

1 SENATE BILL NO. 1356

2 AMENDMENT IN THE NATURE OF A SUBSTITUTE

3 (Proposed by the Senate Committee on Education and Health

4 on January 28, 2021)

5 (Patron Prior to Substitute--Senator Kiggans)

6 A BILL to amend and reenact §§ 32.1-127, 32.1-162.5, and 63.2-1732 of the Code of Virginia, relating to  
7 hospitals, nursing homes, certified nursing facilities, hospices, and assisted living facilities; visits  
8 by clergy; public health emergency.

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

10 **1. That §§ 32.1-127, 32.1-162.5, and 63.2-1732 of the Code of Virginia are amended and reenacted  
11 as follows:**

12 **§ 32.1-127. Regulations.**

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

18 B. Such regulations:

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

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

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

32           4. Shall also require that each hospital establish a protocol for organ donation, in compliance with  
33 federal law and the regulations of the Centers for Medicare and Medicaid Services (CMS), particularly 42  
34 C.F.R. § 482.45. Each hospital shall have an agreement with an organ procurement organization  
35 designated in CMS regulations for routine contact, whereby the provider's designated organ procurement  
36 organization certified by CMS (i) is notified in a timely manner of all deaths or imminent deaths of patients  
37 in the hospital and (ii) is authorized to determine the suitability of the decedent or patient for organ  
38 donation and, in the absence of a similar arrangement with any eye bank or tissue bank in Virginia certified  
39 by the Eye Bank Association of America or the American Association of Tissue Banks, the suitability for  
40 tissue and eye donation. The hospital shall also have an agreement with at least one tissue bank and at  
41 least one eye bank to cooperate in the retrieval, processing, preservation, storage, and distribution of  
42 tissues and eyes to ensure that all usable tissues and eyes are obtained from potential donors and to avoid  
43 interference with organ procurement. The protocol shall ensure that the hospital collaborates with the  
44 designated organ procurement organization to inform the family of each potential donor of the option to  
45 donate organs, tissues, or eyes or to decline to donate. The individual making contact with the family shall  
46 have completed a course in the methodology for approaching potential donor families and requesting  
47 organ or tissue donation that (a) is offered or approved by the organ procurement organization and  
48 designed in conjunction with the tissue and eye bank community and (b) encourages discretion and  
49 sensitivity according to the specific circumstances, views, and beliefs of the relevant family. In addition,  
50 the hospital shall work cooperatively with the designated organ procurement organization in educating the  
51 staff responsible for contacting the organ procurement organization's personnel on donation issues, the  
52 proper review of death records to improve identification of potential donors, and the proper procedures  
53 for maintaining potential donors while necessary testing and placement of potential donated organs,

54 tissues, and eyes takes place. This process shall be followed, without exception, unless the family of the  
55 relevant decedent or patient has expressed opposition to organ donation, the chief administrative officer  
56 of the hospital or his designee knows of such opposition, and no donor card or other relevant document,  
57 such as an advance directive, can be found;

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

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

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

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

79 9. Shall establish standards and maintain a process for designation of levels or categories of care  
80 in neonatal services according to an applicable national or state-developed evaluation system. Such

81 standards may be differentiated for various levels or categories of care and may include, but need not be  
82 limited to, requirements for staffing credentials, staff/patient ratios, equipment, and medical protocols;

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

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

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

99       13. Shall require that each nursing home and certified nursing facility register with the Department  
100 of State Police to receive notice of the registration, reregistration, or verification of registration  
101 information of any person required to register with the Sex Offender and Crimes Against Minors Registry  
102 pursuant to Chapter 9 (§ 9.1-900 et seq.) of Title 9.1 within the same or a contiguous zip code area in  
103 which the home or facility is located, pursuant to § 9.1-914;

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

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

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

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

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

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

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

148        21. Shall require that each hospital that is equipped to provide life-sustaining treatment shall  
149 develop a policy governing determination of the medical and ethical appropriateness of proposed medical  
150 care, which shall include (i) a process for obtaining a second opinion regarding the medical and ethical  
151 appropriateness of proposed medical care in cases in which a physician has determined proposed care to  
152 be medically or ethically inappropriate; (ii) provisions for review of the determination that proposed  
153 medical care is medically or ethically inappropriate by an interdisciplinary medical review committee and  
154 a determination by the interdisciplinary medical review committee regarding the medical and ethical  
155 appropriateness of the proposed health care; and (iii) requirements for a written explanation of the decision  
156 reached by the interdisciplinary medical review committee, which shall be included in the patient's  
157 medical record. Such policy shall ensure that the patient, his agent, or the person authorized to make  
158 medical decisions pursuant to § 54.1-2986 (a) are informed of the patient's right to obtain his medical  
159 record and to obtain an independent medical opinion and (b) afforded reasonable opportunity to participate  
160 in the medical review committee meeting. Nothing in such policy shall prevent the patient, his agent, or  
161 the person authorized to make medical decisions pursuant to § 54.1-2986 from obtaining legal counsel to

162 represent the patient or from seeking other remedies available at law, including seeking court review,  
163 provided that the patient, his agent, or the person authorized to make medical decisions pursuant to § 54.1-  
164 2986, or legal counsel provides written notice to the chief executive officer of the hospital within 14 days  
165 of the date on which the physician's determination that proposed medical treatment is medically or  
166 ethically inappropriate is documented in the patient's medical record;

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

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

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

185 25. Shall establish protocols to ensure that any patient scheduled to receive an elective surgical  
186 procedure for which the patient can reasonably be expected to require outpatient physical therapy as a  
187 follow-up treatment after discharge is informed that he (i) is expected to require outpatient physical

188 therapy as a follow-up treatment and (ii) will be required to select a physical therapy provider prior to  
189 being discharged from the hospital;

190 26. Shall permit nursing home staff members who are authorized to possess, distribute, or  
191 administer medications to residents to store, dispense, or administer cannabis oil to a resident who has  
192 been issued a valid written certification for the use of cannabis oil in accordance with subsection B of §  
193 54.1-3408.3 and has registered with the Board of Pharmacy;

194 27. Shall require each hospital with an emergency department to establish a protocol for treatment  
195 of individuals experiencing a substance use-related emergency to include the completion of appropriate  
196 assessments or screenings to identify medical interventions necessary for the treatment of the individual  
197 in the emergency department. The protocol may also include a process for patients that are discharged  
198 directly from the emergency department for the recommendation of follow-up care following discharge  
199 for any identified substance use disorder, depression, or mental health disorder, as appropriate, which may  
200 include instructions for distribution of naloxone, referrals to peer recovery specialists and community-  
201 based providers of behavioral health services, or referrals for pharmacotherapy for treatment of drug or  
202 alcohol dependence or mental health diagnoses; and

203 28. During a public health emergency related to COVID-19, shall require each nursing home and  
204 certified nursing facility to establish a protocol to allow each patient to receive visits, consistent with  
205 guidance from the Centers for Disease Control and Prevention and as directed by the Centers for Medicare  
206 and Medicaid Services and the Board. Such protocol shall include provisions describing (i) the conditions,  
207 including conditions related to the presence of COVID-19 in the nursing home, certified nursing facility,  
208 and community, under which in-person visits will be allowed and under which in-person visits will not be  
209 allowed and visits will be required to be virtual; (ii) the requirements with which in-person visitors will  
210 be required to comply to protect the health and safety of the patients and staff of the nursing home or  
211 certified nursing facility; (iii) the types of technology, including interactive audio or video technology,  
212 and the staff support necessary to ensure visits are provided as required by this subdivision; and (iv) the  
213 steps the nursing home or certified nursing facility will take in the event of a technology failure, service  
214 interruption, or documented emergency that prevents visits from occurring as required by this subdivision.

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

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

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

236 D. All facilities licensed by the Board pursuant to this article which provide treatment or care for  
237 hemophiliacs and, in the course of such treatment, stock clotting factors, shall maintain records of all lot  
238 numbers or other unique identifiers for such clotting factors in order that, in the event the lot is found to  
239 be contaminated with an infectious agent, those hemophiliacs who have received units of this  
240 contaminated clotting factor may be apprised of this contamination. Facilities which have identified a lot  
241 that is known to be contaminated shall notify the recipient's attending physician and request that he notify

242 the recipient of the contamination. If the physician is unavailable, the facility shall notify by mail, return  
243 receipt requested, each recipient who received treatment from a known contaminated lot at the individual's  
244 last known address.

245 **§ 32.1-162.5. Regulations.**

246 A. The Board shall prescribe such regulations governing the activities and services provided by  
247 hospices as may be necessary to protect the public health, safety, and welfare. Such regulations shall  
248 include, but not be limited to, the requirements for: the qualifications and supervision of licensed and  
249 nonlicensed personnel; the standards for the care, treatment, health, safety, welfare, and comfort of  
250 patients and their families served by the program; the management, operation, staffing, and equipping of  
251 the hospice program or hospice facility; clinical and business records kept by the hospice or hospice  
252 facility; and procedures for the review of utilization and quality of care. To avoid duplication in  
253 regulations, the Board shall incorporate regulations applicable to facilities licensed as hospitals or nursing  
254 homes under § 32.1-123 et seq. and to organizations licensed as home health agencies under Article 7.1  
255 (§ 32.1-162.7 et seq.) of Chapter 5 of this title which are also applicable to hospice programs in the  
256 regulations to govern hospices. A person who seeks a license to establish or operate a hospice and who  
257 has a preexisting valid license to operate a hospital, nursing home, or home health agency shall be  
258 considered in compliance with those regulations which are applicable to both a hospice and the facility  
259 for which it has a license.

260 B. Notwithstanding any law or regulation to the contrary, regulations for hospice facilities shall  
261 include minimum standards for design and construction consistent with the Hospice Care section of the  
262 current edition of the Guidelines for Design and Construction of Health Care Facilities issued by the  
263 American Institute of Architects Academy of Architecture for Health.

264 C. During a declared public health emergency related to a communicable disease of public health  
265 threat, regulations governing hospices shall require each hospice facility to establish a protocol to allow  
266 patients to receive visits from a rabbi, priest, minister, or clergy of any religious denomination or sect  
267 consistent with guidance from the Centers for Disease Control and Prevention and the Centers for  
268 Medicare and Medicaid Services and subject to compliance with any executive order, order of public

269 health, Department guidance, or any other applicable federal or state guidance having the effect of limiting  
270 visitation. Such protocol may restrict the frequency and duration of visits and may require visits to be  
271 conducted virtually using interactive audio or video technology. Any such protocol may require the person  
272 visiting a patient pursuant to this subsection to comply with all reasonable requirements of the hospice  
273 adopted to protect the health and safety of the person, patients, and staff of the hospice.

274 **§ 63.2-1732. Regulations for assisted living facilities.**

275       A. The Board shall have the authority to adopt and enforce regulations to carry out the provisions  
276 of this subtitle and to protect the health, safety, welfare, and individual rights of residents of assisted living  
277 facilities and to promote their highest level of functioning. Such regulations shall take into consideration  
278 cost constraints of smaller operations in complying with such regulations and shall provide a procedure  
279 whereby a licensee or applicant may request, and the Commissioner may grant, an allowable variance to  
280 a regulation pursuant to § 63.2-1703.

281       B. Regulations shall include standards for staff qualifications and training; facility design,  
282 functional design, and equipment; services to be provided to residents; administration of medicine;  
283 allowable medical conditions for which care can be provided; and medical procedures to be followed by  
284 staff, including provisions for physicians' services, restorative care, and specialized rehabilitative services.  
285 The Board shall adopt regulations on qualifications and training for employees of an assisted living facility  
286 in a direct care position. "Direct care position" means supervisors, assistants, aides, or other employees of  
287 a facility who assist residents in their daily living activities.

288       C. Regulations for a Medication Management Plan in a licensed assisted living facility shall be  
289 developed by the Board, in consultation with the Board of Nursing and the Board of Pharmacy. Such  
290 regulations shall (i) establish the elements to be contained within a Medication Management Plan,  
291 including a demonstrated understanding of the responsibilities associated with medication management  
292 by the facility; standard operating and record-keeping procedures; staff qualifications, training and  
293 supervision; documentation of daily medication administration; and internal monitoring of plan  
294 conformance by the facility; (ii) include a requirement that each assisted living facility shall establish and  
295 maintain a written Medication Management Plan that has been approved by the Department; and (iii)

296 provide that a facility's failure to conform to any approved Medication Management Plan shall be subject  
297 to the sanctions set forth in § 63.2-1709 or 63.2-1709.2.

298 D. The Board shall amend 22VAC40-73-450 governing assisted living facility individualized  
299 service plans to require (i) that individualized service plans be reviewed and updated (a) at least once  
300 every 12 months or (b) sooner if modifications to the plan are needed due to a significant change, as  
301 defined in 22VAC40-73-10, in the resident's condition and (ii) that any deviation from the individualized  
302 service plan (a) be documented in writing or electronically, (b) include a description of the circumstances  
303 warranting deviation and the date such deviation will occur, (c) certify that notice of such deviation was  
304 provided to the resident or his legal representative, (d) be included in the resident's file, and (e) in the case  
305 of deviations that are made due to a significant change in the resident's condition, be signed by an  
306 authorized representative of the assisted living facility and the resident or his legal representative.

307 E. Regulations shall require all licensed assisted living facilities with six or more residents to be  
308 able to connect by July 1, 2007, to a temporary emergency electrical power source for the provision of  
309 electricity during an interruption of the normal electric power supply. The installation shall be in  
310 compliance with the Uniform Statewide Building Code.

311 F. Regulations for medical procedures in assisted living facilities shall be developed in  
312 consultation with the State Board of Health and adopted by the Board, and compliance with these  
313 regulations shall be determined by Department of Health or Department inspectors as provided by an  
314 interagency agreement between the Department and the Department of Health.

315 G. In developing regulations to determine the number of assisted living facilities for which an  
316 assisted living facility administrator may serve as administrator of record, the Board shall consider (i) the  
317 number of residents in each of the facilities, (ii) the travel time between each of the facilities, and (iii) the  
318 qualifications of the on-site manager under the supervision of the administrator of record.

319 H. Regulations shall require that each assisted living facility register with the Department of State  
320 Police to receive notice of the registration, reregistration, or verification of registration information of any  
321 person required to register with the Sex Offender and Crimes Against Minors Registry pursuant to Chapter

322 9 (§ 9.1-900 et seq.) of Title 9.1 within the same or a contiguous zip code area in which the facility is  
323 located, pursuant to § 9.1-914.

324 I. Regulations shall require that each assisted living facility ascertain, prior to admission, whether  
325 a potential resident is required to register with the Sex Offender and Crimes Against Minors Registry  
326 pursuant to Chapter 9 (§ 9.1-900 et seq.) of Title 9.1, if the facility anticipates the potential resident will  
327 have a length of stay greater than three days or in fact stays longer than three days.

328 J. During a declared public health emergency related to a communicable disease of public health  
329 threat, regulations shall require each assisted living facility to establish a protocol to allow residents to  
330 receive visits from a rabbi, priest, minister, or clergy of any religious denomination or sect consistent with  
331 guidance from the Centers for Disease Control and Prevention and the Centers for Medicare and Medicaid  
332 Services and subject to compliance with any executive order, order of public health, Department guidance,  
333 or any other applicable federal or state guidance having the effect of limiting visitation. Such protocol  
334 may restrict the frequency and duration of visits and may require visits to be conducted virtually using  
335 interactive audio or video technology. Any such protocol may require the person visiting a resident  
336 pursuant to this subsection to comply with all reasonable requirements of the assisted living facility  
337 adopted to protect the health and safety of the person, residents, and staff of the assisted living facility.

338 #