organizations' standards;

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

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

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

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

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

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

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

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

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

332 § 32.1-129. Application for license.

333 Each application for a *an abortion clinic*, hospital or nursing home license shall be made on a form
 334 prescribed by the Board. The application shall specify the official name and the kind of *abortion clinic*,
 335 hospital or nursing home, the location thereof, the name of the person in charge and such additional
 336 relevant information as the Board requires.

337 § 32.1-130. Service charges.

338 A. A service charge of \$1.50 per patient bed for which the hospital or nursing home is licensed, but
 339 not less than \$75 nor more than \$500, shall be paid for each license upon issuance and renewal. The
 340 service charge for a license for a hospital or nursing home which does not provide overnight inpatient
 341 care shall be \$75.

342 B. All service charges received under the provisions of ~~this article~~ *subsection A* shall be paid into a
 343 special fund of the Department and are appropriated to the Department for the operation of the hospital
 344 and nursing home licensure and inspection program.

345 C. *All abortion clinics shall submit, in accordance with the Board's regulations, such licensure fees*
 346 *as may be required to support the costs of the abortion clinic licensure and inspection program.*

347 § 32.1-133. Display of license.

348 The current license shall at all times be posted in each *abortion clinic*, hospital or nursing home in a
 349 place readily visible and accessible to the public.

350 § 32.1-135. Revocation or suspension of license or certification; restriction or prohibition of new
 351 admissions to nursing home.

352 A. In accordance with applicable regulations of the Board, the Commissioner (i) may restrict or
 353 prohibit new admissions to any nursing home or certified nursing facility *or the operation of any*
 354 *abortion clinic*, ~~or~~ (ii) may petition the court to impose a civil penalty against any nursing home, ~~or~~
 355 certified nursing facility, *or abortion clinic* or to appoint a receiver for ~~such~~ *a* nursing home or certified
 356 nursing facility, or, *in the case of a certified nursing facility*, both *appoint a receiver and impose a civil*
 357 *penalty*, or (iii) may revoke the certification or may revoke or suspend the license of a *an abortion*
 358 *clinic*, hospital or nursing home or the certification of any certified nursing facility for violation of any
 359 provision of this article or Article 2 (§ 32.1-138 et seq.) of this chapter or of any applicable regulation
 360 promulgated under this chapter or for permitting, aiding, or abetting the commission of any illegal act in
 361 the *abortion clinic*, hospital or nursing home.

362 All appeals from notice of imposition of administrative sanctions shall be received in writing within
 363 ~~fifteen~~ 15 days of the date of receipt of such notice. The provisions of the Administrative Process Act
 364 (§ 2.2-4000 et seq.) shall be applicable to such appeals.

365 B. If a license or certification is revoked as herein provided, a new license or certification may be
 366 issued by the Commissioner after satisfactory evidence is submitted to him that the conditions upon

367 which revocation was based have been corrected and after proper inspection has been made and
368 compliance with all provisions of this article and applicable state and federal law and regulations
369 hereunder has been obtained.

370 C. Suspension of a license shall in all cases be for an indefinite time. The Commissioner may
371 completely or partially restore a suspended license or certificate when he determines that the conditions
372 upon which suspension was based have been completely or partially corrected and that the interests of
373 the public will not be jeopardized by resumption of operation. No additional service charges shall be
374 required for restoring such license.

INTRODUCED

SB1270