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**HOUSE BILL NO. 776**

Offered January 12, 2022

Prefiled January 11, 2022

*A BILL to amend and reenact §§ 32.1-127 and 54.1-2915 of the Code of Virginia and to amend the Code of Virginia by adding in Article 9 of Chapter 4 of Title 18.2 a section numbered 18.2-76.3, relating to abortion; born alive human infant; treatment and care; penalty.*

Patron—Williams

Committee Referral Pending

**Be it enacted by the General Assembly of Virginia:**

**1. That §§ 32.1-127 and 54.1-2915 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Article 9 of Chapter 4 of Title 18.2 a section numbered 18.2-76.3 as follows:**

**§ 18.2-76.3. Failure to provide care and treatment to a human infant born alive; penalty.**

*A. Every physician licensed by the Board of Medicine who attempts or assists in the attempt to perform an abortion or cause a miscarriage for the purpose of terminating a human pregnancy and who is present at the time such abortion is attempted or such miscarriage is attempted to be caused shall, in the case of a human infant who has been born alive, as defined in § 18.2-71.1, following performance of such attempted abortion or causing of a miscarriage, (i) exercise the same degree of professional skill, care, and diligence to preserve the life and health of the human infant who has been born alive as a reasonably diligent and conscientious health care practitioner would render to any other child born alive at the same gestational age and (ii) take all reasonable steps to ensure the immediate transfer of the human infant who has been born alive to a hospital for further medical care.*

*B. Any person with knowledge that a physician licensed by the Board of Medicine has failed to comply with the provisions of subsection A shall immediately report such failure to law enforcement.*

*C. Any physician licensed by the Board of Medicine who fails to comply with the provisions of subsection A is guilty of a Class 4 felony.*

*D. The mother of a human infant who has been born alive shall not be subject to prosecution for any criminal offense pursuant to this section.*

**§ 32.1-127. Regulations.**

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

**B. Such regulations:**

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

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

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

*4. Shall also require that each hospital establish a protocol for organ donation, in compliance with federal law and the regulations of the Centers for Medicare and Medicaid Services (CMS), particularly 42 C.F.R. § 482.45. Each hospital shall have an agreement with an organ procurement organization designated in CMS regulations for routine contact, whereby the provider's designated organ procurement organization certified by CMS (i) is notified in a timely manner of all deaths or imminent deaths of patients in the hospital and (ii) is authorized to determine the suitability of the decedent or patient for organ donation and, in the absence of a similar arrangement with any eye bank or tissue bank in Virginia certified by the Eye Bank Association of America or the American Association of Tissue*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

17. Shall require that each nursing home and certified nursing facility maintain liability insurance coverage in a minimum amount of \$1 million, and professional liability coverage in an amount at least equal to the recovery limit set forth in § 8.01-581.15, to compensate patients or individuals for injuries and losses resulting from the negligent or criminal acts of the facility. Failure to maintain such minimum insurance shall result in revocation of the facility's license;

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

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

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

21. Shall require that each hospital that is equipped to provide life-sustaining treatment shall develop a policy governing determination of the medical and ethical appropriateness of proposed medical care, which shall include (i) a process for obtaining a second opinion regarding the medical and ethical appropriateness of proposed medical care in cases in which a physician has determined proposed care to be medically or ethically inappropriate; (ii) provisions for review of the determination that proposed medical care is medically or ethically inappropriate by an interdisciplinary medical review committee and a determination by the interdisciplinary medical review committee regarding the medical and ethical appropriateness of the proposed health care; and (iii) requirements for a written explanation of the decision reached by the interdisciplinary medical review committee, which shall be included in the patient's medical record. Such policy shall ensure that the patient, his agent, or the person authorized to make medical decisions pursuant to § 54.1-2986 (a) are informed of the patient's right to obtain his medical record and to obtain an independent medical opinion and (b) afforded reasonable opportunity to

182 participate in the medical review committee meeting. Nothing in such policy shall prevent the patient,  
183 his agent, or the person authorized to make medical decisions pursuant to § 54.1-2986 from obtaining  
184 legal counsel to represent the patient or from seeking other remedies available at law, including seeking  
185 court review, provided that the patient, his agent, or the person authorized to make medical decisions  
186 pursuant to § 54.1-2986, or legal counsel provides written notice to the chief executive officer of the  
187 hospital within 14 days of the date on which the physician's determination that proposed medical  
188 treatment is medically or ethically inappropriate is documented in the patient's medical record;

189 22. Shall require every hospital with an emergency department to establish protocols to ensure that  
190 security personnel of the emergency department, if any, receive training appropriate to the populations  
191 served by the emergency department, which may include training based on a trauma-informed approach  
192 in identifying and safely addressing situations involving patients or other persons who pose a risk of  
193 harm to themselves or others due to mental illness or substance abuse or who are experiencing a mental  
194 health crisis;

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

203 24. Shall establish an exemption, for a period of no more than 30 days, from the requirement to  
204 obtain a license to add temporary beds in an existing hospital or nursing home when the Commissioner  
205 has determined that a natural or man-made disaster has caused the evacuation of a hospital or nursing  
206 home and that a public health emergency exists due to a shortage of hospital or nursing home beds;

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

212 26. Shall permit nursing home staff members who are authorized to possess, distribute, or administer  
213 medications to residents to store, dispense, or administer cannabis oil to a resident who has been issued  
214 a valid written certification for the use of cannabis oil in accordance with subsection B of § 54.1-3408.3  
215 and has registered with the Board of Pharmacy;

216 27. Shall require each hospital with an emergency department to establish a protocol for the  
217 treatment and discharge of individuals experiencing a substance use-related emergency, which shall  
218 include provisions for (i) appropriate screening and assessment of individuals experiencing substance  
219 use-related emergencies to identify medical interventions necessary for the treatment of the individual in  
220 the emergency department and (ii) recommendations for follow-up care following discharge for any  
221 patient identified as having a substance use disorder, depression, or mental health disorder, as  
222 appropriate, which may include, for patients who have been treated for substance use-related  
223 emergencies, including opioid overdose, or other high-risk patients, (a) the dispensing of naloxone or  
224 other opioid antagonist used for overdose reversal pursuant to subsection X of § 54.1-3408 at discharge  
225 or (b) issuance of a prescription for and information about accessing naloxone or other opioid antagonist  
226 used for overdose reversal, including information about accessing naloxone or other opioid antagonist  
227 used for overdose reversal at a community pharmacy, including any outpatient pharmacy operated by the  
228 hospital, or through a community organization or pharmacy that may dispense naloxone or other opioid  
229 antagonist used for overdose reversal without a prescription pursuant to a statewide standing order. Such  
230 protocols may also provide for referrals of individuals experiencing a substance use-related emergency to  
231 peer recovery specialists and community-based providers of behavioral health services, or to providers of  
232 pharmacotherapy for the treatment of drug or alcohol dependence or mental health diagnoses;

233 28. During a public health emergency related to COVID-19, shall require each nursing home and  
234 certified nursing facility to establish a protocol to allow each patient to receive visits, consistent with  
235 guidance from the Centers for Disease Control and Prevention and as directed by the Centers for  
236 Medicare and Medicaid Services and the Board. Such protocol shall include provisions describing (i) the  
237 conditions, including conditions related to the presence of COVID-19 in the nursing home, certified  
238 nursing facility, and community, under which in-person visits will be allowed and under which in-person  
239 visits will not be allowed and visits will be required to be virtual; (ii) the requirements with which  
240 in-person visitors will be required to comply to protect the health and safety of the patients and staff of  
241 the nursing home or certified nursing facility; (iii) the types of technology, including interactive audio or  
242 video technology, and the staff support necessary to ensure visits are provided as required by this  
243 subdivision; and (iv) the steps the nursing home or certified nursing facility will take in the event of a

technology failure, service interruption, or documented emergency that prevents visits from occurring as required by this subdivision. Such protocol shall also include (a) a statement of the frequency with which visits, including virtual and in-person, where appropriate, will be allowed, which shall be at least once every 10 calendar days for each patient; (b) a provision authorizing a patient or the patient's personal representative to waive or limit visitation, provided that such waiver or limitation is included in the patient's health record; and (c) a requirement that each nursing home and certified nursing facility publish on its website or communicate to each patient or the patient's authorized representative, in writing or via electronic means, the nursing home's or certified nursing facility's plan for providing visits to patients as required by this subdivision;

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

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

31. *Shall require every hospital to establish a protocol for (i) the treatment and care of a human infant who has been born alive, as that term is defined in § 18.2-71.1, following performance of an abortion and (ii) requiring the immediate reporting to law enforcement of any failure of any person required to provide treatment and care to a human infant who has been born alive following performance of an abortion in accordance with the provisions of clause (i) or § 18.2-76.3.*

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

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

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

**§ 54.1-2915. Unprofessional conduct; grounds for refusal or disciplinary action.**

A. The Board may refuse to issue a certificate or license to any applicant; reprimand any person; place any person on probation for such time as it may designate; impose a monetary penalty or terms as it may designate on any person; suspend any license for a stated period of time or indefinitely; or revoke any license for any of the following acts of unprofessional conduct:

1. False statements or representations or fraud or deceit in obtaining admission to the practice, or fraud or deceit in the practice of any branch of the healing arts;

2. Substance abuse rendering him unfit for the performance of his professional obligations and duties;

3. Intentional or negligent conduct in the practice of any branch of the healing arts that causes or is likely to cause injury to a patient or patients;

4. Mental or physical incapacity or incompetence to practice his profession with safety to his patients and the public;

5. Restriction of a license to practice a branch of the healing arts in another state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, or for an entity of the federal

305 government;

306 6. Undertaking in any manner or by any means whatsoever to procure or perform or aid or abet in

307 procuring or performing a criminal abortion;

308 7. Engaging in the practice of any of the healing arts under a false or assumed name, or

309 impersonating another practitioner of a like, similar, or different name;

310 8. Prescribing or dispensing any controlled substance with intent or knowledge that it will be used

311 otherwise than medicinally, or for accepted therapeutic purposes, or with intent to evade any law with

312 respect to the sale, use, or disposition of such drug;

313 9. Violating provisions of this chapter on division of fees or practicing any branch of the healing arts

314 in violation of the provisions of this chapter;

315 10. Knowingly and willfully committing an act that is a felony under the laws of the Commonwealth

316 or the United States, or any act that is a misdemeanor under such laws and involves moral turpitude;

317 11. Aiding or abetting, having professional connection with, or lending his name to any person

318 known to him to be practicing illegally any of the healing arts;

319 12. Conducting his practice in a manner contrary to the standards of ethics of his branch of the

320 healing arts;

321 13. Conducting his practice in such a manner as to be a danger to the health and welfare of his

322 patients or to the public;

323 14. Inability to practice with reasonable skill or safety because of illness or substance abuse;

324 15. Publishing in any manner an advertisement relating to his professional practice that contains a

325 claim of superiority or violates Board regulations governing advertising;

326 16. Performing any act likely to deceive, defraud, or harm the public;

327 17. Violating any provision of statute or regulation, state or federal, relating to the manufacture,

328 distribution, dispensing, or administration of drugs;

329 18. Violating or cooperating with others in violating any of the provisions of Chapters 1 (§ 54.1-100

330 et seq.), 24 (§ 54.1-2400 et seq.) and this chapter or regulations of the Board;

331 19. Engaging in sexual contact with a patient concurrent with and by virtue of the practitioner and

332 patient relationship or otherwise engaging at any time during the course of the practitioner and patient

333 relationship in conduct of a sexual nature that a reasonable patient would consider lewd and offensive;

334 20. Conviction in any state, territory, or country of any felony or of any crime involving moral

335 turpitude;

336 21. Adjudication of legal incompetence or incapacity in any state if such adjudication is in effect and

337 the person has not been declared restored to competence or capacity;

338 22. Performing the services of a medical examiner as defined in 49 C.F.R. § 390.5 if, at the time

339 such services are performed, the person performing such services is not listed on the National Registry

340 of Certified Medical Examiners as provided in 49 C.F.R. § 390.109 or fails to meet the requirements for

341 continuing to be listed on the National Registry of Certified Medical Examiners as provided in 49

342 C.F.R. § 390.111;

343 23. Failing or refusing to complete and file electronically using the Electronic Death Registration

344 System any medical certification in accordance with the requirements of subsection C of § 32.1-263.

345 However, failure to complete and file a medical certification electronically using the Electronic Death

346 Registration System in accordance with the requirements of subsection C of § 32.1-263 shall not

347 constitute unprofessional conduct if such failure was the result of a temporary technological or electrical

348 failure or other temporary extenuating circumstance that prevented the electronic completion and filing

349 of the medical certification using the Electronic Death Registration System; ~~or~~

350 24. Engaging in a pattern of violations of § 38.2-3445.01; *or*

351 25. *Failing to comply with the requirements of § 18.2-76.3.*

352 B. The commission or conviction of an offense in another state, territory, or country, which if

353 committed in Virginia would be a felony, shall be treated as a felony conviction or commission under

354 this section regardless of its designation in the other state, territory, or country.

355 C. The Board shall refuse to issue a certificate or license to any applicant if the candidate or

356 applicant has had his certificate or license to practice a branch of the healing arts revoked or suspended,

357 and has not had his certificate or license to so practice reinstated, in another state, the District of

358 Columbia, a United States possession or territory, or a foreign jurisdiction.

359 **2. That the provisions of this act may result in a net increase in periods of imprisonment or**

360 **commitment. Pursuant to § 30-19.1:4 of the Code of Virginia, the estimated amount of the**

361 **necessary appropriation cannot be determined for periods of imprisonment in state adult**

362 **correctional facilities; therefore, Chapter 552 of the Acts of Assembly of 2021, Special Session I,**

363 **requires the Virginia Criminal Sentencing Commission to assign a minimum fiscal impact of**

364 **\$50,000. Pursuant to § 30-19.1:4 of the Code of Virginia, the estimated amount of the necessary**

365 **appropriation is \$0 for periods of commitment to the custody of the Department of Juvenile**

366 **Justice.**