

Code of Virginia

Title 32.1. Health

Subtitle .

Chapter 1. Administration Generally

Chapter 1. Administration Generally.

Article 1. General Provisions.

§ 32.1-1. References to former sections, articles and chapters of Title 32 and other titles.

Whenever any of the conditions, requirements, provisions or contents of any section, article or chapter of Title 32 or any other title of this Code as such titles existed prior to October 1, 1979, are transferred the same or in modified form to a new section, article or chapter of this title or any other title of this Code and whenever any such former section, article or chapter is given a new number in this or any other title, all references to any such former section, article or chapter of Title 32 or other title appearing in this Code shall be construed to apply to the new or renumbered section, article or chapter containing such conditions, requirements, provisions or contents or portions thereof.

1979, c. 711.

§ 32.1-2. Finding and purpose.

The General Assembly finds that the protection, improvement and preservation of the public health and of the environment are essential to the general welfare of the citizens of the Commonwealth. For this reason, the State Board of Health and the State Health Commissioner, assisted by the State Department of Health, shall administer and provide a comprehensive program of preventive, curative, restorative and environmental health services, educate the citizenry in health and environmental matters, develop and implement health resource plans, collect and preserve vital records and health statistics, assist in research, and abate hazards and nuisances to the health and to the environment, both emergency and otherwise, thereby improving the quality of life in the Commonwealth.

This comprehensive program of preventive, curative, restorative, and environmental health services shall include prevention and education activities focused on women's health, including, but not limited to, osteoporosis, breast cancer, and other conditions unique to or more prevalent among women.

1979, c. 711; 1995, c. [78](#).

§ 32.1-3. Definitions.

As used in this title unless the context requires otherwise or it is otherwise provided:

"Board" or "State Board" means the State Board of Health.

"Commissioner" means the State Health Commissioner.

"Department" means the State Department of Health.

"Medical care facility" means any institution, place, building, or agency, whether or not licensed or required to be licensed by the Board or the Department of Behavioral Health and Developmental Services, 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 persons who are injured or physically sick or have mental illness, or for the care of two or more nonrelated persons requiring or receiving medical, surgical, nursing, acute, chronic, convalescent, or long-term care services, or services for individuals with disabilities, or (ii) which is the recipient of reimbursements from third-party health insurance programs or prepaid medical service plans.

The term "medical care facility" does not include any facility of (a) the Department of Behavioral Health and Developmental Services; (b) any nonhospital substance abuse residential treatment program operated by or contracted primarily for the use of a community services board under the Department of Behavioral Health and Developmental Services' Comprehensive State Plan; (c) an intermediate care facility for individuals with intellectual disability (ICF/IID) that has no more than 12 beds and is in an area identified as in need of residential services for individuals with intellectual disability in any plan of the Department of Behavioral Health and Developmental Services; (d) a physician's office, except that portion of a physician's office described in subdivision A 6 of § 32.1-102.1:3; (e) the Wilson Workforce and Rehabilitation Center of the Department for Aging and Rehabilitative Services; (f) the Department of Corrections; or (g) the Department of Veterans Services.

"Person" means an individual, corporation, partnership, or association or any other legal entity.

1979, c. 711; 2020, c. [1271](#).

§ 32.1-3.1. Certified mail; subsequent mail or notices may be sent by regular mail.

Whenever in this title the Board, the Commissioner, or the Department is required to send any mail or notice by certified mail and such mail or notice is sent certified mail, return receipt requested, then an subsequent, identical mail or notice that is sent by the Board, the Commissioner, or the Department may be sent by regular mail.

2011, c. [566](#).

§ 32.1-4. Sovereign immunity.

Nothing contained in this title shall be construed to be a waiver of the defense of sovereign immunity except where expressly provided by the laws of this Commonwealth.

1979, c. 711.

Article 2. State Board of Health.

§ 32.1-5. Appointment of members; terms and vacancies.

There shall be a State Board of Health which shall consist of 15 residents of the Commonwealth appointed by the Governor for terms of four years each. Two members of the Board shall be members of the Medical Society of Virginia, one member shall be a member of the Virginia Pharmaceutical

Association, one member shall be a member of the State Dental Association, one member shall be a member of the Virginia Nurses' Association, one member shall be a member of the Virginia Veterinary Medical Association, one member shall be a representative of local government, one member shall be representative of the hospital industry, one member shall be a representative of the nursing home industry, one member shall be a representative of the licensed health carriers responsible under Title 38.2 for a managed care health insurance plan, one member shall be a corporate purchaser of health care, two members shall be consumers, one member shall have public environmental health expertise, and one member shall be a representative of the emergency medical services community recommended by the State Emergency Medical Services Advisory Board. A vacancy other than by expiration of term shall be filled by the Governor for the unexpired term.

No person shall be eligible to serve more than two full consecutive four-year terms.

Code 1950, § 32-1; 1956, c. 396; 1968, c. 371; 1972, c. 94; 1974, c. 67; 1978, c. 499; 1979, c. 711; 1989, c. 73; 1991, c. 93; 1998, c. [891](#); 2009, c. [128](#).

§ 32.1-6. Meetings and chairman.

The Board shall meet annually in the City of Richmond and at such other times and places as it determines. It shall elect from its number a chairman who shall perform the usual duties of such office in addition to the particular duties prescribed by law.

Code 1950, § 32-2; 1979, c. 711.

§ 32.1-7. Bylaws.

The Board may adopt bylaws for its operation.

Code 1950, § 32-3; 1979, c. 711.

§ 32.1-8. Quorum.

Six members of the Board shall constitute a quorum for the transaction of any lawful business.

Code 1950, § 32-4; 1974, c. 436; 1979, c. 711; 1989, c. 73.

§ 32.1-9. Secretary.

The Commissioner or, with the approval of the Board, his designee shall act as secretary of the Board and shall not be entitled to any additional compensation for such service.

Code 1950, § 32-5; 1979, c. 711.

§ 32.1-10. Repealed.

Repealed by Acts 1980, c. 728.

§ 32.1-11. Environmental health, laboratory, and medical care services.

A. The Board may formulate a program of environmental health services, laboratory services and preventive, curative and restorative medical care services, including home and clinic health services described in Titles V, XVIII and XIX of the United States Social Security Act and amendments thereto, be provided by the Department on a regional, district or local basis.

B. The Board shall define the income limitations within which a person shall be deemed to be medically indigent. Persons so deemed to be medically indigent shall receive the medical care services of the Department without charge. The Board may also prescribe the charges to be paid for the medical care services of the Department by persons who are not deemed to be medically indigent and may, in its discretion and within the limitations of available funds, prescribe a scale of such charges based upon ability to pay. Funds received in payment of such charges are hereby appropriated to the Board for the purpose of carrying out the provisions of this title.

C. When the Department provides medical care services to a person who has private health insurance that covers the services provided, the Board shall authorize the Department to charge an amount equal to the allowable charge of such insurer for the services provided. If the insurer denies a claim for medical care services provided to such person, the patient portion of the bill shall not be greater than the person did not have private health insurance.

D. The Board shall review periodically the program and charges adopted pursuant to this section.

Code 1950, § 32-8.1; 1966, c. 529; 1970, c. 439; 1979, c. 711; 2008, cc. [42](#), [81](#).

§ 32.1-11.1. Board to establish acquired immunodeficiency syndrome services and education grants program.

With such funds as are appropriated for this purpose, the Board of Health shall establish the acquired immunodeficiency syndrome services and education grants program. The Board may award grants for the provision of direct patient services including, but not limited to, mental health services, and home and community based health services; and (ii) broad-based community AIDS education efforts including, but not limited to, education of high risk populations, street outreach efforts and improvement of public knowledge, awareness and attitudes about human immunodeficiency virus infection and persons with acquired immunodeficiency syndrome.

The State Department of Health shall seek the advice of experts in the delivery of services to persons with AIDS and AIDS education to assist in the administration of the grants program.

1989, c. 613; 2003, c. [453](#).

§ 32.1-11.2. Regional AIDS resource and consultation centers; HIV early intervention centers.

Utilizing existing state and local facilities and from such funds as are appropriated for this purpose, the Board of Health shall provide grants for no more than five regional AIDS resource and consultation centers and four HIV early intervention centers.

Each regional AIDS resource and consultation center shall be designed to address the need for expand medical care and support services for persons with human immunodeficiency virus infection through education of health care professionals on a broad range of AIDS-related issues, clinical training for health care practitioners and students, medical consultation to community physicians and other health care providers, provision of current technical medical materials such as manuals and protocols for the management of HIV infection and medical literature, facilitation of access to health services, mental health and substance abuse services, support services and case management for HIV-infected persons. The regional AIDS resource and consultation centers shall cooperate with at least one of the medical schools located in the Commonwealth.

Each HIV early intervention center shall supply medical care and support services for persons with human immunodeficiency virus infection in accordance with its agreement with the Commissioner of Health.

The Board shall establish criteria for award of the grants. The criteria for the grants for the regional AIDS resource and consultation centers shall include, but not be limited to: (i) priority targeting of funds for services to high risk populations; (ii) geographical distribution of the centers in order to provide equal access to services throughout the Commonwealth; (iii) pro rata apportionment of funds according to the number of cases of acquired immunodeficiency syndrome in the various areas of the Commonwealth; (iv) development of innovative and flexible approaches to provision of services tailor to the specific needs of patients in the region; and (v) extensive community involvement.

1989, c. 613; 1993, c. 664; 1994, c. [610](#).

§ 32.1-11.3. Patient and community health education services.

The Board shall formulate a program of patient and community health education services to be provided by the Department on a regional, district, or local basis. The program shall include services addressing health promotion and disease prevention and shall encourage the coordination of local and private sector health education services. This program shall include information on the causes, prevention, early detection, and treatment of osteoporosis.

1991, c. 195; 1995, c. [78](#).

§ 32.1-11.4. Repealed.

Repealed by Acts 2007, c. [4](#), cl. 1.

§ 32.1-11.5. Repealed.

Repealed by Acts 2016, c. [495](#), cl. 2.

§ 32.1-11.6. Virginia Pregnant Women Support Fund; purpose; guidelines.

A. There is hereby created the Virginia Pregnant Women Support Fund (the Fund) as a special nonreverting fund to be administered by the Board of Health to support women and families who are facing unplanned pregnancy.

B. The Board of Health shall have authority to solicit and accept gifts, donations, and bequests and to apply for grants on behalf of the Fund from any source and to deposit all moneys received in the Fund. The Council shall submit to the Governor an annual report of all gifts, donations, grants and bequests accepted; the names of the donors; and the respective amounts contributed by each donor.

C. The Fund shall be established on the books of the Comptroller. All moneys received from any source pursuant to subsection B shall be paid into the state treasury and credited to the Fund. Interest earned on moneys in the Fund shall remain in the Fund and be credited to it. Any moneys remaining in the Fund, including interest thereon, at the end of each fiscal year shall not revert to the general fund but shall remain in the Fund. Moneys in the Fund shall be used solely for the purposes of carrying out the activities enumerated below:

1. Purchasing or upgrading ultrasound equipment;

2. Creating a separate program for domestic violence, dating violence, sexual assault and stalking screening against pregnant women and new mothers;
3. Conducting a public campaign to increase public awareness;
4. Providing support services for students of institutions of higher education;
5. Providing funds to allow early childhood education programs to work with pregnant or parenting teens to complete high school and provide job training education; or
6. Providing for teenage or first-time mothers education on the health needs of their infants through free home visits by registered nurses.

D. The Board of Health shall establish an application process and related procedures for community health centers, migrant health centers, homeless health centers, and public-housing centers seeking grants from the Fund. A grant may be made only if an application for the grant is submitted to the Board of Health and the application is in such a form, is made in such a manner, and contains such agreements, assurances, and information as the Board determines to be necessary to carry out its functions.

2007, cc. [780](#), [822](#).

§ 32.1-11.7. Guidelines for cleanup of residential property used to manufacture methamphetamine.

The Board, in consultation with the Department of Environmental Quality and other relevant entities, shall establish guidelines for the cleanup of residential property and other buildings formerly used as sites to manufacture methamphetamine to certify that the methamphetamine level at such property is at or below the post cleanup target.

2012, c. [778](#); 2013, c. [557](#); 2014, c. [513](#).

§ 32.1-12. Regulations, variances and exemptions.

The Board may make, adopt, promulgate and enforce such regulations and provide for reasonable variances and exemptions therefrom as may be necessary to carry out the provisions of this title and other laws of the Commonwealth administered by it, the Commissioner or the Department.

Code 1950, § 32-6; 1972, c. 504; 1979, c. 711.

§ 32.1-12.1. Board to establish regulations regarding human research.

The Board shall promulgate regulations pursuant to the Administrative Process Act (§ [2.2-4000](#) et seq.) to effectuate the provisions of Chapter 5.1 (§ [32.1-162.16](#) et seq.) of this title for human research, as defined in § [32.1-162.16](#), to be conducted or authorized by the Department or any facilities or other entities operated, funded, or licensed by the Department. The regulations shall require the human research committee to submit to the Governor, the General Assembly, and the Commissioner or his designee at least annually a report on the human research projects reviewed and approved by the committee and shall require the committee to report any significant deviations from the proposals as approved.

1992, c. 603.

§ 32.1-13. Emergency orders and regulations.

The Board may make separate orders and regulations to meet any emergency, not provided for by general regulations, for the purpose of suppressing nuisances dangerous to the public health and communicable, contagious and infectious diseases and other dangers to the public life and health.

Code 1950, § 32-12; 1979, c. 711.

§ 32.1-13.1. Health policy responsibilities.

The Board of Health may direct the Department to inform it regarding health care policy and financing concerns through such studies as the Board may deem necessary and appropriate to be conducted. The Board may make recommendations concerning health care policy to the Governor, the General Assembly, and the Secretary of Health and Human Resources.

1989, c. 73; 2002, c. [83](#).

§ 32.1-14. Annual report.

The Board shall submit an annual report to the Governor and General Assembly. Such report shall contain information on the Commonwealth's vital records and health statistics and an analysis and summary of health care issues affecting the citizens of Virginia, including but not limited to, health status indicators, the effectiveness of delivery of health care, progress toward meeting standards and goals, the financial and geographic accessibility of health care, and the distribution of health care resources, with particular attention to health care access for those Virginia citizens in rural areas, inner cities, and with greatest economic need. Such report shall also contain statistics and analysis regarding the health status and conditions of minority populations in the Commonwealth by age, gender, and locality.

Code 1950, §§ 32-20, 32-30; 1979, c. 711; 1984, c. 734; 1989, c. 73; 1999, c. [579](#); 2004, c. [650](#).

§ 32.1-15. Suggestions as to legislation.

The Board may, at each regular session of the General Assembly, suggest any legislative action deemed necessary for the better protection of life and public health.

Code 1950, § 32-21; 1979, c. 711.

§ 32.1-15.1. Certified community health workers.

A. As used in this section, "certified community health worker" means a community health worker who has met the requirements of subsection B.

B. No person shall use or assume the title "certified community health worker" unless he is a community health worker who (i) has received training and education as a community health worker from an entity approved by a body approved by the Board and (ii) is certified as a certified community health worker by a body approved by the Board.

C. No entity shall hold itself out as providing training and education for certified community health workers required by subsection B unless its curriculum and training program has been approved by a body approved by the Board.

D. The Board shall adopt regulations setting forth requirements for (i) use of the title "certified community health worker" and (ii) education and training programs necessary to meet the requirements for certification as a certified community health worker.

2020, c. [363](#).

§ 32.1-15.2. Certified violence prevention professionals.

A. As used in this section, "certified violence prevention professional" means an individual who provides evidence-informed, trauma-informed, supportive and non-psychotherapeutic community violence prevention services, within or outside of a clinical setting, for the purpose of (i) promoting improved health outcomes and positive behavioral change, (ii) preventing injury recidivism, and (iii) reducing the likelihood that victims of acts of community violence will commit or promote violence themselves and who has met the requirements of subsection B.

B. No person shall use or assume the title "certified violence prevention professional" unless he is a violence prevention professional who (i) has received training and education as a violence prevention professional from an entity approved by a body approved by the Board and (ii) is certified as a certified violence prevention professional by a body approved by the Board.

C. No entity shall hold itself out as providing training and education for certified violence prevention professionals required by subsection B unless its curriculum and training program have been approved by a body approved by the Board.

D. The Board shall adopt regulations setting forth (i) requirements for use of the title "certified violence prevention professional," (ii) requirements for education and training programs necessary to meet the requirements for certification as a certified violence prevention professional, (iii) qualifications for training entities, (iv) limitations on the number of training entities approved by a body approved by the Board, and (v) other regulations as deemed necessary by the Board to carry out the provisions of this section.

2026, c. [872](#).

Article 3. Department of Health and State Health Commissioner.

§ 32.1-16. State Department of Health.

A. There shall be a State Department of Health in the executive department responsible to the Secretary of Health and Human Resources. The Department shall be under the supervision and management of the State Health Commissioner. The Commissioner shall carry out his management and supervisory responsibilities in accordance with the policies, rules and regulations of the Board.

B. In addition to other duties imposed on the Department pursuant to this title, the Department shall assist in the plan management functions of the federal health benefit exchange established by the Secretary of the U.S. Department of Health and Human Services pursuant to § 1321 of the Patient Protection and Affordable Care Act codified as 42 U.S.C. § 18041(c) in the Commonwealth, including providing assistance to the State Corporation Commission in its performance of plan management functions as set forth in § [38.2-326](#). The Department shall be compensated for expenses incurred in providing such services.

1979, c. 711; 2013, cc. [670](#), [679](#).

§ 32.1-17. Appointment of Commissioner; qualifications; term.

A. There shall be a State Health Commissioner appointed by the Governor, subject to confirmation by each house of the General Assembly. The Commissioner shall be a physician licensed to practice medicine in this Commonwealth and shall be certified by the American Board of Preventive Medicine or a recognized board in a primary care specialty as approved by the American Board of Medical Specialties, experienced in public health duties, sanitary science and environmental health, and otherwise qualified to execute the duties incumbent upon him by law.

B. The Commissioner shall be appointed for a term coincident with that of the Governor and shall serve at the pleasure of the Governor.

Code 1950, §§ 32-23, 32-25; 1979, c. 711; 2000, c. [168](#).

§ 32.1-18. Executive officer of Board.

The Commissioner shall be the executive officer of the Board but shall not be a member thereof.

Code 1950, § 32-24; 1979, c. 711.

§ 32.1-19. Duties prescribed by Board.

A. The Commissioner shall perform such duties as the Board may require, in addition to the duties required by law.

B. The Commissioner shall, along with the Superintendent of Public Instruction, work to combat childhood obesity and other chronic health conditions that affect school-age children.

C. The Commissioner shall ensure, in the licensure of health care facilities, that quality of care, patient safety, and patient privacy are the overriding goals of such licensure and related enforcement efforts.

D. The Commissioner shall coordinate the Department's emergency preparedness and response efforts.

E. The Commissioner shall ensure that prevention of disease and protection of public health remain the Department's overriding goals.

F. The Commissioner shall designate a senior staff member of the Department, who shall be a licensed physician, to oversee minority health efforts of the Department.

G. The Commissioner shall designate a senior official of the Department, who shall be a licensed physician or an advanced practice registered nurse, to coordinate all women's health efforts in the Department including, but not limited to, the "Every Woman's Life Program," and other efforts to prevent, detect, and treat breast cancer, cervical cancer, and other diseases that primarily affect women.

Code 1950, § 32-27; 1979, c. 711; 2007, cc. [43](#), [55](#), [320](#), [343](#), [793](#), [797](#); 2023, c. [183](#).

§ 32.1-19.1. Repealed.

Repealed by Acts 2004, c. [683](#).

§ 32.1-20. Vested with authority of Board.

The Commissioner shall be vested with all the authority of the Board when it is not in session, subject such rules and regulations as may be prescribed by the Board.

Code 1950, § 32-28; 1979, c. 711.

§ 32.1-21. Salary; teaching activities.

The Commissioner shall receive such salary as is fixed by law and shall devote his entire time to his official duties; provided, however, that the Board, with the approval of the Governor, may authorize the Commissioner to accept or undertake teaching activities.

Code 1950, § 32-26; 1979, c. 711.

§ 32.1-22. Personnel; Deputy Commissioner.

A. The Commissioner may employ such personnel as are necessary for the proper performance of his duties as executive officer of the Board.

B. The Commissioner, subject to the approval of the Board, may appoint a Deputy Commissioner of Health who shall meet the qualifications for appointment as Commissioner and who may exercise the powers and perform the duties of the Commissioner in the case of the absence or inability to act of the Commissioner.

Code 1950, § 32-31; 1979, c. 711.

§ 32.1-23. Publication of information.

A. The Commissioner may provide for the publication and distribution of such information as may contribute to the preservation of the public health and the prevention of disease.

B. The Commissioner shall establish, maintain and publicize a toll-free number to provide resource and referral information on pharmaceutical companies' free and discount drug programs for persons who demonstrate financial hardship or otherwise meet program eligibility criteria. Such information shall include, but not be limited to, available drugs, participating pharmaceutical companies, and application procedures for each of the pharmaceutical companies and dispensing methods. Such information shall also include the locations of various Pharmacy Connect programs accessible by that person. The Commissioner may contract with one or more public or private organizations to administer this resource and referral program.

Code 1950, § 32-11; 1979, c. 711; 2001, c. [823](#); 2002, c. [896](#).

§ 32.1-23.01. Information about and resources on palliative care.

The Department shall make information about and resources on palliative care available to the public, health care providers, and health care facilities on its website. Such information shall include information about the delivery of palliative care in the home and in primary, secondary, and tertiary environments; best practices for the delivery of palliative care; consumer education materials and referral information for palliative care; and continuing education opportunities for health care providers.

2017, cc. [471](#), [746](#).

§ 32.1-23.1. Alternative delivery of certain information; Commissioners to develop single application form for pharmaceutical assistance programs and pharmaceutical discount purchasing cards; certain analysis of access to The Pharmacy Connection program.

A. The Commissioner shall create links from the Virginia Department of Health's website to the Virginia Department for Aging and Rehabilitative Services' website and its affiliated sites pertaining to pharmaceutical assistance programs and pharmaceutical discount purchasing cards. The Commissioner for Aging and Rehabilitative Services shall cooperate with the Commissioner of Health by ensuring that such information is available on the Department for Aging and Rehabilitative Services' website.

B. The Commissioner shall ensure that all clinical sites administered by local health departments are provided with adequate information concerning the services of the Virginia Department for Aging and Rehabilitative Services, including, but not limited to, its toll-free telephone number and its website information on pharmaceutical assistance programs and pharmaceutical discount purchasing cards.

C. The Commissioner of Health and the Commissioner for Aging and Rehabilitative Services shall coordinate the dissemination of information to the public regarding any pharmaceutical discount purchasing card programs while maintaining a neutral posture regarding such programs.

In addition, with such funds as may be made available, the Commissioner of Health and the Commissioner for Aging and Rehabilitative Services shall disseminate information to the public concerning recent congressional actions relating to pharmaceutical benefits to be provided under the Medicare program and how such benefits may help senior citizens with the costs of pharmaceutical benefits.

D. The Commissioner shall establish a toll-free telephone number, to be administered by the Virginia Department of Health, which shall provide recorded information concerning services available from the Department for Aging and Rehabilitative Services, the Virginia Association of Area Agencies on Aging, and other appropriate organizations for senior citizens.

E. The Commissioner of Health and the Commissioner for Aging and Rehabilitative Services shall develop a strategy, in coordination with the Virginia Association of Area Agencies on Aging and other private and nonprofit organizations, for disseminating information to the public concerning the availability of pharmaceutical assistance programs and for training senior citizen volunteers to assist in completing applications for pharmaceutical assistance programs and pharmaceutical discount purchasing cards.

F. In addition to the responsibilities set forth in subsections A through E, the Commissioner of Health and the Commissioner for Aging and Rehabilitative Services shall encourage pharmaceutical manufacturers to include application forms for pharmaceutical discount purchasing card programs on their respective websites in a format capable of being downloaded and printed by consumers. When practicable, the website maintained by the Department for Aging and Rehabilitative Services shall include direct links to such forms. Further, the Commissioner of Health and the Commissioner for Aging and Rehabilitative Services shall report to the Governor and General Assembly by October 30, 2004, on the feasibility of developing a single application form for Virginians to use to seek eligibility for the nearly 50 pharmaceutical assistance programs and pharmaceutical discount purchasing cards.

In determining feasibility, the Commissioners shall obtain copies of the application forms used by such pharmaceutical assistance programs and pharmaceutical discount purchasing cards in Virginia, compile a list of the various information required to complete such application forms, identify common elements, and analyze the forms for readability and simplicity. Upon completion of this analysis, the Commissioners shall assess the feasibility of designing a single, concise application form that is logically formatted, written in clear and easily comprehensible language, and covers any and all data that may be required to obtain eligibility for any such pharmaceutical assistance program or pharmaceutical discount purchasing card.

G. In order to maximize the benefits of the new Medicare pharmaceutical discount card program for Virginia's senior citizens, the Commissioner of Health shall annually for two years commencing on July 1, 2005, (i) analyze access to The Pharmacy Connection program vis-a-vis the Medicare pharmaceutical discount card program, the \$600 transitional coverage provided under federal law, and pharmaceutical companies' offers of "wrap-around" coverage for low-income seniors; and (ii) recommend, to the Virginia Health Care Foundation, the Secretary of Health and Human Resources, and the Governor, appropriate localities for expansion of access to The Pharmacy Connection program in Virginia, particularly in areas having high concentrations of low-income seniors. The goal of the Commissioner analysis shall be to facilitate statewide implementation of The Pharmacy Connection program. The Commissioner shall complete this analysis by October 31 of each year and shall immediately request an estimate of the costs of the recommended expansion of such access from the Virginia Health Care Foundation to be forwarded to the Secretary and the Governor, for inclusion in the appropriation act, in so far as possible and appropriate to promote the health and safety of Virginia's senior citizens.

H. To assist them in completing the responsibilities set forth in subsections E, F, and G, the Commissioners may appoint an advisory task force of stakeholders.

2003, cc. [661](#), [674](#); 2004, cc. [73](#), [318](#); 2005, c. [715](#); 2012, cc. [803](#), [835](#).

§ 32.1-23.2. Sexual assault nurse examiner information.

A. The Department shall develop and make available on a website maintained by the Department information about the availability of certified sexual assault nurse examiners in the Commonwealth. Such information shall include the name of the hospital at which a certified sexual assault nurse examiner is employed; the location, including street address, of the hospital; and the contact information for the hospital. A link to the information shall be prominently displayed on the Department's website, and such information shall be made available in a format that is easily accessible to and navigable by members of the public.

B. Every hospital licensed by the Department shall quarterly report to the Department, in a form and by such date as shall be designated by the Department, the total number of certified sexual assault advanced practice registered nurses employed by the hospital and the location, including street address, and contact information for each location at which such certified sexual assault advanced practice registered nurse provides services.

2020, c. [1088](#); 2023, c. [183](#).

§ 32.1-23.3. Eligible Health Care Provider Reserve Directory.

A. As used in this section, "eligible health care provider" means (i) any person licensed, registered, or certified by a health regulatory board within the Department of Health Professions whose license, registration, or certification is in good standing, or was in good standing within five years or less prior and only lapsed because such person retired; (ii) any emergency medical services provider certified or licensed by the Department of Health whose certification or licensing is in good standing, or was in good standing within five years or less prior and only lapsed because such person retired; and (iii) any fourth-year medical student who is engaged in a course of study approved by the Board of Medicine and is in good standing with the student's medical school and is scheduled to graduate early or on time who registers for the Eligible Health Care Provider Reserve Directory (the Directory).

B. The Department shall establish an Eligible Health Care Provider Reserve Directory to collect information regarding eligible health care providers in the Commonwealth who are qualified and who may be available to assist in the response to a public health emergency. The Directory shall include the name, contact information, and licensure, certification, or registration type and status of the eligible health care provider or, if the eligible health care provider is a fourth-year medical student, academic standing and anticipated graduation date of the fourth-year medical student. Every health regulatory board of the Department of Health Professions, the Office of Emergency Medical Services of the Department of Health, and each medical school located in the Commonwealth, upon the request of a fourth-year medical student, shall provide such information to the Department for inclusion in the Directory.

C. During a declared public health emergency, the Governor may request and the Commissioner may provide information regarding eligible health care providers from the Directory. Information obtained from the Directory may be used to (i) identify eligible health care providers who may be able to assist in responding to the public health emergency and (ii) contact such eligible health care providers to request assistance in responding to the public health emergency. Information contained in the Directory shall not be used for any other purpose.

2021, Sp. Sess. I, c. [530](#).

§ 32.1-23.4. Prescription drug price transparency; civil penalty.

A. As used in this section:

"Nonprofit data services organization" means the nonprofit organization with which the Commissioner has negotiated and entered into a contract or agreement for the compilation, storage, analysis, and evaluation of data submitted by health care providers pursuant to § [32.1-276.4](#).

"Pharmacy services administrative organization" means an entity that provides administrative service to independent pharmacies, including negotiation with pharmacy benefits managers and other entities to support pharmacies in contracting, compliance, and other operational areas.

B. The Department shall negotiate and enter into a contract or agreement with a nonprofit data services organization to annually collect, compile, and make available on its website publicly available information about prescription drug prices submitted by health carriers, pharmacy benefits managers, and pharmacy services administrative organizations pursuant to § [38.2-3407.15:6](#), wholesale distributors pursuant to § [54.1-3436.1](#), and manufacturers pursuant to § [54.1-3442.02](#). Such data and information shall be made available in aggregate in a form and manner that does not disclose or tend

disclose proprietary or confidential information of any health carrier, pharmacy services administrative organization, pharmacy benefits manager, wholesale distributor, or manufacturer.

C. A health carrier, pharmacy services administrative organization, pharmacy benefits manager, wholesale distributor, or manufacturer that fails to report information required to be reported pursuant to this section or § 38.2-3407.15:6, 54.1-3436.1, or 54.1-3442.02, respectively, shall be subject to a civil penalty not to exceed \$2,500 per day from the date on which such reporting is required, to be collected by the Commissioner and deposited into the Literary Fund. However, the Commissioner may reduce or waive a civil penalty imposed pursuant to this section if he determines that the violation was reasonable or resulting from good cause.

D. The Department shall adopt regulations to implement the provisions of this section, which shall include (i) provisions related to the specification of prescription drugs for the purpose of data collection and procedures for auditing information provided by health carriers, pharmacy services administrative organizations, pharmacy benefits managers, wholesale distributors, and manufacturers and (ii) a schedule of civil penalties for failure to report information required pursuant to this section or § 38.2-3407.15:6, 54.1-3436.1, or 54.1-3442.02, which shall be based on the level of severity of the violation.

E. All information submitted by a health carrier, pharmacy services administrative organization, or pharmacy benefits manager pursuant to § 38.2-3407.15:6, a wholesale distributor pursuant to § 54.1-3436.1, or a manufacturer pursuant to § 54.1-3442.02 shall be confidential and exempt from disclosure under the Virginia Freedom of Information Act (§ 2.2-3700 et seq.), except to the extent that such information is included in an aggregated form in the report required pursuant to this section.

2021, Sp. Sess. I, c. 304; 2025, c. 269.

§ 32.1-23.5. Reporting of certain data regarding financial assistance.

The Commissioner shall report annually by November 1 to the Chairmen of the House Committees on Appropriations and Health and Human Services and the Senate Committees on Finance and Appropriations and Education and Health regarding data collected pursuant to subsection F of § 32.1-276.5, including the value of (i) the amount of charity care, discounted care, or other financial assistance provided by each hospital under its financial assistance policy that is required to be reported in accordance with subsection F of § 32.1-276.5 and (ii) the amount of uncollected bad debt, including any uncollected bad debt from payment plans entered into in accordance with subsection C of § 32.1-137.0

2022, cc. 678, 679.

§ 32.1-23.6. Information and data related to social determinants of health; food security.

A. As used in this section:

"Demographic data" means data and information regarding the race, ethnicity, age, and gender of residents of the Commonwealth.

"Social determinants of health" means conditions that affect health risks and health outcomes, including health care access and quality, education access and quality, social and community context, economic stability, and neighborhood and built environment.

B. The Department shall (i) collect and analyze information regarding demographics and the social determinants of health and their impacts on health and health risks of residents of the Commonwealth and (ii) make such information and analyses available to the public on its website. Nothing in this section shall allow for the release of personal health information or any other confidential information.

C. The Department shall, as part of its participation in the Behavioral Risk Factor Surveillance System, collect information on food insecurity using a validated tool. The Department shall publish such information it collects pursuant to this subsection publicly on its website.

2022, c. 750; 2026, c. 199.

§ 32.1-23.7. Special Supplemental Nutrition Program for Women, Infants, and Children.

The Department is authorized, in accordance with the federal Child Nutrition Act of 1966 (42 U.S.C. § 1771 et seq.), to implement a Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) to provide supplemental foods and nutrition education to (i) low-income pregnant, postpartum, and breastfeeding women; (ii) infants; and (iii) young children. All localities in the Commonwealth shall participate in the WIC Program.

2024, c. 435.

§ 32.1-23.8. Strategic plan for opioid overdose response to reduce rates of drug overdose and drug overdose deaths in the Commonwealth; report.

A. The Department shall develop a strategic plan for opioid overdose response to reduce rates of drug overdose and drug overdose deaths in the Commonwealth. In developing such strategic plan, the Department shall (i) conduct an evaluation and needs assessment of existing opioid overdose prevention, intervention, and treatment efforts in the Commonwealth and (ii) collaborate with the Secretaries of Education, Health and Human Resources, and Public Safety and Homeland Security; representatives of state agencies; and other appropriate stakeholders.

B. The Department shall provide a report on the status of the strategic plan and implementation thereof to the Governor, the Chairs of the House Committees on Appropriations and Health and Human Services, the Senate Committees on Education and Health and Finance and Appropriations, and the Joint Commission on Health Care by November 1, 2026, and annually thereafter.

2026, cc. 667, 668.

Article 4. Procedures; Inspections; Orders; Penalties; Representation by Attorney General.

§ 32.1-24. Applicability of Administrative Process Act.

The provisions of the Administrative Process Act (§ 2.2-4000 et seq.) shall govern the procedures for rendering all case decisions, as defined in § 2.2-4001, and issuing all orders and regulations under the provisions of this Code administered by the Board, the Commissioner or the Department unless exempt from the Administrative Process Act.

1979, c. 711.

§ 32.1-25. Right of entry to inspect, etc.; warrants.

Upon presentation of appropriate credentials and upon consent of the owner or custodian, the Commissioner or his designee shall have the right to enter at any reasonable time onto any property to inspect, investigate, evaluate, conduct tests or take samples for testing as he reasonably deems necessary in order to determine compliance with the provisions of any law administered by the Board, Commissioner or Department, any regulations of the Board, any order of the Board or Commissioner or any conditions in a permit, license or certificate issued by the Board or Commissioner. This right of entry shall not apply to privileged communications pursuant to § 8.01-581.17. If the Commissioner or his designee is denied entry, he may apply to an appropriate circuit court for an inspection warrant authorizing such investigation, evaluation, inspection, testing or taking of samples for testing as provided in Chapter 24 (§ 19.2-393 et seq.) of Title 19.2.

1979, c. 711; 1998, c. 772.

§ 32.1-26. Orders; hearing and notice.

The Board is authorized to issue orders to require any person to comply with the provisions of any law administered by it, the Commissioner or the Department or any regulations promulgated by the Board or to comply with any case decision, as defined in § 2.2-4001, of the Board or Commissioner. Any such order shall be issued only after a hearing with at least thirty days' notice to the affected person of the time, place and purpose thereof. Such order shall become effective not less than fifteen days after mailing a copy thereof by certified mail to the last known address of such person. The provisions of this section shall not affect the authority of the Board to issue separate orders and regulations to meet any emergency as provided in § 32.1-13.

1979, c. 711.

§ 32.1-27. Penalties, injunctions, civil penalties and charges for violations.

A. Any person willfully violating or refusing, failing or neglecting to comply with any regulation or order of the Board or Commissioner or any provision of this title shall be guilty of a Class 1 misdemeanor unless a different penalty is specified.

B. Any person violating or failing, neglecting, or refusing to obey any lawful regulation or order of the Board or Commissioner or any provision of this title may be compelled in a proceeding instituted in an appropriate court by the Board or Commissioner to obey such regulation, order or provision of this title and to comply therewith by injunction, mandamus, or other appropriate remedy or, pursuant to § 32.1-27.1, imposition of a civil penalty or appointment of a receiver.

C. Without limiting the remedies which may be obtained in subsection B of this section, any person violating or failing, neglecting or refusing to obey any injunction, mandamus or other remedy obtainable pursuant to subsection B shall be subject, in the discretion of the court, to a civil penalty not to exceed \$25,000 for each violation, which shall be paid to the general fund, except that civil penalties for environmental pollution shall be paid into the state treasury and credited to the Water Supply Assistance Grant Fund created pursuant to § 32.1-171.2. Each day of violation shall constitute a separate offense.

D. With the consent of any person who has violated or failed, neglected or refused to obey any regulation or order of the Board or Commissioner or any provision of this title, the Board may provide in an order issued by the Board against such person, for the payment of civil charges for past violation

in specific sums, not to exceed the limits specified in § 32.1-27.1 and subsection C of this section. Such civil charges shall be instead of any appropriate civil penalty which could be imposed under § 32.1-27.1 and subsection C of this section. When civil charges are based upon environmental pollution, the civil charges shall be paid into the state treasury and credited to the Water Supply Assistance Grant Fund created pursuant to § 32.1-171.2.

Code 1950, §§ 32-6.4, 32-15; 1975, c. 564; 1976, c. 623; 1979, c. 711; 1980, c. 378; 1989, c. 618; 1999, c. 786; 2003, cc. 753, 762.

§ 32.1-27.1. Additional civil penalty or appointment of a receiver.

A. In addition to the remedies provided in §§ 32.1-27 and 32.1-27.2, the civil penalties set forth in this section may be imposed by the circuit court for the city or county in which the facility is located as follows:

1. A civil penalty for a Class I violation shall not exceed the lesser of \$25 per licensed or certified bed or \$1,000 for each day the facility is in violation, beginning on the date the facility was first notified of the violation.
2. A civil penalty for a Class II violation shall not exceed the lesser of \$5 per licensed or certified bed or \$250 per day for each day the facility is in violation, beginning on the date the facility was first notified of the violation.

In the event federal law or regulations require a civil penalty in excess of the amounts set forth above for Class I or Class II violations, then the lowest amounts required by such federal law or regulations shall become the maximum civil penalties under this section. The date of notification under this section shall be deemed to be the date of receipt by the facility of written notice of the alleged Class I or Class II violation, which notice shall include specifics of the violation charged and which notice shall be hand delivered or sent by overnight express mail or by registered or certified mail, return receipt requested.

All civil penalties received pursuant to this subsection shall be paid into a special fund of the Department for the cost of implementation of this section, to be applied to the protection of the health or property of residents or patients of facilities that the Commissioner or the United States Secretary of Health and Human Services finds in violation, including payment for the costs for relocation of patient maintenance of temporary management or receivership to operate a facility pending correction of a violation, and for reimbursement to residents or patients of lost personal funds.

B. In addition to the remedies provided in §§ 32.1-27 and 32.1-27.2 and the civil penalties set forth in subsection A, the Commissioner may petition the circuit court for the jurisdiction in which any nursing home or certified nursing facility as defined in § 32.1-123 is located for the appointment of a receiver in accordance with the provisions of this subsection whenever such nursing home or certified nursing facility shall (i) receive official notice from the Commissioner that its license has been or will be revoked or suspended, or that its Medicare or Medicaid certification has been or will be cancelled or revoked; or (ii) receive official notice from the United States Department of Health and Human Services or the Department of Medical Assistance Services that its provider agreement has been or will be revoked, cancelled, terminated or not renewed; or (iii) advise the Department of its intention to close or not to renew its license or Medicare or Medicaid provider agreement less than ninety days in advance; or (iv) operate at any time under conditions which present a major and continuing threat to the health, safety

security, rights or welfare of the patients, including the threat of imminent abandonment by the owner or operator, or a pattern of failure to meet ongoing financial obligations such as the inability to pay for essential food, pharmaceuticals, personnel, or required insurance; and (v) the Department is unable to make adequate and timely arrangements for relocating all patients who are receiving medical assistance under this chapter and Title XIX of the Social Security Act in order to ensure their continued safety and health care.

Upon the filing of a petition for appointment of a receiver, the court shall hold a hearing within ten days, at which time the Department and the owner or operator of the facility may participate and present evidence. The court may grant the petition if it finds any one of the conditions identified in (i) through (iv) to exist in combination with the condition identified in (v) and the court further finds that such conditions will not be remedied and that the patients will not be protected unless the petition is granted.

No receivership established under this subsection shall continue in effect for more than 180 days without further order of the court, nor shall the receivership continue in effect following the revocation of the nursing home's license or the termination of the certified nursing facility's Medicare or Medicaid provider agreement, except to enforce any post-termination duties of the provider as required by the provisions of the Medicare or Medicaid provider agreement.

The appointed receiver shall be a person licensed as nursing home administrator in the Commonwealth pursuant to Title 54.1 or, if not so licensed, shall employ and supervise a person so licensed to administer the day-to-day business of the nursing home or certified nursing facility.

The receiver shall have (i) such powers and duties to manage the nursing home or certified nursing facility as the court may grant and direct, including but not limited to the duty to accomplish the orderly relocation of all patients and the right to refuse to admit new patients during the receivership, (ii) the power to receive, conserve, protect and disburse funds, including Medicare and Medicaid payments on behalf of the owner or operator of the nursing home or certified nursing facility, (iii) the power to execute and avoid executory contracts, (iv) the power to hire and discharge employees, and (v) the power to do all other acts, including the filing of such reports as the court may direct, subject to accounting to the court therefor and otherwise consistent with state and federal law, necessary to protect the patients from the threat or threats set forth in the original petitions, as well as such other threats arising thereafter or out of the same conditions.

The court may grant injunctive relief as it deems appropriate to the Department or to its receiver either in conjunction with or subsequent to the granting of a petition for appointment of a receiver under this section.

The court may terminate the receivership on the motion of the Department, the receiver, or the owner or operator, upon finding, after a hearing, that either (i) the conditions described in the petition have been substantially eliminated or remedied or (ii) all patients in the nursing home or certified nursing facility have been relocated. Within 30 days after such termination, the receiver shall file a complete report of his activities with the court, including an accounting for all property of which he has taken possession and all funds collected.

All costs of administration of a receivership hereunder shall be paid by the receiver out of reimbursement to the nursing home or certified nursing facility from Medicare, Medicaid and other patient care collections. The court, after terminating such receivership, shall enter appropriate orders ensure such payments upon its approval of the receiver's reports.

A receiver appointed under this section shall be an officer of the court, shall not be liable for condition at the nursing home or certified nursing facility which existed or originated prior to his appointment and shall not be personally liable, except for his own gross negligence and intentional acts which result in injuries to persons or damage to property at the nursing home or certified nursing facility during his receivership.

The provisions of this subsection shall not be construed to relieve any owner, operator or other party of any duty imposed by law or of any civil or criminal liability incurred by reason of any act or omission of such owner, operator, or other party.

1989, c. 618; 1996, cc. [788](#), [797](#); 2023, cc. [482](#), [483](#).

§ 32.1-27.2. Administrative sanctions.

A. Notwithstanding any other provision of law, the Commissioner may impose administrative sanctions in accordance with this section on any certified nursing facility, if that certified nursing facility does not comply with the provisions of regulations promulgated pursuant to subdivision B 32 of § [32.1-127](#). The Commissioner shall not impose any administrative sanctions authorized under this section until regulations are promulgated pursuant to subsection G.

B. The Commissioner shall have authority to annually determine whether or not to impose any sanctions under subsection C for noncompliance with the provisions of regulations promulgated pursuant to subdivision B 32 of § [32.1-127](#), if the certified nursing facility:

1. Was affected by a declared emergency, or an act of God, that had an impact on the ability to hire or retain staff at levels required under subdivision B 32 of § [32.1-127](#). To the extent necessary, the Commissioner may review trended employment data for direct care staff, as provided by the certified nursing facility, to determine the effect of such emergencies or acts of God in assessing this criterion. Failure to provide adequate data may remove this criterion from the Commissioner's consideration;
2. Has made a concerted effort to recruit and retain direct care staff as evidenced through position advertisements, interviews, offers, financial incentives, and nonfinancial incentives. The certified nursing facility shall provide such evidence upon request of the Commissioner for consideration. Failure to provide adequate evidence may remove this criterion from the Commissioner's consideration; or
3. Was located in a medically underserved area and such location severely limited the ability of the certified nursing facility to recruit and retain direct care staff despite a concerted effort to recruit and retain direct care staff. The certified nursing facility shall provide evidence upon request of the Commissioner for consideration. Failure to provide adequate evidence may remove this criterion from the Commissioner's consideration.

C. Prior to restricting or prohibiting new admissions to a certified nursing facility, suspending or refusing to renew or reinstate any nursing home license, or revoking any nursing home license issued

pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5, the Commissioner shall first impose the following iterative administrative sanctions:

1. When a certified nursing facility is not in compliance with subdivision B 32 of § 32.1-127 and the conditions under subsection B do not exist, the Commissioner shall require the submission of an annual corrective action plan by a certified nursing facility and, upon approval of such plan by the Commissioner, compliance with such plan. A corrective action plan shall only articulate strategies to be utilized to increase direct care staffing with the goal of compliance with subdivision B 32 of § 32.1-127 or improvement on the total nurse staffing hours metric, as defined by the Virginia Medicaid Nursing Facility Value-Based Purchasing (VBP) program. The Commissioner shall consider evidence of direct care staff hours provided in addition to the payroll based journal report, if requested by a certified nursing facility, and may or may not impose a corrective action plan under this section. The Commissioner shall consider the following:

a. If the annual measurement immediately subsequent to issuance of the corrective action plan shows compliance with subdivision B 32 of § 32.1-127, no additional administrative sanctions are warranted, and the corrective action plan is deemed inactive but shall be retained by the Commissioner pursuant to the Virginia Public Records Act (§ 42.1-76 et seq.); or

b. If the annual measurement immediately subsequent to issuance of the corrective action plan still shows noncompliance with subdivision B 32 of § 32.1-127, but the VBP program, as administered by the Department of Medical Assistance Services, indicates defined improvement on the total nurse staffing hours metric, the Commissioner shall repeat the provisions of subdivision 1; or

c. If the annual measurement immediately subsequent to issuance of the corrective action plan still shows noncompliance with subdivision B 32 of § 32.1-127, and the VBP program, as administered by the Department of Medical Assistance Services, does not indicate defined improvement on the total nurse staffing hours metric, the Commissioner shall repeat the provisions of subdivision 1 and may, under circumstances described, provide additional sanctions under subdivisions 2 and 3;

2. To the extent that any consecutive annual corrective action plan is required and results articulated in subdivision 1 c are obtained a second consecutive time, the Commissioner may impose a monetary penalty of up to \$50,000 for each subsequent consecutive annual period in which compliance with subdivision B 32 of § 32.1-127 or defined improvement on the total nurse staffing hours metric under the VBP program is not attained; and

3. To the extent that a certified nursing facility is out of compliance with subdivision B 32 of § 32.1-127 or fails to show defined improvement on the total nurse staffing hours metric under the VBP program after three consecutive corrective action plans, the Commissioner may place the nursing home or certified nursing facility on probation.

D. A certified nursing facility sanctioned by the Commissioner shall retain responsibility for the health, safety, and welfare of any person under its care, including the timely transfer or relocation of such persons as may be deemed necessary by the Commissioner in compliance with state and federal discharge rights and protections for nursing home residents.

E. After deduction of the administrative costs of the Commissioner and the Department in furtherance of this section, any penalties collected under this section shall be paid to the special fund as set forth in § 32.1-27.1.

F. Prior to imposing administrative sanctions, the Commissioner shall provide the facility with reasonable notice. To the extent that sanctions are imposed, the facility shall be entitled to all rights under the Administrative Process Act (§ 2.2-4000 et seq.) and to a de novo appeal to circuit court.

G. The Board shall promulgate regulations to implement the provisions of this section consistent with the Administrative Process Act (§ 2.2-4000 et seq.).

2023, cc. 482, 483.

§ 32.1-27.3. Sanctions; civil penalty.

A. Notwithstanding any other provision of law, the Commissioner may impose sanctions in accordance with this section on any nursing home that is licensed pursuant to Chapter 5 (§ 32.1-123 et seq.) in response to findings made during a state licensure inspection conducted within the previous 24 months and for which such findings have been communicated to the nursing home within 14 business days of the survey end date for:

1. Violating any order of or refusing, failing, or neglecting to comply with any order of the Board or Commissioner, or violating any provision of Chapter 5 (§ 32.1-123 et seq.) or of any applicable regulation promulgated pursuant to Chapter 5 (§ 32.1-123 et seq.); or
2. Permitting, aiding, or abetting the commission of any illegal act during the provision of health care services delivered by such nursing home.

B. No sanctions under this section shall be imposed for violations deemed more severe than a level 2 deficiency under the Centers for Medicare and Medicaid Services deficiency severity definitions under federal law.

C. The sanctions that the Commissioner may impose pursuant to subsection A shall include the following:

1. Placing on probation any license issued pursuant to Chapter 5 (§ 32.1-123 et seq.); and
2. Imposing a civil penalty not to exceed \$500 per violation per day, capped at \$10,000 for a series of related incidents of noncompliance. Any civil penalties collected by the Commissioner pursuant to this subdivision shall be paid to the Nursing Scholarship and Loan Repayment Fund established pursuant to § 54.1-3011.2 to be used for the nursing scholarship and loan repayment program for nurses who agree to perform a period of service in a Commonwealth long-term care facility established pursuant to subsection B of § 32.1-122.6:01.

D. A nursing home sanctioned by the Commissioner pursuant to subsection C shall retain responsibility for the health, safety, and welfare of any person under such nursing home's care, including the timely transfer or relocation of any persons under such nursing home's care as may be deemed necessary by the Commissioner.

1. Prior to imposing sanctions pursuant to subsection C, the Commissioner shall first require the submission of and compliance with a plan of correction. Such plan of correction shall include mandatory training for the nursing home's employees, with all costs borne by the facility, when the Commissioner concludes that the lack of training has led directly to noncompliance.

2. Upon expiration of the initial plan of correction, the Commissioner may extend the time period for the plan of correction or may impose sanctions pursuant to subsection C.

E. The Commissioner shall impose a sanction pursuant to subsection C only after the person subject to such disciplinary action is provided reasonable notice and an opportunity to be heard within no fewer than 30 days from the day of such notice by the Commissioner's presiding officer in accordance with § [2.2-4019](#). Such sanction may be in addition to any penalty imposed by law for the violation for which such sanction is imposed.

1. All requests for an opportunity to be heard following a notice of the imposition of such sanction shall be received in writing within 15 days of the date of receipt of such notice.

2. All administrative proceedings under this section shall be separate from the regulatory office of the Department that conducted the inspection, investigation, examination, or review.

3. The adjudication officer shall provide a recommendation to the Commissioner, including findings of fact, conclusions, and appropriate disciplinary action.

4. The Commissioner may affirm, modify, or reverse such recommendation and shall issue a final case decision.

5. Any person aggrieved by the final case decision of the Commissioner to impose disciplinary action is entitled to judicial review in accordance with the provisions of the Administrative Process Act (§ [2.2-4000](#) et seq.).

F. If a nursing home has been sanctioned by the Centers for Medicare and Medicaid Services for conduct that also subjects the nursing home to sanctions pursuant to subsection A, the Commissioner shall not issue a sanction under this section. If the Centers for Medicare and Medicaid Services fail to issue a sanction to a nursing home in the Commonwealth for conduct described in subsection A within 60 days, the Commissioner may issue a sanction under this section if he determines that issuing such sanction is necessary to protect the public health and welfare or the health and safety of the nursing home's clients. In the event the Centers for Medicare and Medicaid Services issue a sanction on a violation for which the Commissioner has issued a sanction pursuant to this section, the sanction issued by the Commissioner shall be nullified with any civil penalty imposed refunded to the nursing home within 60 days.

G. If a license of any nursing home issued pursuant to Chapter 5 (§ [32.1-123](#) et seq.) is revoked, a new license may be issued by the Commissioner after:

1. Satisfactory evidence is submitted to him that the conditions upon which revocation was based have been corrected; and

2. Proper inspection has been made and compliance with all provisions of Chapter 5 (§ 32.1-123 et seq and applicable state and federal laws and regulations hereunder has been obtained.

H. The Board shall promulgate regulations to implement the provisions of this section that include:

1. Criteria for when the imposition of sanctions or initiation of court proceedings as specified in § 32.1-27, 32.1-27.1, or a combination thereof are appropriate in order to ensure prompt correction of violations involving noncompliance with requirements of any order of the Board or Commissioner or any provision of or regulation promulgated pursuant to Chapter 5 (§ 32.1-123 et seq.);

2. Criteria for the imposition of sanctions;

3. A schedule of civil penalties, which shall be uniform for each type of specific violation;

4. Procedures for the imposition of sanctions consistent with the Administrative Process Act (§ 2.2-40 et seq.); and

5. Provisions for the prompt notification of the Department of Medical Assistance Services whenever any license is revoked or suspended for the purpose of terminating or suspending the applicable Medicaid provider agreement.

2025, cc. 166, 180.

§ 32.1-28. When Attorney General to represent Board; special counsel.

The Attorney General shall represent the Board and Commissioner in all actions and proceedings for enforcement of regulations or orders of the Board or Commissioner or the provisions of this title except actions or proceedings to which the Commonwealth or any of its agencies or institutions is a party defendant. Upon approval by the Governor, the Board is authorized to employ special counsel in such actions or proceedings.

1979, c. 711.

§ 32.1-29. Employment of attorney to defend Board members, employee, etc.

If the Commissioner, any Board member or any officer or employee of the Department is arrested, indicted or otherwise prosecuted on any criminal charge arising out of any act committed in the discharge of his duties as such, the Commissioner may employ an attorney approved by the Attorney General to defend such person. The compensation for such attorney shall, subject to the approval of the Attorney General, be paid out of the funds appropriated for the administration of the Department.

1979, c. 711.

Article 5. Local Health Departments and Directors.

§ 32.1-30. Local health departments.

Each county and city shall establish and maintain a local department of health that shall be headed by local health director. Each such local health director shall (i) be a physician licensed to practice medicine in the Commonwealth, (ii) possess a master's or doctoral degree in the area of public health and have at least three years of professional experience in a full-time position in either a public health agency or public health-related position, or (iii) be otherwise qualified for the position as determined

the Commissioner. If a local health director is not a physician licensed to practice medicine and there no licensed physician on staff, the local health director shall enter into a consulting agreement with a licensed physician to execute prescribing duties, consult on clinical matters, and perform all other duties as requested.

1979, c. 711; 2022, c. [804](#).

§ 32.1-31. Operation of local health department under contract with Board; local health service advisory boards; district health departments.

A. The governing body of any county or city may enter into a contract with the Board for the operation of the local health department in such county or city.

B. Each contract between a county or city and the Board shall specify the services to be provided in addition to the services required by law and shall contain such other provisions as the Board and the governing body of the county or city may agree upon.

C. Whenever in the opinion of the State Health Commissioner the operation of any local health departments operated under contractual agreement with the Board may be accomplished in a more efficient and economical manner by the consolidation of such local health departments, the Commissioner may propose the creation of a district health department composed of such local health departments. Such district health department shall be created by resolution duly adopted by the governing body of each county and city to be included in such district.

C1. The governing body of each city or county may appoint a local health services advisory board for the local health department that serves it. If a local health department serves more than one city or county, the governing bodies of the cities or counties that it serves shall be entitled to jointly appoint such a board. The board shall include representatives of health care providers, recipients of health department services, state and local agencies with programs operated in conjunction with the health department, and the public at large. No more than two elected officials shall serve on any board.

The number of members appointed to each local board shall not be less than ten nor more than fifteen.

The local board shall actively participate with community representatives in the formulation of a comprehensive plan for the development, coordination and evaluation of local health services system; and shall make formal recommendations to the governing authority or authorities at least annually concerning the comprehensive plan and its implementation during the ensuing year.

It shall be the responsibility of the local health director to:

1. Attend the meetings of the board;
2. Provide information concerning the operation of the local health department as requested by the board; and
3. Participate with the board in the preparation and review of the comprehensive plan.

D. Whenever a contract is entered into between a county or city and the Board as provided in this section, the Commissioner shall appoint the health director for the local health department. Whenever a district health department is formed as provided in this section, the Commissioner shall appoint a

district health director who shall be deemed to be the local health director of each county and city in the district. Each health director appointed by the Commissioner shall be employed full time and shall be a state employee. Such health director shall perform such duties as may be prescribed in the contract or contracts and, with the approval of the Commissioner, any other health-related duties prescribed by local ordinances.

E. Every employee of a local or district health department operated under a contract with the Board shall be a state employee; but if such person was an employee of such political subdivision and a member of the local retirement system on the effective date of any such contract and does not elect, in writing and within sixty days after the effective date of such contract, to become a member of the Commonwealth's retirement system, such employee shall remain a member of the local retirement system.

In any case in which the effective date of such contract of affiliation is prior to July 1, 1977, any member of the Virginia Retirement System who became a member by such election and who has withdrawn his contributions from the local retirement system may be credited with his creditable service in such local system upon payment to the Virginia Retirement System of an amount equal to five percent of his salary rate at the date of payment multiplied by the number of years of service to be credited. Such crediting service shall be allowed only if such member files written request therefor with the Board prior to October 1, 1977.

Code 1950, §§ 32-40.1, 32-40.2; 1954, c. 508; 1966, c. 535; 1977, c. 620; 1979, c. 711; 1987, c. 206.

§ 32.1-32. Independent local health departments.

A. The governing body of any county or city which does not enter into a contract with the Board for the operation of the local health department shall appoint the local health director and may appoint a local board of health to establish policies and to advise the local health department.

B. Each local health director and local board of health appointed by a governing body as provided in this section shall enforce all health laws of this Commonwealth and regulations of the State Board of Health. In case any such local health director or local board fails to enforce any such laws or regulations, the Commissioner may apply to the appropriate circuit court for an injunction, writ of mandamus or other appropriate remedy to compel such local health director or local board to enforce such laws or regulations.

1979, c. 711.

§ 32.1-33. When Board to perform duties of local board.

If any governing body of a county or city which does not enter into a contract with the Board for the operation of the local health department does not appoint a local health director or establish a local health department, the Board may exercise the authority and perform the duties of the local health director or local health department until a local health director is appointed or local health department is established by the governing body. The compensation of all officers and agents appointed by the Board under this section and the expenses incurred by them shall be a charge upon and shall be paid by such governing body.

Code 1950, § 32-40; 1979, c. 711.

§ 32.1-34. Scope of local health ordinances and regulations.

No county, city or town ordinance or regulation shall be less stringent in the protection of the public health than any applicable state law or any applicable regulations of the Board.

1979, c. 711.

§ 32.1-34.1. Power to seek and receive donations.

Any health department operating under the provisions of this article is empowered to seek and accept grants, bequests or donations of money and resources from private persons in support of projects conducted under the auspices of the Virginia Health Care Foundation or other preventive or primary health care projects. A separate fund shall be established so as to segregate the amounts appropriated and the amounts bequeathed or contributed thereto. No portion of this fund derived from private contributions or bequests and designated for support of Virginia Health Care Foundation projects shall be used for any other purpose. Any money remaining in this fund at the end of the biennium shall not revert to the general fund but shall remain in the fund described herein. Interest earned on such money shall remain in this fund and be credited to it. Money bequeathed or contributed to this fund shall not be used to supplant local or state appropriations.

1995, c. 498.

§ 32.1-34.2. Human trafficking hotline; posted notice required.

Each local department of health shall post notice of the existence of a human trafficking hotline to alert possible witnesses or victims of human trafficking to the availability of a means to report crimes or gain assistance. The notice required by this section shall (i) be posted in a place readily visible and accessible to the public and (ii) meet the requirements specified in subsection C of § 40.1-11.3.

2018, c. 571.

§ 32.1-34.3. Funding local health departments; cooperative local health budget; report.

A. As used in this section:

"Cooperative local health budget" means the total amount of state funds, local matching funds, and estimated self-generated local service revenues allocated to support a local department of health.

"Estimated self-generated local service revenues" means the amount of funds projected to be received by a local department of health from fees charged to individuals or third-party payment sources for services and permits.

"Local matching funds" means the amount of funds that a county or city shall be required to contribute to the cooperative local health budget for the local health department that serves that county or city.

"Revenue generation capacity factor" means the result of a formula that (i) determines a county's or city's revenue capacity relative to the state revenue capacity, (ii) determines a county's or city's median household income relative to the statewide median household income, and (iii) adjusts the amount determined in clause (i) by the amount determined in clause (ii).

B. Funding for local health departments shall consist of such state funds as may be allocated for the operation of the local health department together with local matching funds and estimated self-

generated local service revenues, the total amount of which shall constitute the collective local health budget available to a local department of health.

C. The amount of local matching funds a county or city shall be required to contribute to the cooperative local health budget shall be determined by the Department on the basis of the county's or city's revenue generation capacity factor. However, in no case shall the amount of local matching fund required be greater than 45 percent or less than 18 percent of the total amount of the cooperative local health budget for the local health department that serves the county or city, after deducting estimated self-generated local service revenues.

D. The Department shall biennially review the local matching fund amount for each county and city in the Commonwealth and determine whether such amount should be revised as a result of changes to the county's or city's revenue generation capacity factor. The Department shall report the results of such review and any recommendations for changes to a county's or city's local matching fund amount to the Governor and the General Assembly.

2021, Sp. Sess. I, c. [203](#).

9/29/20