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Virginia General Assembly 2010 Healthcare Highlights

As expected, the 2010 General Assembly made legislative changes that will impact the delivery of healthcare services in the Commonwealth. Some of the more significant healthcare bills are covered here, and we would be happy to provide you with complete copies of any of these bills. The laws will become effective July 1, 2010 unless otherwise noted.

Peer Utilization Review

(HB0011) This law clarifies that a healthcare provider may seek reconsideration or appeal of an adverse healthcare utilization review decision. In any case under appeal, the case shall be reviewed by a peer of the healthcare provider proposing the treatment at issue who shall be board certified in the same or similar specialty as the treating provider. This will become effective Oct. 1, 2010.

Pharmacy Benefits Choice

(HB0116) This authorizes accident and sickness insurers proposing to issue preferred provider policies or contracts, health maintenance organizations, corporations providing preferred provider subscription contracts and healthcare plans for state employees to select a single mail order pharmacy provider as an exclusive provider of pharmacy services that are delivered to the

covered person's address by mail, common carrier or delivery service.

Medication Dispensing

(HB0150) This authorizes community service boards, behavioral health authorities and clinics established by the Virginia Department of Health or local health departments to receive, store, retain and repackage prescription drug orders dispensed to a patient for the purpose of assisting a client with self-administration of the drug. It also provides for units licensed by the Department of Behavioral Health and Development Services to maintain stocks of Schedule VI drugs necessary for immediate treatment of admitted patients.

Practitioner Self-referral

(HB0143) This bill brings exceptions under the current law in line with federal "Stark" exceptions.

Mandated Health Insurance

Coverage for Telemedicine Service

(SB0675) Health insurers, healthcare subscription plans and HMOs are required to provide coverage for the cost of healthcare services provided through "telemedicine services," which means the use of interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment. Utilization review may be undertaken to determine appropriateness.

Advance Medical Directives

(SB0275) This addresses the authority of an advance medical directive in cases in which a person is subject to an emergency custody, temporary detention, involuntary admission or mandatory outpatient treatment order. It also authorizes a person who has exhibited special care and concern for a patient and is familiar with the patient's beliefs and values to make healthcare decisions if the patient is incapable, in certain situations.

Schedule VI Prescriptions

(HB0286) Healthcare practitioners are now authorized to prescribe Schedule VI antibiotics and antiviral agents to a person in close contact with a diagnosed patient of the practitioner without first conducting a physical exam of the person when the practitioner has a bona fide practitioner-patient relationship with the diagnosed patient, and meets all requirements for a similar relationship with the person in close contact other than the requirement for a physical exam. The practitioner must believe there is urgency to begin treatment to prevent transmission of a communicable disease or to prevent imminent risk of death, life-threatening illness or serious disability.

Notification of Breach of Medical Information

(HB1039) Commonwealth residents must be notified if their unredacted or unencrypted medical or health insurance info is the subject of a database breach. This requirement would apply only to state and local government entities, and would become effective Jan. 1, 2011.

Wellness Programs

(HB0548) This law allows group health insurance policies to provide a discount to employers who institute employee wellness programs. It also allows an employer that institutes and maintains an employee wellness program to require any employee wishing to

enroll undergo a health assessment as a condition of enrollment.

Mandatory Outpatient Treatment Following Inpatient Treatment

(HB0729) This law allows a court to enter an order for mandatory outpatient treatment following involuntary inpatient treatment. The services must be available in the community and the local service providers must have agreed to deliver the services.

Polysomnographic Technologist License Requirement

(HB0725) No person shall practice as, or assume the title "licensed polysomnographic technologist," "polysomnographic technologist," or "licensed sleep tech" unless such person is licensed by the Board of Medicine.

Privileged Communications

(SB0191) This law clarifies that the exchange of privileged, healthcare-related information between committees, boards, group, commissions or other entities that primarily review, evaluate or make recommendations regarding health care shall not constitute a waiver of privilege.

Rights of Nursing Home Patients

(SB0540) This law requires a written acknowledgement that a nursing home patient is fully informed about the services available at the facility and the charges for such services. It also adds a responsible party as defined in regulation to the list of persons who can act on behalf of an incapacitated person.

Health Law Group Chair Speaks on Health Reform Issues

Both administrators and practitioners have found implementing changes mandated by the recent healthcare reform legislation a complicated process.

Jon Joseph has made presentations on the subject to healthcare professionals and lawyers. For info or to schedule him as a speaker for your group, please e-mail a request to jjoseph@cblaw.com.

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