

VIRGINIA DEPARTMENT OF HEALTH (VDH)
SUMMARY OF MANDATES REQUIRED BY FEDERAL LAW, STATE LAW,
CONTRACT OR INTERAGENCY AGREEMENT
Revised for Virginia Beach Department of Public Health March 2017

Note: The majority of Public Health Laws in the State of Virginia are found in [Title 32](#) in the [State Legislative Information System](#). Specific chapters of the law are referenced in the table below.

1. OVERARCHING AGENCY MISSION, CONTEXT AND STRUCTURE

Mandated Service or Activity	Authority (and Obligating Instrument, if any):	Description of Mandate or Authorizing Text
Establishment of the State Board of Health and the State Department of Health	§§ 32.1-2, 32.1-16	There shall be a State Board of Health and a State Department of Health in the executive department responsible to the Secretary of Health and Human Resources.
Purpose of the Board and Department	§32.1-2	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.
Development of Programs	§32.1-11	The Board may formulate a program of environmental health, laboratory services, and preventive, curative and restorative medical care services, including home and clinic health services.
Necessity for adopting regulations	§§32.1-12, 32.1-12.1, 32.1-13	The Board may make, adopt, promulgate and enforce such regulations and provide for reasonable variances there from as may be necessary to carry out its mission, as set forth in law. The Board shall promulgate regulations to carry out the law regarding human research to be conducted or authorized by the Department or related facilities; the Board may make separate orders and regulations to meet any emergency to suppress nuisances dangerous to the public health.
Existence of local health departments	§32.1-30	Each county and city shall establish and maintain a local department of health which shall be headed by a local health director, who shall be a physician licensed to practice medicine in this Commonwealth.
Independent local health departments	§32.1-32	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. Each local health director and local board of health appointed by a governing body shall enforce all health laws of this Commonwealth and regulations of the State Board of Health.
Providing direct medical care services	§32.1-11 (B)	Persons deemed to be medically indigent shall receive the medical care services of the Department without charge; the Board of Health may prescribe charges to be paid for such services by persons who are not indigent and a scale of charges based on ability to pay. Board shall

		review periodically the program and the charges adopted.
Operation of local health departments under contract with Board	§32.1-31	The Commissioner shall appoint the health director for the local health department or district health director who shall be deemed to be the local health director of each county and city in the district, whenever a contract is entered into between a county or city and the Board. Each 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.

2. COMMUNICABLE DISEASE SERVICES AND PREVENTION

Surveillance and investigation of diseases	§§32.1-35, 32.1-39	The Board shall promulgate a list of diseases which shall be reported. The Board shall provide for the surveillance of and investigation into all preventable diseases and epidemics in this Commonwealth and into the means for the prevention of such diseases and epidemics. Surveillance and investigation may include contact tracing in accordance with the regulations of the Board. When any outbreak or unusual occurrence of a preventable disease shall be identified through reports required pursuant to Article 1 (§ 32.1-35 et seq.) of Title 32.1 of the Code, the Commissioner or his designee shall investigate the disease in cooperation with the local health director or directors in the area of the disease. If in the judgment of the Commissioner the resources of the locality are insufficient to provide for adequate investigation, he may assume direct responsibility and exclusive control of the investigation, applying such resources as he may have at his disposal. The Board may issue emergency regulations and orders to accomplish the investigation.
Emergency rules and regulations	§ 32.1-42	The Board of Health may promulgate regulations and orders to meet any emergency or to prevent a potential emergency caused by a disease dangerous to public health, including, but not limited to, procedures specifically responding to any disease listed pursuant to § 32.1-35 that is determined to be caused by an agent or substance used as a weapon or any communicable disease of public health threat that is involved in an order of quarantine or an order of isolation pursuant to Article 3.02 (§ 32.1-48.05 et seq.) of this chapter.
Authority of State Health Commissioner to require quarantine, etc.	§ 32.1-43	The State Health Commissioner shall have the authority to require quarantine,-isolation, immunization, decontamination, or treatment of any individual or group of individuals when he determines any such measure to be necessary to control the spread of any disease of public health importance and the authority to issue orders of isolation pursuant to Article 3.01 (§ 32.1-48.01 et seq.) of this chapter and orders of quarantine and orders of isolation under exceptional circumstances involving any communicable disease of public health threat pursuant to Article 3.02 (§ 32.1-48.05 et seq.) of this chapter.
Providing childhood immunizations	§32.1-46	Local health departments must provide immunizations required for school attendance without charge. (Sections 22.1-271.1 and 22.1-271.2 of the Code require documentary proof of immunization in order for a child to enter school.)
	§63.2-603	Recipients of Aid to Families with Dependent Children (AFDC) must provide verification of receipt of immunizations for all children not enrolled in school or licensed day care; local health departments are required to provide assistance to AFDC recipients in obtaining verification from immunization providers.
	§32.1-46	Local health departments must provide immunizations to a child to provide documentary proof to the child or his parent or guardian of all immunizations administered. Local health departments are also required to evaluate any immunization record which does not contain

		the month/day/year of administration to determine that such student is adequately immunized.
Sexually transmitted disease (STD) screening, diagnosis, treatment, & surveillance	§32.1-57 et seq.	Local health departments may require a person suspected of being infected with an STD to be examined, tested and treated; if any such person refuses, the local health director may apply to circuit court for an order compelling submission to such care; if the local health director requires such a person to receive treatment, no fee shall be charged.
Advising courts in instances where public safety employees may be exposed to blood-borne pathogens	§32.1-45.2	The Commissioner shall advise a court that is considering issuance of an order requiring blood testing in an instance where a public safety employee may have been exposed to a blood-borne pathogen and the person whose body fluids are involved refuses to be tested.
Tuberculosis (TB) control screening, diagnosis, treatment, and surveillance	§32.1-49 et seq.	TB shall be included in the list of reportable diseases required by §32.1-35 of the Code. Local health directors may request a person suspected of having TB to be examined immediately tested and treated; the Board may build hospitals for the treatment of TB and the Commissioner may charge patients for care.
Tuberculosis treatment plan	§32.1-50.1	Each physician practicing in the Commonwealth or facility who assumes responsibility for the treatment of a person for active TB shall develop, maintain and update as indicated an individualized written plan of treatment tailored to the person's medical and personal needs and identifying the method for effective treatment and prevention of transmission. Written treatment plan shall upon request be submitted by the provider to the local health director and shall be subject to approval by the local health director. The Commissioner shall have the authority to settle disagreements between the written plan submitted and standards of care established by the local health director.
HIV/AIDS surveillance, investigation, and Seroprevalence Survey	§§32.1-36, 32.1-36.1, 32.1-39	Physicians must report persons with HIV and AIDS to the local health department, which will investigate; the patient's identity shall remain confidential, and disclosed only as authorized.. The Board may conduct counseling and contact tracing and issue emergency orders to accomplish the investigation.
Submission of morbidity data and reports	Public Health Service Act, §§ 3101 (A), 311, 317 (K) (3)	The Centers for Disease Control and Prevention (CDC) provides funding to conduct surveillance activities. As a funding requirement, morbidity data and annual progress reports must be submitted to CDC.
Administering HIV Medications	PHS Act, Public Law (P.L.) 104-146 (Ryan White)	The Health Resources and Services Administration (HRSA) provides funding for HIV medication. They require quarterly reports on program utilization.
HIV Care Consortia	PHS Act, P.L. 104-146 (Ryan White)	Funds direct care to individuals with HIV. VDH is required to negotiate and monitor contracts with consortia and provide data and quality assurance information to HRSA.
HIV Client-Level Data Demonstration Grant	Office of Management and Budget (OMB) No. 0605-0010 Contract No. 240-94.0049	HRSA contracts with VDH to provide client-level data on individuals receiving Ryan White services. Monthly reports are required.
Providing grants for regional HIV/AIDS resource and consultation centers	§32.1-11.2	From available funds, the Board of Health shall provide grants for no more than five regional resource centers for education/training of health care professionals about HIV and establish criteria for awarding such grants.
Regional AIDS resource and consultation centers (HIV early intervention centers)	§32.1-11.2	Using available facilities and such funds as are appropriated, the Board shall provide grants for no more than five regional AIDS resource and consultation centers. (Funds have been provided for two.) The Board must establish criteria for awarding the grants.
AIDS services and education grants	§32.1-11-1	The Board must establish an AIDS services and education grants program.

HIV Prevention	PHS Act, Sect. 301(A),317	The CDC provides funding to conduct HIV prevention activities (health education risk reduction, public information, counseling, testing, referral and partner notification, minority initiatives, etc.). As a funding requirement, HIV counseling and testing data must be submitted quarterly. Annual progress reports are also required.
HIV Counseling, Testing and Referral	§32.1-37.2	Informed consent for HIV testing is required, a patient must be afforded the opportunity for face to face disclosure of test results and counseling.
	§32.1-55.1	With such funds as are appropriated, the Board shall make available in all health services areas anonymous testing for HIV.
Sexually Transmitted Disease Services	PHS Act, Sect. 318(A, B, C), 212 CFR, Parts 51B/, Subpart A/D	The CDC provides funding for the control and prevention of sexually transmitted diseases (STD). As a funding requirement, screening data, morbidity, and comprehensive narrative progress reports are required on an annual basis.
Rabies protection	§3.2-6500 et seq.	Requires that appropriate health department and local governing body approve the holding or rabies clinics if the local governing body finds that the number of resident veterinarians is inadequate to meet the need.
	§3.2-6522	Gives authority to local health director to confine or have euthanized “potentially rabid animal[s].”
Rabies protection (continued)	§32.1-48 thru 48.4	Gives authority to Commissioner of Health to adopt regulations to control rabies.
Ophthalmia neonatorum	§32.1-64	Treatment for ophthalmia neonatorum is required.

3. ENVIRONMENTAL HEALTH SERVICES AND PROTECTION

Regulations governing hotels	§35.1.13	Regulations of the Board governing hotels shall provide minimum standards for such facilities.
Regulations governing restaurants; advisory standards for exempt entities.	§35.1.14	While considering the accepted standards of health, the Board shall adopt regulations governing restaurants including provisions requiring procedures for obtaining a license; the safe and sanitary maintenance, storage, operation, and use of equipment, the sanitary maintenance and use of a restaurant's physical plant, the safe preparation, handling, protection, and preservation of food, including necessary refrigeration or heating methods, procedures for vector and pest control, requirements for toilet and cleansing facilities for employees and customers, lighting and ventilation, an approved water supply and sewage disposal system, personal hygiene standards for employees, and the appropriate use of precautions to prevent the transmission of communicable diseases. The Board may issue advisory standards for the safe preparation, handling, protection, and preservation of food by entities exempt from Title 35.1 of the Code.
Providing restaurant training materials	§35.1.15	The Commissioner shall cause to be written materials designed for the training of restaurant personnel. The Commissioner may, if he desires, provide personnel for the training of employees of restaurants in the handling of food.
Regulation of radiation, X-ray machine registration and certification	§32.1-229	The Board may establish a program of effective regulation of sources of radiation, adopt regulations, and shall require registration, inspection and certification of all diagnostic and therapeutic X-ray machines. The program inspects all x-ray machines used in local health departments; the program provides inspections to the private sector on demand.
X-ray machine inspections	U.S. Food and Drug Administration (FDA) Contract 223-95-4160	VDH is required to inspect a specified number of new x-ray machine installations in accordance with federal compliance regulations.
Mammography Quality	FDA Contract 223-94-	VDH is required to inspect all mammography facilities for compliance

Standards Act Inspections	4446	with federal regulations.
Radioactive Materials Licensing and Inspection Program	§32.1-229	VDH is required to license the use of radioactive materials that are not regulated by the U.S. Nuclear Regulatory Commission (NRC). The program also conducts inspections to ensure the public health and safety.
Indoor Radon	§32.1-229	VDH is required to provide technical and educational assistance to the private sector on testing for and mitigating radon problems in homes, schools and private business.
Radon Projects	U.S. Environmental Protection Agency (EPA) State Indoor Radon Grant	VDH is required to perform specific radon projects as outlined in the radon grant and to provide activity reports to the EPA.
Environmental Monitoring	NRC Contract 29-83-623	VDH is required to conduct environmental monitoring around the North Anna and Surry Power Stations, and Babcock and the Wilcox Nuclear Fuels Processing and Fabrication Plant. The analyzed data is compared with the facilities' data, and a report is submitted to the NRC.
Emergency Response, Planning, and Training	§44-146.18, the State Emergency Operations Plan;	VDH collaborates with the Department of Emergency Services to perform specific tasks in response to a radiation emergency when either declared by a nuclear power station or upon request by the Department of Emergency Services. Services provided are field monitoring, laboratory analysis and accident assessment.
	§32.1-229 (A) (6)	VDH is authorized to coordinate with DES in responding adequately to radiation emergencies. This activity requires participation in several exercises and drills each year. The program provides training to state and local government participants.
Toxic Substances Information	§32.1-241	The Board shall provide advice to the Governor, legislators, other state agencies, federal government, local governing bodies, health care personnel, industry, and citizens on human health and environmental effects of chemical exposures via air, water and food.
Prevent Exposure of Citizens to Toxic Substances	§§32.1-241 and 32.1-248	The Board shall conduct human health risk assessment and prevent exposure of citizens to toxic substances by issuance of health advisories and closure of bodies of water to fishing, boating, swimming, and other activities.
Biennial Report to the Governor and the General Assembly	§32.1-245	The Board shall submit a biennial report on toxic substances in the Commonwealth to the Governor and General Assembly.
Regulations governing summer camps	§35.1.16	Regulations of the Board shall include, but not limited to: (i) an approved drinking water supply; (ii) an approved sewage disposal system; (iii) an approved solid waste disposal system; (iv) the adequate and sanitary preparation, handling, protection and preservation of food; (v) the proper maintenance of buildings, grounds, and equipment; (vi) vector and pest control; (vii) toilet, swimming, and bathing facilities, including shower facilities; (viii) a procedure for obtaining a license.
Regulations governing campgrounds.	§35.1.17	The regulations shall include minimum standards for (i) an approved drinking water supply; (ii) an approved sewage disposal system; (iii) and approved solid waste disposal system; (iv) the proper maintenance of buildings, grounds, and equipment; (v) vector and pest control; (vi) toilet, swimming, and bathing facilities, including shower facilities; (vii) effective measures for the control of animals and pets; (viii) appropriate procedures and safeguards for hazardous situations, including specifically the maintenance and sale of propane gas or other explosives and combustibles; and (ix) a procedure for obtaining a license.
State Health Commissioner to advise on the regulation of milk	§3.1-530.1	Regulations concerning the processing and distributing of Grade A market milk and Grade A market milk products shall be adopted by the Board of Agriculture and Consumer Affairs with the advice and guidance of the State Health Commissioner or his authorized

		representative.
Commissioner to issue permits to milk plants and enforce regulations	§3.1-530.4, Interagency agreement with the Department of Agriculture and Consumer Services.	The State Health Commissioner or his agents, shall issue permits to plants which process and distribute Grade A market milk and Grade A market milk products. The Commissioner shall also enforce the regulations adopted under § 3.1-530.1 in all such plants from the point of delivery at the plant to the consumer.
Sewerage at marinas	§32.1-246	Ensure marina and other places where boats are moored have adequate sewerage facilities.
Migrant labor camps	§32.1-203 et seq.	VEC is responsible for assuring that housing expected to be utilized by agricultural workers recruited interstate and intrastate meets the minimum requirements the Secretary, U.S. Department of Labor (Regulations 20 CFR 654) prior to occupancy. P.L. 99-339; P.L. regulates migrant labor camps under §32.1-211. VDH enforces the 20 CFR 654 standards in camps 93-523; §32.1-167 thru -176 and investigates complaints on behalf of VEC.
On site sewage disposal (septic systems)	§32.1-163 et seq.	The Board shall have supervision and control over the safe and sanitary collection, conveyance, transportation, treatment, and disposal of sewage, all sewerage systems, and treatment works as they affect the public health and welfare. In discharging the responsibility to supervise and control the safe and sanitary treatment and disposal of sewage as they affect the public health and welfare, the Board shall exercise due diligence to protect the quality of both surface water and ground water.
Alternative discharging sewage systems	§32.1-163 et seq.	Upon the final adoption of a general Virginia Pollutant Discharge Elimination permit by the State Water Control Board, the Board of Health shall assume the responsibility for permitting alternative discharging sewage systems as defined in § 32.1-163. All such permits shall comply with the applicable regulations of the State Water Control Board and be registered with the State Water Control Board.
Private wells	§32.1-176.2 et seq.	The General Assembly finds that the improper construction of private wells can adversely affect aquifers as ground water resources in the Commonwealth. Consistent with the duty to protect these ground water resources and to safeguard the public welfare, safety and health it is declared to be the policy of this Commonwealth to require that the construction and location of private wells conform to reasonable requirements.
Homes for adults	Interagency agreement with Department of Social Services (DSS)	§63.1-172 et seq. Authorizes DSS to regulate facilities for aged, infirm, or disabled adults. DSS requires adult facilities to comply with minimum health standards. VDH verifies for DSS that such facilities meet those standards.
Daycare centers	Interagency agreement with Department of Social Services	§63.1-195 et seq. Authorizes DSS to regulate child welfare agencies. DSS requires child welfare agencies to meet minimum health standards. VDH verifies for DSS that child welfare agencies meet those standards.
Jail Inspections	Interagency agreement with Department of Corrections (DOC)	§35.1-23 of the Code requires the head of every state institution with dining accommodations request VDH to inspect such dining accommodations not less often than annually. §53.1-68 authorizes DOC to establish minimum standards for local correctional facilities. Upon request VDH verifies that those facilities meet standards applicable to restaurants. Additionally, the housing and working areas of jails must be inspected by local health departments.
Department of Juvenile Justice Institutions	§35.1-23	§35.1-23 mandates the head of every state institution with dining accommodations request VDH to inspect such dining accommodations not less often than annually.
Statewide Building Code (BOCA)	§32.1-165	The Statewide Building Code (BOCA) authorizes Building Officials to issuance building occupancy permits. §32.1-165 mandates that

		Building Officials do not issue occupancy permits unless prior authorization is received from VDH stating there is safe and adequate sewage disposal. VDH verifies that private wells are constructed in compliance with the private well regulations.
Mental Health Facilities	§35.1-23	§35.1-23 mandates the head of every state institution with dining accommodations request VDH to inspect such dining accommodations not less often than annually.
Clean Water Act	Interagency Agreement with the Department of Environmental Quality (DEQ)	DEQ is responsible for implementing the federal requirements of the Clean Water Act. Specifically, DEQ regulates all discharges to state waters. VDH regulates the construction and operation of certain sewage systems in accordance with DEQ requirements.
Issuance of sewage disposal permits	§32.1-164	The Board permits and regulates onsite wastewater treatment and disposal in a manner that protects public health.
Periodic report on onsite wastewater planning	§32.1-164	The Board must report every five years to the General Assembly and governor on the status of onsite wastewater permitting and planning.
Authorized onsite soil evaluator training	§32.1-163.4	VDH must train persons to be authorized onsite soil evaluators and have a program to accept their evaluations in the event that the process of permitting onsite systems gets backlogged.
Wastewater indemnification fund	§32.1-164.1:01	A fund exists to reimburse citizens when a sewage system fails within three years if VDH is negligent.
Water Supply Assistance Grant Fund	§32.1-171.2	Establishes a special fund for the purpose of making water supply assistance grants to localities and the owners of waterworks to assist in the provision of drinking water.
Radioactive Materials Facility Licensure and Inspection Fund	§32.1-232.1	Establishes a special trust fund for the purpose of supporting the Department of Health's program for licensure and inspection of radioactive materials facilities.
Septage disposal	§32.1-164.3 et seq.	VDH may issue septage disposal permits in collaboration with DEQ.
Sewage Handling and Disposal Appeal Board	§§32.1-164.1 and 32.1-166.1 through 32.1-166.10	The board exists to hear appeals of onsite sewage permit denials. Hearings are held at which the applicant and VDH present evidence.
Private drinking water well permits	§32.1-176.1	The board regulates the location and construction of private water wells.
Fish consumption advisories	§32.1-248.01	VDH shall develop a written policy that identifies the criteria and levels of concern for certain toxic substances that the Department will use in determining whether to issue a fish consumption advisory.
Spray irrigation	Interagency agreement with DEQ	VDH issues permits for spray irrigation for residential construction under certain conditions.
Oil contamination in water wells	§32.1-176.5:1	The Board must distribute information on confirmed oil releases based on monthly reports issued by DEQ and must maintain a list of laboratories that can analyze water for the presence of oil.
Chesapeake Bay Protection	Interagency Agreement with the Chesapeake Bay Local Assistance Department (CBLAD)	CBLAD mandates development standards for localities which impact the Chesapeake Bay. Specific standards dealing with onsite sewage systems require VDH to verify compliance for each sewage system.
OSHA Standards	Interagency Agreement with the Department of Labor and Industry (DLI)	DLI is responsible for administering and enforcing occupational safety and occupational health activities as required by the Federal Occupational Safety and Health Act of 1970. VDH regulates migrant labor camps under §32.1-211. VDH enforces the OSHA standards in camps and investigates complaints on behalf of DLI.
Shellfish Sanitation	§§28.2-801 through 28.2-811 and 28.2-816. CFR Part 101 and Part 161.	Ensures that Shellfish and Crab Meat harvested and processed in Virginia is suitable for human consumption by conducting sanitary surveys, including shoreline surveys and seawater sampling, and

		inspecting shellfish processing facilities.
Sewage Treatment Works and Sewerage Systems	§§32.-164 et seq.	Ensures safe and sanitary collection, conveyance, transportation, treatment and disposal of sewage.
Sewage Treatment Works and Sewerage Systems	§32.1-2, 7 CFR Subtitle A, U.S. Rural Utilities Service Instruction 1942 A & H	Ensures wastewater disposal facilities will be designed, installed and operated in such a manner that they will not result in the pollution of water in the State in excess of established standards and that any effluent will conform with appropriate State and Federal Water Pollution Control Standards. Certification must be obtained from the appropriate State and Federal agencies showing that established standards are met. This will allow FmHA grants and loans to be awarded to Virginia applicants (which are primarily local governments).
Protection of Public Drinking Water	§32.1-167 thru 32.1-176; PL 104-182; 40 CFR, Part 141-143	Ensures all water supplied for public consumptions is pure water by adopting appropriate regulations, issuing construction and operation permits for water systems, evaluating engineering plans and administering a state revolving loan fund.

4. FAMILY HEALTH PROMOTION AND EDUCATION, INJURY PREVENTION

Comprehensive sickle cell services	The Appropriation Act	Requires \$250,000 to be spent each year of the biennium at the local level for the provision of statewide comprehensive sickle cell prevention and public awareness services, such as education, outreach, support groups, and care coordination.
Childhood Lead Poisoning Prevention Program	Cooperative agreement with CDC; 42 U.S.C. 241(a), 42 U.S.C. 247b-1) and Title 42, CFR Part 51b. Cooperative agreement with EPA; 15 U.S.C. 2601; and Title 40, CFR Parts 31 and 35.	The Childhood Lead Poisoning Prevention Program is funded by two federal grants. One is from the Centers for Disease Control and Prevention and the other is from the U.S. Environmental Protection Agency. The cooperative agreements include provision of blood lead screening, medical follow-up, parent counseling in nutrition and hazard reduction, environmental investigation for lead exposure hazards, improved laboratory services, staff training, public education, prevalence surveys and surveillance system enhancements. CDC grant requirements are that funds be expended on screening, medical management, environmental management, education and data. EPA grant requirements are that funds be expended on training, testing facilities, updating databases, education and outreach. Under these cooperative agreements the Childhood Lead Poisoning Prevention Program provides services through District Health Departments and the Division of Child and Adolescent Health. The EPA grants are provided to states, which can contract out for some services. The CDC grants can be provided to States or community-based childhood lead poisoning prevention programs.
Protocol for identification of children with elevated blood-lead levels and testing	§§32.1-46.1, 32.1-46.2	The Board shall promulgate regulations establishing a protocol for the identification of children at risk for elevated blood-lead levels which shall provide for blood-lead level testing at appropriate ages and frequencies and for criteria for determining low risk for elevated blood-lead levels and when such blood-lead level testing is not indicated.
Interagency coordinating council participation	§2.2-5300	The Department of Health is a participating agency on the Virginia Interagency Coordinating Council. (Services provided through Part H of the Individuals with Disabilities Education Act designed to meet the developmental needs of each child and the needs of the family related to enhancing the child's development and provided to children from birth to age three who have (i) a twenty-five percent developmental delay in one or more areas of development, (ii) atypical development, or (iii) a handicapping condition.)

Early intervention agencies committee	§§2.2-5302, 2.2.5303, Memorandum of Agreement Among the Agencies Involved in the Implementation of Part H of the Individuals with Disabilities Education Act (IDEA) to Meet Full Implementation Requirements, September 1996	An early intervention agencies committee shall be established to ensure the implementation of a comprehensive system for early intervention services. The committee shall include the Commissioner of the Department of Health. The duties shall include: 1. Establishing a statewide system for early intervention services. 2. Identifying and maximizing coordination of all available public and private resources for early intervention services. 3. Developing and implementing formal state interagency agreements that define the financial responsibility and service obligations of each participating agency, establish procedures for resolving disputes, and address any additional matters necessary to ensure collaboration. 4. Consulting with the lead agency in the promulgation of regulations to include definitions of eligibility and services. 5. Carrying out decisions resulting from the dispute resolution process. 6. Providing assistance to localities in the implementation of services in accordance with state and federal statutes and regulations. 7. Requesting and reviewing data and reports on the implementation of early intervention services from counterpart agencies.
Local interagency coordinating councils	§2.2-5305	The membership of local interagency councils shall include designees from the Department of Health.
Use of existing funding levels for disabilities	§2.2-5307	Any federal funds made available through Part H of the Individuals with Disabilities Act and any state funds appropriated specifically for Part H services shall supplement overall funding for services currently provided under Part H.
Services for children with special health care needs	Title V, Social Security Act; §32.1-77 (42 USC 701-709)	Provides federal funds for services for children with special health care needs.
Report information about children with health problems or handicapping conditions	§32.1-78	The Commissioner shall report to the Superintendent of Public Instruction or appropriate school division the identity of and pertinent information about children with health problems or handicapping conditions.
Hemophilia services	§32.1-89	The Board shall establish a program for caring for and treating persons with hemophilia who are unable to pay for the entire costs of such treatment.
Epilepsy and cystic fibrosis services	§32.1-90	The Board may provide, through cooperative agreements or other appropriate means, home and clinic services for patients with epilepsy and cystic fibrosis.
Maintaining the Virginia Hearing Impairment Identification and Monitoring System.	§32.1-64.1	The Board shall establish and maintain a system for the screening of newborns for hearing loss and monitor those who are at risk to assure that such infants receive appropriate early intervention
Screening for genetic traits & inborn errors of metabolism, and provision of dietary supplements	§32.1-65 et seq.	Every infant shall be screened for biotinidase deficiency, phenylketonuria, hypothyroidism, homocystinuria, galactosemia and Maple Syrup Urine Disease, each infant at risk shall be screened for sickle cell diseases, and the commissioner shall notify attending physicians of the suspicion of such diseases and provide treatment in cases of medical indigence.

Health Promotion and Chronic Disease Prevention, including, Minority Health, Dental Health, Injury Prevention, Sexual Assault, and Health Promotion and Education	Federal PHHS (Prevention) Block Grant 93.991	The PHHS Annual State Plan for Fiscal Year based on state selected year 2000 National Health Objectives to address public health priorities identified by VDH, the State Preventive Health Advisory Committee and the public review process. The CDC provides funds to state health departments for specific funding for rape prevention and education. Annual state plans must be developed for use of the funds in accordance with sections 1904-1910.
Community health education	§32.1-11.3	The Board shall formulate a program of patient and community health education services to be provided by the Department on a regional, district, and 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.
Distribution of disease prevention information	§ 32.1-23	The Commissioner may provide for the publication and distribution of such information as may contribute to the preservation of the public health and prevention of disease.
School Health Promotion	§22.1-275.1	School health advisory boards shall assist with the development of health policy in the school division and the evaluation of the status of school health, health education, the school environment, and health services shall annually report on the status of needs of student health in the school division to VDH, and the Virginia Department of Education.
Child restraints in motor vehicles; education for low income families	§§46.2-1095, 46.2-1097	Child restraint devices are required in motor vehicles. This is the basis for the Please Be Seated Program and Safe Kids events and educational programs. The Department of Health is required to operate a program to promote, purchase and distribute child restraint devices to applicants who need a child restraint device but who are unable to acquire one because of financial inability. The Child Restraint Special Device Fund provides funding for the program.
Sexual Assault Services	16.575 (Victims of Crime Act (VOCA) Federal Grant)	Cooperative agreement with the Department of Criminal Justice Services to fund centers to treat and counsel victims of sexual assault.
	State General Assembly Item 380, Chapter 853	General Assembly appropriated funds to address sexual assault prevention.
	Crime Bill-Violence Against Women's Act, Chapter 5 Section 40151 and 40152 in part A of Title XIX of the PHHS Act	Congress passed this bill in 1996 with authorization of appropriations through year 2000. CDC administers it as part of the PHHS Block Grant.
Behavioral Risk Factor Surveillance	CDC Grant	Grant proposal awarded by the Centers for Disease Control and Prevention (CDC) for a specific survey to be conducted in a uniform manner for use in a national database.
Breast and Cervical Cancer Early Detection Program	CDC Grant	Grant awarded by the Centers for Disease Control and Prevention to reduce the number of deaths due to breast and cervical cancer through early detection, awareness and education.
Diabetes Control	CDC Grant	A grant proposal is reviewed and negotiated with CDC based on an annual proposal submission. Agree to achieve objectives as designated in proposal.
Tobacco Use Control	CDC Agreement	The Centers for Disease Control and Prevention has entered into a 5 year cooperative agreement with VDH for years 2000-05. An Annual Action Plan is developed by VDH with input from local coalitions.

Asthma Management Plan	§32.1-73.5, §32.1-73.6	The Commissioners shall develop, maintain, and revise biennially a written comprehensive state plan for reducing the rate of hospitalizations due to asthma and facilitate the effective management of persons with asthma residing in the Commonwealth. Programs shall be implemented that meet the objectives of the statewide asthma management plan.
Education regarding the Virginia Indoor Clean Air Act	§15.2-2801	Virginia Indoor Clean Air Act provides basis for public education and policy.
Education regarding underage tobacco purchase and possession	§18.2-371.2	The law prohibiting purchase or possession of tobacco products by minors or sale of tobacco products to minors provides basis for tobacco use prevention and merchant education programs.
Virginia Congenital Anomalies Reporting and Education System	§32.1-69.1	The State Health Commissioner shall establish and maintain a Virginia Congenital Anomalies Reporting and Education System. Collection of data to evaluate the possible causes of birth defects, improve the diagnosis and treatment of birth defects and establish a mechanism for informing the parents of children identified as having birth defects and their physicians about the health resources available to aid such children.
State executive council	§2.2-2648	The State Health Commissioner shall be included as a member of the state executive council.
Community policy and management teams	§§2.2-5205, 2.2-5206	The community policy and management teams shall include the heads of local health departments or their designees. The teams shall manage the cooperative effort in each community to better serve the needs of troubled and at-risk youths and their families and to maximize the use of state and community resources.
Family assessment and planning teams	§§2.1-753, 2.1-754	The family assessment and planning teams shall include representatives of the local health departments. The teams shall assess the strengths and needs of troubled youths and families who are approved for referral to the team and identify and determine the complement of services required to meet these unique needs.
Preventive and primary care for children	Title V, Social Security Act (42 USC 701-709)	Provides federal funding for preventive and primary care for children.
State plans for maternal and child health services and children's specialty services	§32.1-77	The Board is authorized to prepare, amend and submit to the Secretary of the U.S. Department of Health and Human Services state plans for maternal and child health services and children's specialty services; the Commissioner is authorized to administer such plans and to receive and expend federal funds for administering the plan in accordance with federal and state law and regulation.
Abstinence education	Title V of the Social Security Act (42 USC 710)	Provides federal funds for abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock.
Youth suicide prevention	§32.-173.7	The Department of Health, in consultation with the Department of Education, the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Virginia Council on Coordinating Prevention, community services boards, and local departments of health, shall have the lead responsibility for the youth suicide prevention program with the Commonwealth.

<p>Supplemental Nutrition Program for Women, Infants and Children (WIC).</p>	<p>§32.1-2, Section 123, Public Law 101-147, 103 Statute 894; Section 645, Public Law 100-460, 102 Statute 2229; Sections 212 and 501, Public Law 100-435, 102 Statute 1645 (42 U.S.C. 1786); Section 3, Public Law 100-356, 102 Statute 669 (42 U.S.C. 1786); Sections 8-12, Public Law 100-237, 101 Statute 1733 (42 U.S.C. 1786); Sections 341-353, Public Law 99-500 and 99-591, 100 Statute 1783 and 3341 (42 U.S.C. 1786); Section 815, Public Law 97-35, 95 Statute 521 (42 U.S.C. 1786); Section 3, Public Law 96-499, 94 Statute 2599; Section 203, Public Law 95-627, 92 Statute 3611 (42 U.S.C. 1786),Federal Regulation: Part 246--Special Supplemental Food Program for Women, Infants and Children.</p>	<p>The purpose of the WIC Program is to provide supplemental foods and nutrition education through payments of cash grants to the Virginia Department of Health which in turn administers the Program through local agencies. A local agency can be a public or private, non-profit health or human service agency which provides health services, either directly or through contract. The Virginia WIC Program has utilized the District Health Departments for local service delivery, although contracting with non-profit agencies has been considered as an alternative WIC service delivery method.</p>
<p>EPSDT (Medicaid)</p>	<p>State Medicaid Plan. Federal Statute: Title 42 of the Code of Federal Regulations (CRF), 440.40 (b) and 441, Subpart B; Interagency agreement between the VDH and the Department of Medical Assistance Services (DMAS)</p>	<p>The Virginia Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program is a Medicaid program that reimburses health services, including screening, diagnostic services, and treatment, for children under age 21. This is a collaborative effort among three state agencies: Department of Medical Assistance Services (DMAS), Department of Social Services, and VDH. The interagency agreement between DMAS and VDH requires the following activities to be carried out by VDH: designate a VDH EPSDT program manager who will survey local coordinators to ascertain their training needs and participate in planning and implementation of training; appoint EPSDT Coordinators at local health departments whose responsibility is to plan, promote, and coordinate the delivery of EPSDT services and attend, when requested, state sponsored EPSDT meetings; recommend modifications for EPSDT subsystem of the Medical Management Information System (MMIS) to improve the quality of statistical data and responsiveness to users' informational needs; support DMAS efforts to obtain sufficient State appropriations to maintain physician reimbursement at a level to assure that services are available to Medicaid recipients; collaborate with DMAS and DSS in development of screening standards and procedure guidelines for EPSDT providers; develop materials to be included in the EPSDT Supplemental Medicaid Manual and other provider notices; and develop and carry out, in collaboration with DMAS, DSS, Head Start, WIC, Early Intervention, Department of Education, and other appropriate organizations, plans to increase the annual number of screenings statewide. To ensure communication and collaboration of prescribed responsibilities, DMAS and VDH agree to maintain representation on the Virginia Maternal and Child Health Workgroup that meets at least quarterly. To</p>

		encourage informal sharing of EPSDT information, an EPSDT Interagency Committee is to be formed, composed of program staff from DMAS and VDH. The agencies also provide training and technical assistance on EPSDT policies and procedures to local personnel as needed.
Prenatal and postpartum care for low risk and intermediate risk women	Title V, Social Security Act	Federal funding is distributed to local health departments for the provision of prenatal care.
BabyCare (Medicaid)	Interagency agreement with Department of Medical Assistance Services	Care coordination program for pregnant women and infants on Medicaid who are also at high risk for serious health problems. The program helps these families connect with special health and temporary support services.
Family Planning services including drugs and contraceptive supplies, pregnancy testing and counseling, and community education	Family Planning and Population Research Act of 1970 (Public Law 91-572; 84 Statute.1504). Public Health Service Act-Population Research and Voluntary Family Planning Programs (Title X)-section 1001 (amended by Public Law 94-63 and 95-613); agreements with local governments.	The purpose of the Title X family planning program is to assist in making comprehensive voluntary family planning services readily available to all persons desiring such services, to enable public and non-profit private entities to plan and develop comprehensive programs of family planning services and to make readily available information (including educational materials) on family planning.
Virginia Healthy Start Initiative	Division of Healthy Start/Public Health Service Grant Memorandum of Cooperative Agreement STH 51C042	The Virginia Healthy Start Initiative (VHSI) targets six localities (Petersburg, Portsmouth, Norfolk, Clifton Forge/Covington, Mecklenburg and Westmoreland Counties) where the problems of infant mortality and low weight births are severe and where new resources could be most effectively used. VHSI directs efforts to reduce infant mortality and morbidity by expanding the Resource Mothers, Nutrition Services, and Fetal Infant Mortality Review programs. It enhances the capacity of community consortia by strengthening the Regional Perinatal Coordinating Councils and undertakes public education through the Virginia Fatherhood Campaign and a public awareness campaign.
Fatherhood	The Appropriation Act	This program stimulates the development of policies and programs relating to fatherhood and promotes public awareness of the critical need to bring fathers back into families, keep them there and enhance the role and place of fathers in order to strengthen family life.
Teen Pregnancy Prevention Program	Chapter 363, Acts of Assembly of 1998 Title XIX of the Social Security Act	VDH provides general funds and nongeneral (Medicaid/Title XIX) funds for the operation of teenage pregnancy prevention programs in the health districts of Richmond, Norfolk, Alexandria, Roanoke City, Crater, Portsmouth, and Eastern Shore. The Department of Health shall evaluate these programs to ensure that the prevention methodologies are successful and transferable to other health districts. Results of a continuing evaluation shall be reported to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by January 1 of each year.
Resource Mothers Program	Title XIX, federal Social Security Act Title 32.1, Chapters 9 and 10, Code of Virginia, the Appropriation Act.	The Resource Mothers program is an outreach program targeted to first time pregnant teens and young adults and their infants up to one year of age. Resource Mothers are laywomen recruited from the community who receive intensive training to serve as a support person for the teen mother, infant's father and her family through scheduled home visits and carry out the following responsibilities: identify pregnant teens and get them into early prenatal care; assist teens in obtaining community

		<p>services such as Medicaid, WIC, family planning and education; ensure that teens and infants keep health care appointments by providing help with transportation and baby sitting; reinforce recommendations of health care providers and give basic health information and advice in areas such as nutrition family planning, infant development, infant care and parenting; encourage completion of high school; and promote a family-centered approach which encourages participation of the teen's family and the infant's father in order to increase family self-sufficiency.</p> <p>The purpose of the program is to reduce the infant mortality and low birth weight rates, to prevent school dropouts and repeat pregnancies and to facilitate good health practices and utilization of health services by pregnant teens with their first child.</p>
Preschool physical examinations	§22.1-270	The health departments of all the counties and cities of the Commonwealth shall conduct [preschool] physical examinations for medically indigent children without charge upon request and may provide such examinations to others on such uniform basis as such departments may establish.
School health services	§22.1-274	Subject to the approval of the appropriate local governing body, a local health department may provide personnel for health services for the school division.

5. PUBLIC HEALTH DATA COLLECTION, ANALYSIS AND PROVISION

Vital Records	§32.1-254; -255; -272	The state registrar of vital records, under the supervision of the commissioner, shall administer the law and regulations in a manner that will ensure the uniform and efficient administration of the system of vital records, direct and supervise the system of vital records and be custodian of its records, and direct, supervise and control the activities of all persons when pertaining to the operation of the system of vital records.
Health statistics	§32.1-276.1	The board shall provide a center to perform health statistical data development, reporting, systems operations, etc., for the department, local governments and other agencies having health-related duties.
Health care data reporting	§32.1-276.2 et seq.	The commissioner must contract with a nonprofit organization for: (i) the compilation, storage, analysis and evaluation of health care data; (ii) the development of a methodology for measuring and reviewing the efficiency and productivity of health care providers; (iii) developing and distributing cost and quality information designed to assist businesses and consumers in purchasing health care; (iv) prepare public summaries of health care data; (v) collect and publish Health Employer Data and Information Set (HEDIS) information; (vi) submit an annual report to the board, governor and General Assembly; and (vii) submit strategic plans to the board, governor and General Assembly.
Virginia Cancer Registry	§§32.1-70, 32.1- 71	Requires VDH to establish and maintain a cancer registry based on reports from hospitals, clinics, and pathology laboratories.
Patient and community health education	§32.1-11.3	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.

6. OVERSIGHT OF HEALTH CARE SERVICES, QUALITY ASSURANCE AND CONSUMER PROTECTION

Licensure of nursing homes, hospitals, home care organizations, and	§§ 32.1-127.; 32.1-162.12.; 32.1-162.5.	The owners and operators of medical care facilities (i.e., nursing homes, hospitals, home care organizations, and hospice programs) are required to comply with state licensure requirements.
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hospice programs		
Reviews of health maintenance organizations' quality of services	§32.1-122.10:01	The Commissioner shall examine the quality of health care services of HMOs licensed in Virginia.
Federal certification of medical care facilities and suppliers	Titles XVIII and XIX of the Social Security Act , Title 42 of the Code of Federal Regulations, the Virginia State Plan for Medical Assistance Services, Memorandum of Understanding with the Health Care Financing Administration, Memorandum of Understanding with the Department of Medical Assistance Services, Memorandum of Understanding with the State Fire Marshall's Office (to perform Life Safety Code inspections in nursing homes and hospitals), Memorandum of Understanding with the Department of Health Professions (DHP) (for nurse aide certification and training), § 32.1-137	VDH conducts the inspections for federal certification of medical care facilities/suppliers (e.g., nursing homes, hospitals, home care organizations, and hospice programs and other facilities) that provide care for Medicaid and/or Medicare patients, and which receive reimbursement from the federal government for such care. VDH also investigates consumer complaints and allegations filed against a medical care facility.
Medicaid nursing home screening	§32.1-330	Requires VDH nurse to be on screening team.
Federal certification of clinical laboratories	Clinical Laboratories Improvement Act (CLIA) of 1988 (42 USC 243A), Section 6141 of OBRA (Public Law 101-239), Titles XVIII and XIX of the Social Security Act, Title 42 CFR, Chapter IV - HCFA, Part 493 - Laboratory Requirements	VDH conducts the inspections for federal certification of laboratories that test human specimens for assessing health for the diagnosis, prevention, or treatment of any disease or impairment. VDH also investigates complaints and allegations filed against a clinical laboratory.
Examine the quality of health care services and conduct complaint investigations of health maintenance organizations (HMOs)	§§32.1-122.10:01; 38.2-305; 38.2-4214; 38.2-4316; 38.2-4319	Investigate quality of care issues relating to HMOs referred by the State Corporation Commission.
Certify the quality assurance of managed care health insurance plan (MCHIP) licensees	Articles 1.1 and 1.2 of Chapter 5 of Title 32.1 (§ 32.1-137.1 et seq.)	As appropriate, the Commissioner shall certify to the State Corporation Commission that an MCHIP entity has been issued a certificate of quality assurance and shall periodically examine or review MCHIP licensees. The Board shall promulgate regulations governing the quality of care provided persons by MCHIP licensees. The Commissioner shall have the right to determine compliance with the law relating to utilization standards and appeals.
Certify and regulate	§32.1-138.6 through 32.1-	The Department shall issue certificates of registration for entities that

private utilization review agents	138.15	perform utilization review and enforce compliance with the regulations governing such entities.
Certificate of Public Need (COPN)	§ 32.1-102.1 et seq.	Projects establishing or modifying health care facilities as defined in §32.1-102.1 cannot commence without the Health Commissioner's issuance of a Certificate of Public Need. The Commissioner is also required to monitor each project for which a certificate is issued to determine its progress and compliance with the schedule and approved capital expenditure ceiling. VDH must make the determination of public need within 120 days of the receipt of a completed application. A report to the Governor and the General Assembly on the status of VA's COPN shall be issued annually. A transition to eliminate COPN shall begin on July 1, 2001 and shall be completed by July 1, 2004.
Commonwealth Neurotrauma Initiative Trust Fund	§32.1-73.2 through §32.1-73.4	Provides for the creation of the Commonwealth Neurotrauma Initiative Trust Fund for the purpose of preventing traumatic spinal cord or brain injuries and improving the treatment of care of Virginians with traumatic spinal cord or brain injuries.
Birth-related Neurological Injury Compensation Program	§38.2-5004	Provides the exclusive remedy for infants, their personal representative, parent and next-of-kin arising out of, or related to, claims for "birth-related neurological injuries" against participating physicians and hospitals. VDH investigates cases referred by the Workers Compensation Commission.

7. EMERGENCY PREPAREDNESS AND RESPONSE

Partnership by and between Emergency Preparedness and Response Programs, the Office of Epidemiology, and Virginia Health Districts to support enhanced activities in the areas of epidemiological and emergency preparedness and response planning.	Memorandum of Agreement	<p>EP&R agrees to provide funding for one Emergency Planner position at each district; communication and support; periodic or as needed on-site evaluations; and, as necessary, technical consultation to District Director.</p> <p>EPI agrees to provide funding for one District Epidemiologist position at each district; communication and support; periodic or as needed on-site evaluations; and, as necessary, technical consultation to District Director.</p> <p>In addition to services mandated in other sections, district agrees to provide: surveillance and investigation of general communicable diseases; emergency preparedness and response activities; and administration and support for District Epidemiologist and Emergency Planner positions.</p>
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8. EMERGENCY MEDICAL PLANNING AND SERVICES

Statewide emergency medical care system	§§32.1-111.3, 32.1-111.4	The Board shall develop a comprehensive, coordinated, emergency medical care system, prepare a statewide emergency medical services (EMS) plan (a component of which shall be a statewide prehospital and interhospital trauma triage plan), and review it triennially, making necessary revisions. The Board shall prescribe necessary EMS standards by regulation.
EMS agency and vehicle permitting	§32.1-111.6	The Commissioner shall issue permits for the operation of EMS agencies and EMS vehicles, and temporary permits for agencies and vehicles when the public interest will be served thereby.
EMS agency inspection	§§32.1-111.7, 32.1-111.8	The Commissioner shall inspect EMS agencies and vehicles as often as deemed necessary, and shall have the power to revoke licenses for violations of the law.
EMS personnel certification and recertification	§32.1-111.5	The Board shall prescribe by regulation the qualifications required for certification and recertification of EMS personnel.
State EMS Advisory Board	§32.1-111.10	The EMS Advisory Board shall exist to advise the Board of Health concerning the administration of the statewide emergency medical care system and EMS vehicles and to review and make recommendations concerning the EMS plan.
Regional EMS Councils	§32.1-111.11	The Board shall designate regional EMS councils which shall be authorized to receive and disburse public funds; each council shall be charged with the development and implementation of an efficient and effective regional EMS delivery system.
"Four-for-Life" funds to support EMS training, recruitment and retention	§46.2-694 (A) (13)	Four dollars of the total annual registration fee for motor vehicles, trailers and semitrailers designed and used for transporting passengers shall go into a special fund; thirteen and one-half percent of these moneys shall be distributed to the Department to support EMS training programs, advanced life support training, and recruitment and retention programs.
Rescue Squads Assistance Fund	§32.1-111.12	The Commissioner shall disburse and expend moneys in the Virginia Rescue Squads Assistance Fund for the purpose of providing financial assistance to rescue squads and other EMS organizations, providing training and purchasing equipment.
Trauma center designation and verification	§32.1-111.3	The Board shall collect data and information and prepare reports for the purposes of designating and verifying trauma centers and other specialty care centers.
EMS Patient Care Information System, including the prehospital patient care reporting procedure and the trauma registry	§§32.1-111.3, 32.1-116.1	The Board shall maintain the EMS Patient Care Information System by collecting data and information submitted by EMS agencies for the prehospital patient care reporting procedure and collecting abstracts of records relating to traumatic injuries submitted by licensed hospitals that render EMS.
Poison Control System	§32.1-111.15	Requires establishment of system, designation of poison control centers and collection of data from centers.

9. CHIEF MEDICAL EXAMINER AND POSTMORTEM EXAMINATIONS

Central and district offices and facilities	§32.1-277	The Commissioner shall establish and maintain, for medicolegal investigation of deaths and postmortem examinations, a central office and facilities in the City of Richmond and such district offices and facilities in such localities in the Commonwealth as are necessary. Each such office and facility shall have adequate professional and technical personnel and physical facilities for the conduct of such examinations and investigations as may be authorized or required by law.
Appointment and qualifications of Chief Medical Examiner	§32.1-278	A Chief Medical Examiner (CME), who shall be a forensic pathologist licensed to practice medicine in this Commonwealth, shall be appointed by the Commissioner with the approval of the Board.
Duties of Chief Medical Examiner; teaching legal medicine	§32.1-279	The CME shall carry out the provisions of this article under the direction of the Commissioner. The central and district offices and facilities established as provided in §32.1-277 shall be under the supervision of the CME. The CME and his or her assistants shall be available to Virginia Commonwealth University, the University of Virginia, the Medical College of Hampton Roads, and other institutions of higher education providing instruction in health science or law for teaching legal medicine and other subjects related to their duties.
Appointment of local medical examiners	§32.1-282	The CME shall appoint at least one medical examiner for each city and county.
Jurisdiction of the medical examiners	§32.1-283	Medical examiners shall take jurisdiction over all sudden, unexpected or violent deaths, take charge of dead bodies, investigate the cause and manner of death, prepare a report and file it with the CME.
Sign the certificate of death	§32.1-263 (C)	The Medical Examiner shall execute and sign the medical certification of cause of death.
When autopsies performed	§32.1-285	If in the opinion of the Medical Examiner or Chief Medical Examiner it is advisable and in the public interest, autopsies are to be performed by the Chief Medical Examiner or a designee. Reports are to be filed with the Chief Medical Examiner. Suspected SIDS is a mandated autopsy. Child abuse is to be reported to DSS.
Exhumations	§32.1-286	When sufficient cause arises after death and burial, the Chief Medical Examiner shall authorize investigation and notify the Commonwealth Attorney.
State Child Fatality Review Team	§32.1-283.1	A State Child Fatality review team, chaired by the Chief Medical Examiner, shall analyze child deaths that are violent and unnatural, occurring in infants less than 18 months old and deaths where the cause and manner are not determined with medical certainty. Preventive strategies are to be developed and annual data made available.
Local child fatality review teams	§32.1-283.2	The State Child Fatality Review Team shall provide technical assistance and direction to local and regional teams.
Domestic violence surveillance	§32.1-283.3	The Chief Medical Examiner shall provide ongoing surveillance of fatal family violence occurrences, prepare an annual report, develop protocols, provide assistance to local teams and serve as a clearinghouse for information.
Certification for cremation	§32.1-284	The Medical Examiner is to certify there is no further need for medicolegal inquiry into a death prior to cremation or burial at sea. A fee is assessed for service.
Anatomical services	§§32.1-289, 32.1-304	The State Anatomical Services Program is authorized as the sole state-wide agency to provide dead bodies for scientific study. The purpose is to have one central state agency for the collection, processing, storage and distribution of human bodies to be used for anatomical and surgical teaching in the Commonwealth's medical schools.

10. PROMOTING ACCESS TO HEALTH CARE

Identifying underserved areas	§32.1-122.5	The Board of Health shall establish criteria to identify underserved areas within the Commonwealth.
Establishing and administering an annual medical scholarship program	§32.1-122.5:1;§32.1-122.6	Using funds that are appropriated, the Board of Health shall establish scholarships to medical students entering one of several designated specialties of family practice medicine.
Establishing and administering an annual nursing scholarship fund	§32.1-122.6:01	The Board of Health shall administer a nursing scholarship program and make awards from the Nursing Scholarship Fund.
Establish and administer an annual physician assistant scholarship program	§32.1-122.6:03	The Board shall establish annual physician assistant scholarships for students who intend to enter an accredited physician assistant program in designated schools and agree to practice in an underserved area of the Commonwealth.
Recruitment and retention of health care providers	§§32.1-122.20, 32.1-122.21, 32.1-122.22	The Commissioner shall direct the Commonwealth's activities and programs for recruiting and retaining health care providers for underserved populations, underserved areas, and health professional shortage areas (HPSAs) designated throughout the Commonwealth. The Commissioner shall establish a workforce advisory committee to advise him on all aspects of the Department's health workforce duties and responsibilities and submit an annual report to the Governor and the General Assembly regarding the Department's activities in recruiting and retaining health care providers in underserved areas.
Establish local health partnership	§32.1-122.10:001	The governing body of a locality may by ordinance or resolution or the governing bodies of two or more localities may by concurrent ordinances or resolutions or by agreement, create a local health partnership authority which shall serve as its purpose developing partnerships between public and private providers to encourage the use of service delivery that otherwise might have required government funding or programs, and provide a mechanism to ensure that services provided in the community are necessary, appropriate, and provided by trained supervised persons.
Establish and administer a physician loan repayment program	§32.1-122.6:1	Using funds as are appropriated, the Board shall establish a physician loan repayment program for graduates of accredited medical schools who have a specialty in the primary care areas of family practice medicine, general internal medicine, pediatrics, and obstetrics/gynecology and who meet other criteria as determined by the Board.
Appointment of a Nursing Advisory Committee	§23-35.9	Annual scholarships are established for students enrolled in undergraduate and graduate nursing programs. The advisory committee will make the awards to the State Board of Health. The advisory board shall be appointed by the Board of Health.

11. ADDITIONAL PROTECTIVE ACTIVITIES

Virginia Voluntary Formulary	§32.1-81	The Formulary Board shall recommend to the Board of Health a Formulary and any subsequent revisions or amendments to the Formulary. The Board of Health may accept or reject some or all of the recommendations of the Formulary Board but may not otherwise revise, amend, or add to such recommendations.
Dental Scholarships	§32.1-122.9	Establishes annual dental scholarships for students in good standing at VCU School of Dentistry. The governing board of VCU shall submit to the State Health Commissioner the names of those eligible applicants who are most qualified and the Commissioner shall award the scholarships.
Smoke detector education and	CDC award	Provides \$148,000 per year for 3 years to develop and implement a smoke detector installation and education program in 6 high risk

installation		communities.
Bedding and upholstered furniture	§32.1-212 et seq.	The Commissioner must enforce the law protecting the public from the improper making, remaking, reupholstering, or renovating of bedding and upholstered furniture.
Human Cloning	§§32.1-162.21, 32.1-162.22	No person shall perform human cloning or implant or attempt to implant the product of somatic cell nuclear transfer into a uterine environment so as to initiate a pregnancy or possess the product of human cloning or ship or receive the product of a somatic cell nuclear transfer in commerce for the purpose of implanting the product of somatic cell nuclear transfer into a uterine environment so as to initiate a pregnancy.
Comprehensive Services for At-Risk Youth and Their Families State Executive Council	§2.2-2648	The State Health Commissioner shall be a member of the Comprehensive Services for At-Risk Youth and Their Families State Executive Council, intended to facilitate a collaborative system of services and funding that is child-centered, family-focused, and community-based when addressing the strengths and needs of troubled and at-risk youths and their families.
Comprehensive Services for At-Risk Youth and Their Families Community Policy and Management Teams	§§2.2-5205, 2.2-5206	The community policy and management teams shall include the heads of local health departments or their designees. The teams shall manage the cooperative effort in each community to better serve the needs of troubled and at-risk youths and their families and to maximize the use of state and community resources.
Comprehensive Services for At-Risk Youth and Their Families Assessment and Planning Teams	§§2.2-5207, 2.2-5208	The family assessment and planning teams shall include representatives of the local health departments. The teams shall assess the strengths and needs of troubled youths and families who are approved for referral to the team and identify and determine the complement of services required to meet these unique needs.
Comprehensive Services for At-Risk Youth and Their Families State Management Team	§2.2-5201	A state management team exists to better serve the needs of troubled and at-risk youths and their families by managing cooperative efforts at the state level and providing support to community efforts. The team is to be appointed by the state executive council. The team shall include one representative from the Department of Health.

12. ADDITIONAL REQUIREMENTS AFFECTING HEALTH PROGRAMS AND SERVICES

Collection of accounts receivable.	§2.2-4800	All state agencies shall establish internal policies and procedures for the management and collection of accounts receivable which are in accordance with regulations promulgated by the Department of Accounts and the Attorney General.
Utilization of certain collection techniques	2.2-4806	Each state agency and institution shall take all appropriate and cost-effective actions to aggressively collect all its accounts receivable.
Complying with freedom of information requests	§2.2-3700 et seq.	Each agency, to the extent an exemption does not apply, must comply with requirements that public records and activities be open to public observance and review.
Maintaining compliance with federal and state law and regulation governing human resources generally	Various federal and state laws, including Title VII of the Civil Rights Act, the Americans with Disabilities Act, Fair Labor Standards Act, Family Medical Leave Act, Workers Compensation Act, Occupational Safety and Health Act, Drug Free Work Place Act, several chapters of Title 2.1 of the	Each state agency must comply with various federal and state requirements relating to human resources and employees, including requirements involving conditions of the workplace, equal employment opportunity, the rights of those with disabilities, enforcing standards of employees' conduct and performance, grievances relating to such enforcement, recruitment, benefits, compensation, etc.

	Code of Virginia, and the Department of Personnel and Training Policy and Procedure Manual	
Compliance with the Virginia Public Records Act and preservation of patient privacy and confidentiality	§§32.1-127.1:03 and 42.1-76 et seq.	Agencies must adhere to the law and policies and procedures adopted by the Library of Virginia designed to manage and preserve public records; agencies keeping medical records must act to preserve patient confidentiality.
Drug-free workplace	§2.2-4312	The commonwealth and localities shall provide a drug-free workplace for employees
Having reasonable no-smoking areas in the workplace	§15.2-2801	The commonwealth and localities shall provide reasonable no smoking areas, considering the nature of the use and the size of the building, in any building owned or leased by the Commonwealth or any agency thereof or a locality.
Reporting of telemedicine initiatives	§32.1-19.1	The Commissioner shall annually report to the Governor and the General Assembly on the status of telemedicine initiatives by agencies of the Commonwealth. The report shall include an analysis of the cost effectiveness and medical efficacy of health services provided using telemedicine, recommendations regarding any improvements needed in current telemedicine initiatives and identification of additional opportunities for use of telemedicine to improve access to quality health care and to health professions education in the Commonwealth.

In addition, the Virginia Beach Department of Public Health is also responsible for the enforcing City of Virginia Beach Ordinances that are relevant to Public Health. These ordinances are published in the [Virginia Beach Code of Ordinances](#) and are listed below:

Definitions of Food Service Establishments	Section 13-3	<i>Food service establishment</i> means any place where food is prepared or provided and intended for individual portion service, and includes the site at which individual portions are provided
Food service manager; responsibility; certification	Section 13-4	After May 1, 1989, no person shall operate a food service establishment unless its food handling operation is under the immediate control of a person holding a valid food service manager's certification.
Food service establishments permit required	Section 13-60	Beginning July 1, 1996, as a prerequisite to operation, the owner or operator of every food service establishment regulated by the department of public health shall, on an annual basis, obtain a permit for each such establishment from the department, and pay a permit fee in the amount of twenty-five dollars (\$25.00).
Annual assessment of food service establishments.	Section 13-61	Beginning July 1, 1996, every food service establishment regulated by the department of public health shall, on an annual basis, be assessed by the department prior to the issuance of any permit. Such assessment shall include an evaluation of the food service and its operation and a determination of the frequency of inspections required for the establishment.
Regulation of Swimming Pools	Chapter 34	Definitions of pools; plans construction and inspection, license required, inspections, owner's certificate, suspension or revocation of permit.
Body Piercing	Section 23-53.1	Definitions, permit requirements, health assessment, establishment requirements, record keeping, inspections required.
Tattoo parlors and body piercing establishments	Section 242.1	Permitting requirements, location of establishments.
Barbershops, beauty parlors, barber and beauty culture schools, tanning salons, and nail salons	Section 18-56	Definitions, license and permit requirements, revocation of permit.
Barbershops, beauty parlors, nail salons and barber and beauty culture schools; maintenance requirements, etc.	Section 23-57	Daily maintenance requirements.